

St Joseph's Specialist Trust

Springvale Supported Living

Inspection report

New Park Road
Cranleigh
GU6 7HJ

Tel: 01483272449

Website: www.st-josephscanleigh.surrey.sch.uk

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19 January 2022

20 January 2022

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Springvale Supported Living is a supported living service providing support and personal care for people with a learning disability, autism and communication needs in one house with shared communal areas. At the time of our inspection there were six people using the service. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

People who used the service and their relatives told us they felt safe around staff and that staff had the skills and experience to support them appropriately. The management of risks was robust and ensured people were able to live independent lives. There were sufficient staff deployed to meet people's needs and support provided was in line with assessed one-to-one hours.

We were assured the service were following safe infection prevention and control procedures to keep people safe.

People who used the service and their relatives told us staff were kind, caring and respectful towards them. People's care plans and the support from the registered manager provided staff with the information required to support people effectively.

The provider had undertaken regular audits to look at lessons that could be learnt and embedded in the service.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right support: Model of care and setting maximises people's choice, control and Independence

- People had individual goals and objectives which they were supported by staff to work towards. Staff

placed particular focus on ensuring people were able to live as independently as possible and supported people to do so. People were encouraged to have control in their daily lives and staff used a range of communication methods to ensure people were able to express their views.

Right care: Care is person-centred and promotes people's dignity, privacy and human rights

- People who used the service and their relatives told us they felt the service supported people in a kind and caring way. The service was situated in a residential area and there were no outward signs to differentiate it from other houses in the street. Local shops and amenities were within walking distance of the service. The kitchen was accessible to everyone and people were encouraged to do their own meal preparations with support from staff. Staff knew people exceptionally well and ensured that people were able to be supported with their care needs.

Right culture: Ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives

- The culture of the service was open and empowered individuals to express their views and be in control of their lives. The management team at Springvale was praised by relatives for their way of running the service and ensuring people's views were at the centre of the support provided. Relatives spoke highly of staff and the leadership structure in the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 9 May 2019 and this is the first inspection. The last rating for the service under the previous provider was good, published on 4 October 2016.

Why we inspected

This was a planned inspection based on when the service first registered with us.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Springvale Supported Living

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection team consisted of one inspector.

Service and service type

This service provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

Inspection activity started on 14 January 2022 and ended on 20 January 2022. We visited the service on 14 January 2022.

What we did before the inspection

We reviewed information we had received about the service since its registration. We sought feedback from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with three people who used the service and seven relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager, deputy manager, senior support worker, support workers and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We observed interactions between staff and people who used the service.

We reviewed a range of records. We looked at three staff files in relation to recruitment. We reviewed a range of medication administration records (MARs). We reviewed four people's care records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We received feedback from healthcare professionals. We looked at quality assurance records and people's care records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- There were systems in place to safeguard people from the risk of abuse. People and their relatives told us they felt safe with staff. One relative told us, "I've never had any concerns about the safety. I know he's safe." Another relative told us, "We have no concerns. [Person] is safe." A third relative commented, "I feel he's very safe there."
- Staff understood what constituted abuse and the actions they would take if they suspected abuse. One member of staff told us, "[Abuse could be] inappropriate touching or worse, and intimidation. [I would] report it to my manager, CQC, the police, safeguarding." Another member of staff told us, "I'd report bruising or marks to the safeguarding officer."
- Staff had received training for safeguarding and held regular meetings which included discussions on how to report safeguarding concerns and lessons learnt from incidents. This included a meeting during which staff discussed how to ensure incidents were reported appropriately and accurately. Staff confirmed this and one member of staff told us, "We have at least one team meeting a month and sometimes more. We have a debrief after incidents and we reflect on it for tenants and staff."
- We reviewed quality assurance reports which the provider had completed. This included an analysis of recent accidents and incidents and steps that could be taken to reduce the risk of them occurring again. The provider concluded after analysis of the incidents, "Risk assessments enable tenants to experience appropriate levels of risk and experience meaningful and rewarding everyday activities." We found this to be the case.

Assessing risk, safety monitoring and management

- Relatives told us that staff took steps to identify risks to people and reduce the risk of potential harm. One relative told us, "Care plans and risk assessments are dynamic." Another relative told us, "When [person's] anxiety levels get higher, they always look at what they could do and they will always try their best."
- Staff told us they knew what to do to reduce risks when supporting people. One member of staff told us, "If they have never done it before then we will risk assess it first. For example sharp knives, so we use cutting machines." Another member of staff commented, "Building that relationship with [person], so you know [their] triggers. Read [their] care plans and risk assessments. We explain to [person] calmly and help [person] to understand." A third member of staff told us, "It's all about de-escalation."
- We observed staff calmly speaking to a person in a low tone when they appeared to become anxious, which appeared to reassure the person. This was in line with their positive behaviour support (PBS) plan which instructed staff to speak in a calm and low tone as this was the preferred way the person wished to be approached in when they were anxious.
- We reviewed care records which provided staff with guidance on what to do to reduce known risks. For example, where people lacked the insight into dangers arising from health and safety risks, there were clear

instructions in place for staff to follow.

Staffing and recruitment

- The provider followed safe and effective recruitment practices. This included checks with the Disclosure and Barring Service (DBS) and requesting references from previous employers. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People and their relatives told us there were sufficient staff employed at the service. One relative told us, "[There are] enough staff. They've got good one to one arrangements." Another relative told us, "I think there's enough staff." A third relative told us, "Oh yes, absolutely. 12 staff here at the moment."
- We observed there were sufficient staff to meet people's needs on the day of the inspection. Where people required support outside of their allocated one-to-one hours, staff were quick to respond and people did not have to wait.

Using medicines safely

- People were appropriately supported by staff to take their medicines. Medicines were received, stored and disposed of safely. Where certain medicines were required to be stored in the fridge, there were appropriate facilities available in line with manufacturer's instructions.
- Staff had received training and competency checks for the administration of medicines. One member of staff told us, "We have done the medication training [with training provider]. [Registered manager] has done the competency checklist."
- People had medication administration records (MARs) in place. MARs included information on the stock balances, allergies and where to apply topical medicines (medicines applied to the skin). The provider had systems in place to regularly audit MARs and address shortfalls.
- Where people were able to self-administer medicines, staff had supported them appropriately to do so themselves. The registered manager had undertaken risk assessments which included information on potential risks and considerations on how to empower the individual to live as independently as possible.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's physical and emotional needs were assessed in a person-centred and holistic manner to ensure staff were able to support the person appropriately. Assessments included information on people's needs in the kitchen, healthcare needs and preferred communication methods.
- Relatives commented on the thorough and person-centred assessment process which reflected current best practice guidelines. One relative told us in relation to assessments, "They just go with the guidelines." Another relative told us, "It was a long time ago but they were very thorough. We made sure we liked it."
- Care was delivered in line with legislation and we saw this from care records and minutes of staff meetings we reviewed. Staff had discussed the CQC fundamental standards of care and how to ensure these were always met.

Staff support: induction, training, skills and experience

- Relatives told us they felt staff had the skills and experience to support their loved ones. One relative told us, "They manage him really well because they're trained and led so well."
- Staff received regular training in order to have the knowledge and skills required to effectively support people. One member of staff told us, "We've had to do lots of different training, even online safety training." Another member of staff commented, "We go through the meds (medicines) training online and then [registered manager] will come and watch you administering them. We speak about it all [medicines errors] in team meetings as well."
- Staff had undertaken training in areas including epilepsy, autism, de-escalation strategies and first aid. One member of staff told us, "We have a team teach once a year: De-escalation tactics, how to keep [people who used the service] and us safe."
- New staff were required to undertake a thorough induction to ensure they had the experience required to support people. One member of staff commented on the quality of the induction training, "I had training at the school, four days training including induction. After that [registered manager] did another induction: In-house induction, introducing me to tenants and staff and all the necessary [training]. The training was good."
- The registered manager operated an open-door culture and staff had received regular formal and informal supervisions to assess their performance, support and progression aspirations. One member of staff told us, "I've done the health and social care level 3 [vocational qualification]. We had to do it to progress. We are encouraged to do it."

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported by staff with their meal preparation in order to be as independent as possible.

People were encouraged to prepare their meals with minimal support by staff. We observed staff supervising people from a distance to enable individuals to safely prepare their meals whilst ensuring that appliances were switched off following meal preparation to reduce the risk of potential harm.

- Relatives told us they felt staff did their best to support people to eat and drink enough to maintain a balanced diet. One relative told us, "They try to encourage household chores and healthy food." Another relative commented, "They have addressed any issues. [Registered manager] is very good on taking up parents' comments. They're looking at getting a nutritionist."
- Staff told us they understood the importance of maintaining people's independence whilst ensuring people had a balanced diet of their preferred meals. One member of staff told us, "He makes his shopping list every morning and he can walk around and find everything."
- Where there were concerns with people's dietary intake or swallowing, there were systems in place to make appropriate referrals to healthcare professionals and inform relatives.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff supported people to maintain their health. People and their relatives told us they were able to access healthcare professionals if they felt unwell. A relative told us, "We are local – we try to go with him when he needs a dentist or doctor. We feel confident they would call a doctor for something urgent." Another relative commented, "Absolutely, there's access to the GP."
- People were encouraged to have regular reviews with healthcare professionals and staff had completed documentation on how best to support people should they need to attend hospital.
- We saw from care records that staff had referred people to healthcare professionals when they noted changes to their health. For example, staff had arranged for tests to be undertaken at the local hospital for a person who struggled with their hearing.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's care was provided in line with the principles of the MCA. All people who used the service had capacity to make decisions about their care. People also had relatives to act as their advocate if they were unable to make informed decisions. A relative told us, "They definitely do what's in the best interest. They're better than I am at encouraging [person] to cook."
- Staff had undertaken training on the MCA and understood the principles of the framework and how to apply this to day to day work. We observed staff seeking consent prior to assisting people and respecting their wishes should they choose not to participate. One member of staff told us, "Even if a person lacks

capacity, we can't assume that they don't understand it. We always ask for consent. Some of our tenants are non-verbal so it can be a gesture." Another member of staff told us, "Everyone has an input and what's best for the person. It will be the most minimal limit and we will try and make it as independent as possible."

- The registered manager understood their responsibilities and people's rights in relation to the MCA. They ensured restrictions in place were proportionate, the least restrictive option and relevant applications to the local authority had been submitted. Decisions were made with the involvement of relatives, healthcare professionals and in the best interest of the person.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us staff were respectful, considerate and treated people as individuals. One relative told us, "They respect and promote independence." Another relative told us, "They respect [person's] own space." A third relative told us, "It's very focused on the individual."
- We observed staff engaging in a very kind and caring nature. People appeared to be at ease around staff and enjoyed their company. A relative confirmed this, "I can tell the carers enjoy looking after her. [Person] could name them all. I would be able to sense if there was someone unkind." Another relative told us, "They're very kind. I would know from [person]. [Person] is affectionate with all the staff." A third relative told us, "A light sense of humour and very caring."
- Staff understood the importance of respecting equality and diversity and had undertaken relevant training. One member of staff told us, "I have done equality training. I would never assume anything. Everyone is different. I would give people the safe space to say what they want."
- The registered manager told us they encouraged people to express themselves and had discussed religion, equality and sexuality during tenants' meetings in order to offer support to people.

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives told us they felt involved in the planning and delivery of their care. One relative confirmed, "I have seen the care plans. They ask for input." Another relative told us, "[There was] an initiative on healthy eating and watching weight."
- We reviewed care plans and saw that people who used the service and their relatives had been involved in their care planning. For example, where a person preferred female support workers for support with personal care, there were clear instructions in place to ensure this was the case and how best to support the person at night time.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's care and support was planned to meet their individual needs and respect their preferences. All people had allocated one-to-one support hours which they were able to utilise in line with their preferred schedules.
- Where progress trackers had been agreed, these were reviewed regularly with the involvement of the individual and relatives. The progress trackers included what kind of support staff were to provide to meet the goal. This included whether staff were to provide visual or verbal support; and a baseline score from which the goal could be measured. A member of staff told us, "We want them to feel happy and independent. Then they can get interested in doing more."
- People had weekly timetables in place which were created with people's input throughout and included a range of activities from gardening and drama lessons to meals out as a house and daily trips to the local high street depending on people's interests and goals.
- Relatives told us people had busy days with the activities they liked to undertake and that staff were flexible to meet their needs. One relative told us, "Any change [to people's preferred routines] is picked up straight away [by staff]." Another relative told us, "They have the best quality of care and quality of life that they could have."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's individual communication needs were assessed and recorded in their care plans. Where communication needs were identified, these were clearly highlighted. For example, where a person's preferred method of communication was to use gestures and pictures, we saw care records available in this format to enable the individual to independently read important information.
- We reviewed instructions in pictorial format for a person to follow who self-administered medicines. This meant they were able to keep their independence in doing this which they enjoyed doing. A relative commented, "He's so visual and he's so meticulous. It's great for him."
- Staff ensured up to date information was available to people in a format they could understand. This included policies, national guidance, information on upcoming medical procedures and information about people's rights. Formats were tailored to the individual and we saw photos of individuals included in their

guidance to help people recognise the guidance is for them.

Improving care quality in response to complaints or concerns

- Staff had discussed the complaints procedure with people who used the service to ensure they were aware of how to do this. The complaints procedure was available in different formats so that people were able to understand it in their preferred communication method.
- No complaints had been made at the time of the inspection and relatives confirmed they and their loved ones were happy with the care provided and felt confident complaining if they were not happy. One relative told us, "I have confidence they would address complaints. But I've not had to do it yet." Another relative told us, "[Registered manager] would listen, [registered manager is] very good."

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People who used the service and their relatives told us they felt the culture in the service was exceptionally person-centred and inclusive. One relative told us, "I'm very pleased. I would hold it up as a model of what it should be like. It always comes from the top from [the registered manager]." Another relative told us, "It's like talking to a friend. There's no them and us culture. We're all working as a team." A third relative commented, "Absolutely wonderful – all the staff are amazing. [Person has] been there for [number of years] and it's always been like that."
- We observed the registered manager was visible and approachable throughout the inspection and knew people well.
- Staff were complimentary about the leadership and culture in the service. One member of staff told us, "It's a good atmosphere because we are very active. You have many things going on which is great for their wellbeing and their mental health." Another member of staff told us, "The manager is very supportive." A third member of staff commented, "There's good teamwork."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The provider had informed the CQC of events including significant incidents and safeguarding concerns.
- Relatives told us they had been contacted when staff noted changes to people's care needs or when an incident had occurred. One relative told us, "They do keep me informed." Another relative commented, "Staff are very observant of [person] and can predict. They'll let us know." A third relative told us, "It's a very good culture. [Registered manager] does a very good job. [They will] keep you informed as much as possible when things happen."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a clear structure of governance in place, staff knew their role well and knew where to go if they were unsure. One member of staff told us, "I'm really happy to work here. I know where to go." Another member of staff told us, "I do my best for these young adults. I feel really successful in my job role. There's a lot of support from [registered manager]."
- The provider had undertaken regular audits of the quality of care. These included audits on the

environment, people's care records, medication and dignity. Where actions were identified, these were addressed and the provider had worked with relatives to improve the premises.

- Where we highlighted minor areas for improvement, the registered manager and provider immediately responded and put systems in place to ensure these were addressed. For example, where we noted an area of improvement in relation to the medication administration records (MARs), they immediately checked this and made amendments in line with best practice guidelines.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others; Continuous learning and improving care

- People and their relatives felt engaged in the running of the service and that their comments would be considered. One relative told us, "We have a very open relationship with them. I speak to [registered manager or deputy manager] at least once a week." Another relative told us, "They're very quick to engage us. Any suggestions are considered."
- Staff understood the vision of the service and felt engaged and valued. One member of staff told us, "The vision is to make sure they are as independent [as possible] and leading a normal life. I've quite happily spoken to [registered manager] about ideas." Another member of staff told us, "I do feel valued and my suggestions are valued."
- The registered manager had undertaken quality assurance audits with people who used the service, relatives and staff. Feedback surveys were provided to people in their preferred format and included questions such as whether people felt safe living at the service and whether staff had kept people busy during COVID-19 lockdowns. Where there were areas of improvement identified, the registered manager took action to address these.
- Staff had established effective working relationships with professionals to ensure people received the support they needed. A healthcare professional told us they had no concerns in relation to the service raising any medical issues and engaging healthcare professionals in people's care.
- The registered manager had undertaken further training on autism and how best to support people. This, and the registered manager's passion showed their genuine interest in the people they were supporting and they had implemented some of the learning in the service. For example, colour schemes were chosen based on a palette that was least likely to cause people over-stimulation from the environment.