

Craegmoor Supporting You Limited

Priory Supported Living West Midlands

Inspection report

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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

Priory Supported Living is a supported living service providing personal care to 36 people in their own homes, including adults with a learning disability and/or autistic spectrum disorder. Not everyone using the service received a regulated activity. The Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of the inspection visit the service supported 17 people with personal care.

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

Systems and processes for safeguarding and whistleblowing to keep people safe were effective. People had person-centred risk assessments in place and told us they felt safe in the service. When things went wrong the provider had learned lessons and developed improved systems. We found people's needs and preferences were met by a sufficient number of staff. People's medicines were safely managed. Staff understood and followed current government infection control measures.

People were encouraged to make choices; their needs were assessed, and care was reviewed regularly. Staff received training in relation to the needs of the people. Staff worked with a range of professionals involved in people's care. People were supported to attend regular health appointments and supported to eat healthily and maintain fluids.

We found the manager and staff to be caring which ensured a person-centred approach to the people living in the service. People's views were sought with equality, privacy and dignity being promoted.

People, and relatives, were involved in their care and supported to maintain their identity. Care was person-centred with people's privacy, dignity and equality maintained. Care was personalised and people are supported to communicate effectively, complaints were recorded and managed.

The manager had embedded the processes to monitor all records and improve oversight of the service. The staff and manager understood their responsibilities to keep people safe. The manager developed the staff team to meet the needs of people. The manager provided a good level of care through robust quality assurance and audit programs.

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 could show how they met the principles of right support, right care, right culture.

The ethos, values, attitudes and behaviours of the management and staff provided support in the way each person preferred with a view of individual development. The needs and quality of life for people was clear. Staff provided care that was person centred and directed by each person. Staff felt valued and empowered through inclusion in the development of people's care to suggest improvements and question poor practice.

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

Rating at last inspection and update

The last rating for this service was Requires Improvement (published 09 January 2020) and there were two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

The inspection was prompted in part due to concerns received about management of finances, absence of a registered manager and support not meeting a person's needs. A decision was made for us to inspect and examine those risks.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Priory Supported Living West Midlands

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 Care Act 2014.

Inspection team

The inspection was carried out by two inspectors.

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.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or manager would be in the office to support the inspection and consent could be sought from people.

What we did before the inspection

We looked at the information we held about the service since the last inspection. We checked records held by Companies House. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and three relatives about their experience of the care provided. We spoke with ten members of staff including the operations director, manager, administration manager, co-ordinators, care workers and one professional.

We reviewed a range of records. This included three people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Our last inspection in December 2019 found risk management plans were not always in place. This inspection found risk was assessed and plans were effective to the individual needs of people to keep them safe. For example, we saw a person's assessment to manage their risk of choking was very detailed and person-centred to their specific needs and risks.
- Care staff confirmed they followed the risk assessments for each person they supported and were able to effectively reduce the risks to people. A staff member told us, "Everyone has risk assessments in place and people are protected from any avoidable harm."

Systems and processes to safeguard people from the risk of abuse

- The provider had clear safeguarding and whistleblowing procedures in place to keep people safe from the risk of abuse. A person told us, "I feel safe because the staff are lovely."
- Relatives told us they felt their loved ones were safe in the care of the staff supporting them. One relative told us, "Staff are very considerate of [person] and always keep [person] safe."
- Staff had received training identify signs of abuse and staff knew how to respond to and report safeguarding concerns. A staff member said, "This is a very safe place where the staff are respectful to people." Another staff member said, "We are all trained in safeguarding we all know how to whistle blow and to report any concerns both internally and externally."

Staffing and recruitment

- Staff and relatives told us there was a high turnover of staff but there was enough staff to meet people's needs and keep them safe. A relative told us, "There is enough staff they are always very friendly." Another told us "They have had some sickness due to COVID-19 at times but they have managed this well."
- We saw the provider continued to recruit staff safely through the requirement of references and application to the Disclosure and Barring Service (DBS). A DBS check enables a potential employer to assess a staff member's criminal history to ensure they are suitable for employment.

Using medicines safely

- People's medicines were managed safely by staff trained to administer medicines who referred to professionals where necessary. A relative told us, "[Person's] medicines are given as they should be. When [person's] seizures became more frequent [staff] spoke to the epilepsy nurses and had his medicines reviewed."
- Records of people's medications were recorded and administered timely. People's records detailed how they preferred to take their medicines including clear protocols for medicines as and when needed (PRN).

- Staff were checked to ensure their knowledge and skills were current. A staff member told us, "We have medication competencies at least yearly but can be more often."

Preventing and controlling infection

- Staff received regular training in infection prevention control, had access to and knew how to don and doff personal protective equipment (PPE) to help reduce risk of infection. A staff member said, "We had specific training and have had enough PPE, we do a PPE check every week."
- The provider had an up to date policy for infection prevention and control which included the very latest government guidance. We saw staff wore PPE in the course of their duties and a relative told us, "Staff always wore PPE and when we visited we wore it too."
- The manager ensured regular staff testing for COVID 19 was carried out to minimise and reduce the possible spread of infection.

Learning lessons when things go wrong

- The provider had systems in place to record and monitor accidents and incidents that occurred at the service. Lessons were learned from the analysis of these records to prevent future occurrences.

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.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to 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

- The provider ensured people's needs were regularly reviewed and plans were updated to remain current. For example, one person's quality of life improved following positive health and social developments; their care plans were updated to reflect this change and the support they now required. A relative said, "We get copies of [person's] care plans every time they are reviewed."
- People were cared for in line with the needs and choices identified in their care plans. A person told us, "I choose anything I want." A relative said, "[Person] chooses how they want care, [person] goes to college and staff support [person] in the kitchen to cook for themselves."

Staff support: induction, training, skills and experience

- Our inspection in February 2019 found staff training and induction was insufficient. At this inspection we found staff received a robust induction of shadowing and training to gain the knowledge and skills to work effectively. A staff member told us, "We can get training whenever we need it."
- Staff training was up to date, and they had regular refresher courses to maintain their skills and knowledge. A relative said, "The staff are well trained and understand [person's] needs."
- Our inspection in February 2019 found did not receive regular supervision. This inspection found staff received support through regular meetings and supervisions. A staff member said, "We get supervisions every 6-8 weeks and appraisal is yearly."

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

- We saw some people required support to prepare healthy nutritious meals they had chosen.
- Staff received training in food hygiene and nutrition. Where people were at risk of choking staff had the correct skills and knowledge to support people to safely eat and drink.
- Care plans detailed the amount of support people required when eating and drinking and how they preferred the support to be delivered.

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

- Staff worked alongside other professionals to ensure people receive person-centred care which is consistent to their needs. For example, learning disability nurses, epilepsy nurses, intensive support teams and social workers.
- Care staff told us people were supported where needed to attend health appointments. Relatives we spoke with confirmed this.

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 Act 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.

- The manager had applied for community DoLS authorisations when restrictions were in place to keep people safe. A relative told us, "I was involved in [person's] DoLS"
- Staff we spoke with knew about people's DoLS and had a good understanding of MCA. One staff member told us, "We ask peoples permission all of the time for everything before we do it and we respect their decisions." Another staff member said, "I have been trained and know we have a best interest meeting to decide if people need anything."

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- Staff received equality and diversity training. Staff told us this training helped them understand what discriminatory behaviours and practices might look like to help them make sure people were always treated fairly.
- Relatives told us staff knew people well and cared for their loved ones. A relative said, "[Staff] are very professional and very caring they look after [person] well and are very supportive."
- Another relative told us, "[Staff] are very nice and know him well." A staff member said, "It's like a family."
- The manager and staff understood their responsibilities relating to the Equality Act 2010 and could demonstrate how people were supported in line with the Act. For example, people's culture and preferences were promoted and respected in the way people were supported. A staff member told us, "We support access to LGBT groups and communities for people who want to."

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

- People were involved in making decisions about their care and were able to express their views to staff and managers.
- Each person had an allocated keyworker who met with them monthly to review their goals and support people to be involved in the care they received.
- The manager told us reviews of care were held regularly to ensure people's current needs were known and met. A relative said, "We have been involved in [person's] reviews."
- Relatives told us staff had a good relationship with them and included them in gaining people's views where some people could not communicate these themselves. One relative, "They do involve us, we have a good relationship."

Respecting and promoting people's privacy, dignity and independence

- Staff received training in promoting privacy, dignity and independence for people and care staff could explain how they promoted this when delivering the service.
- People's privacy, dignity and independence was promoted by the way care staff supported them. For example, due to a person's health improvements we saw the support in place to maintain their dignity while they re-developed independence and social skills.
- People's care plans promoted independence where possible. A staff member told us, "The care plans allow us to support people while helping them to be as independent as possible."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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.

- Staff took the time to get to know and understand people and identify what was important to them, this was reflected in people's care plans. A relative told us, "Staff really know [person] and know when to leave [person] and allow [person] space to enjoy hobbies such as computers."
- The manager had made changes to the staff team in one location to better meet the changing needs of people who lived there. A professional told us, "There was a change of staff team to better meet the needs of people."
- Care plans were detailed with accurate information, regularly reviewed and updated to reflect people's changing needs. A staff member told us, "[Care Plans] have all the information in them and they are reviewed every month. I review two of the people who live here."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The manager had a good understanding of AIS.
- People received communication in a format they could understand. We found the provider communicated information in a range of formats, including picture formats. This enabled people to clearly understand it. This was in line with their assessed needs and the Equality Act 2010.
- Care plans detailed the preferred methods of communication for individuals and how staff could ensure effective communication. For example, we saw information describing the signs/gestures people used and what the person means when they use them.

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 were supported and encouraged to access the communal areas of their homes. For example through staff support a person who preferred their own company had recently begun accessing the communal areas of their home.
- In line with the government's easing of COVID-19 guidelines people were beginning to access activities for development and independence before the pandemic. A relative told us "[Person] is getting back to normal as much as possible and been getting back to visiting and going out in the community."
- People were supported to engage in activities that interest them both in their home and in the community. A relative told us, "[Person] goes to college to do cookery and staff support [person] in the

kitchen to cook for [themselves]."

Improving care quality in response to complaints or concerns

- The service had a complaints procedure in place with a copy displayed for people to access. People we spoke with confirmed they knew how to use this if they needed.
- The provider kept a log of all complaints to monitor for trends as part of how they improved the quality of the service.
- Where complaints had been raised we found they had been investigated and responded to appropriately. A relative said, "I have made a complaint and it was dealt with immediately." Another relative said, "I have a copy of the process but haven't used it."

End of life care and support

- No one was receiving end of life care and support at the time of our inspection. End of life policies and procedures were available to guide staff.

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.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved to 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; Working in partnership with others

- The provider recognised when people's needs changed and worked with other professionals when those changing needs became difficult to meet. A professional working with the provider told us, "There is more the service can do; things are beginning to get better."
- The service worked with people and their families to provide a person-centred approach to the care delivered. A staff member said, "The whole place is very person-centred; we have a very open relationship with the managers and they are very supportive to get it right for the guys."
- Staff told us they felt supported in their roles. A staff member told us, "Managers know people and they are always available should anything be needed." Another staff member told us "If there was anything we missed the manager always picks up on this."

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

- The manager maintained a clear audit schedule and evidenced action taken to develop or change the service to continually meet people's needs.
- Staff and managers were clear about their roles in recording and reporting. The manager told us of the procedures to monitor all records to ensure they had full oversight of the service provided. For example, all incidents were monitored daily by the co-ordinators and the manager in real time. This ensured appropriate action had been taken to minimise any potential risk to people living at the service.
- The manager ensured staff members were spot checked regularly and where concerns were identified appropriate action was taken. A staff member told us, "We are checked regularly."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Relatives told us they had been able to share their views on the service and they knew the up to date changes that had taken place. One relative said, "They do contact us we pop down regularly." Another relative told us, "The manager is very good, and we communicate via email and on the phone; the leadership is pretty good."
- Staff were involved and informed of changes and developments in the service. A staff member said, "The manager is always available and communicates with us."

Continuous learning and improving care

- Our last inspection in December 2019 found the new records and auditing procedures required further time to ensure new systems were effective and embedded into the service. This inspection found these systems and procedures were embedded in to the service and provided the manager with oversight.
- Care staff had access to training and supervision to ensure they had continuous learning and had the skills and knowledge to support people's needs.

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

- The provider understood their obligations for reporting important events or incidents to the CQC. They were aware of their duties under the new general data protection regulations and information was kept securely.