

St Anne's Community Services

Gateshead Supported Living Service 1 and 2

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Gateshead Supported Living 1 and 2 is a 'supported living' service providing personal care to people with a learning disability and/or autism living in 8 homes. The service was supporting 33 people with personal care at the time of our inspection.

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

Right Support

- People were comfortable in their own homes and able to do what they wanted to do, when they wanted. They were encouraged to get back to the hobbies and interests they had enjoyed pre-pandemic. Staff helped people enjoy a good quality of life through helping them access a range of healthcare professionals.
- Staff advocated for people and ensured changing needs were flagged with internal and external specialists.
- People experienced good health and wellbeing outcomes. Leaders were aware of the principles of Stopping the Over-Medication of People living with Autism and/or a Learning Disability (STOMP) and other good practice.

Right Care

- Staff cared about people receiving high quality care. They had received mandatory training, although some was in need of refreshing in line with the provider's policies. They helped people live the life they wanted. Staff understood people's differing needs and independence.
- People got on well with each other, and staff. People had strong bonds with people they lived with and were more confident in accessing the community since the pandemic.
- Staff communicated well with people.
- Support plans and risk assessments needed some work to ensure they remained accessible, person centred and focussed on the things people wanted to achieve. We have made a recommendation about this.
- Staff worked well with external professionals to keep people safe. They followed advice and were proactive in raising concerns or changes.

Right culture

- The culture of the service was changing, with new registered managers planned and some experienced

staff moving roles. The area manager acknowledged some difficulties in recruiting and retraining staff to ensure that people received a continuity of care. Staff knew their roles well but documentation was not always up to date.

- People and those who knew them best were involved in decisions about their care.

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

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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 responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led section below.

Gateshead Supported Living Service 1 and 2

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

One inspector and one Expert by Experience carried out the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service provides care and support to people living in 'supported living' settings, 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.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection the service did not have a registered manager in post.

Notice of inspection

We gave the service 2 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 24 April 2023 and ended on 26 April 2023. We visited the service on 24 April 2023.

What we did before inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. We reviewed the Provider Information Return (PIR). A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 7 people who used the service. We observed staff interacting with people. We spoke with the area manager, 2 other managers and 4 support staff. We contacted 12 more staff via email and telephone, and 4 health and social care professionals via email.

We reviewed a range of records. This included 3 people's care and support records and medication records. We looked at 2 staff files. A variety of records relating to the management of the service, including auditing, training data, photographs, surveys, analysis, 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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Staff helped people feel safe, supported and relaxed. Not all risks assessments were up to date or as accessible as they could be. The provider took immediate action when we identified this. One relative said, "There have been some changes but they know [person] very well and we're happy with the care. It is a safe place."
- Staff demonstrated a good awareness of the risks people faced and took necessary action. They demonstrated a patient and informed approach to helping people feel at ease and de-escalate concerns or anxiety. Some people had good person-centred profiles that could be used to help induct new members of staff or ensure agency staff had core safety information at a glance. Some people did not have these in place and good practice had not always been shared. The provider had an action plan in place which recognised some of these issues. The provider was moving from paper based to electronic records, which contributed to the varying standards of documentation.

We recommend the provider reviews the good practice identified and ensures all staff have access to detailed at a glance information.

Using medicines safely

- Medicines were managed safely. Staff acted in line with the principles of Stopping Over-Medication of People with a Learning Disability, Autism (STOMP) so that there was no unnecessary or overuse of medicines. Staff worked well with external clinicians to ensure people's medicines needs were reviewed.
- Staff were confident and knew about people's medicines. They received training and induction support regarding medicines, and competence was assessed regularly. One external professional said, "They appear to know the clients well."
- Area managers completed regular audits and other staff complete stock checks. Medicines errors were rare. When they occurred, they were acted on and reflected on so lessons could be learned.

Staffing and recruitment

- Staffing levels were safe. The service had used some agency staff due to staffing shortages. The provider recognised the challenges across social care and had put in place a range of measures to encourage and improve staff recruitment and retention.
- New staff were recruited safely, with a range of pre-employment checks in place. Managers held regular meetings with staff and conducted monthly out of hours unannounced visits to ensure standards were well maintained.

Preventing and controlling infection

- The provider had effective infection, prevention and control policies and procedures. People's rooms and communal spaces were clean. People took pride in their own independence in this area. Staff supported people to live in well maintained homes.
- Effective policies and procedures were in place to help prevent the spread of infections such as COVID-19.

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

- Staff protected people from the risk of abuse. Staff had received safeguarding training and knew how to report concerns if needed. When someone was at risk of harm the provider acted promptly and in line with their policies and local safeguarding arrangements.
- The provider used an online reporting system to record and analyse incidents, accidents or safeguarding matters. Where lessons could be learned from local incidents the provider shared these more widely across services.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question outstanding. At this inspection the rating has changed to 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

- Staff supported people to maintain relationships and avoid social isolation. Staff knew what was a good or more difficult day for people, and how they could support people to feel more empowered and less anxious. Care plans were not always as detailed as required to ensure new staff could access the same level of person-centred detail. The provider had already identified this and had a plan in place to move older care files to updated electronic records.
- People enjoyed good levels of independence. Staff helped people complete household tasks and plan bigger projects such as holidays and applying for voluntary work and other employment. Staff knew people's preferred routines and also encouraged them to try new things. One relative said, "Staff have bent over backwards for [person]." Another said, "They get on like a house on fire, friends together."
- Staff worked hard to cover unexpected gaps to reduce the impact on people and the continuity of care they received. Where agency staff was used the provider ensured experienced staff supported them.

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.

- Staff communicated well with people. They used Makaton and other non-verbal prompts to help people understand them, and clearly understood people's individual way of communicating well.
- The provider involved people in the running of the service. For instance, one person took part in the provider's national service user's forum to contribute ideas.
- Policies and procedures were available for people in different formats, including easy read. House meetings were in place for people to contribute their views, whilst a range of surveys helped the provider gather opinions.

Improving care quality in response to complaints or concerns

- The provider had complaints policies and processes in place. Relatives told us the provider was responsive to any concerns raised.
- Staff worked openly with external professionals to help ensure people had a voice. Relatives and staff felt comfortable raising any issues. They agreed it was more difficult given there had been a number of managerial and other staffing changes, but had confidence in the service.

End of life care and support

- The provider ensured people's preferences were reflected in care planning and the relevant people were involved in these conversations.

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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There was mixed feedback from staff about the responsiveness of leaders and some staff did not always feel valued or fully listened to. This was reflected in recent staff surveys and conversations we had with staff.
- Staff and relatives felt the reliance on agency staff had a destabilising effect on people. The provider recognised the impact of recruitment and retention challenges and hoped new registered managers in place would improve morale. They had plans to reduce agency usage.
- Staff valued their roles and the impacts they made. They worked hard.
- The provider had not always ensured core areas of the service were up to date. For instance, care records and risk assessment standards varied across different people's homes. The provider took immediate actions to improve this but auditing systems in place should reasonably have identified and addressed this prior to our inspection.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider had reviewed the management arrangements in place across the supported living locations. The new managers had yet to register with CQC but had contributed to an ongoing action plan to make improvements across the service. Staff knew how to support people on a day to day basis.
- The provider had an effective online reporting system in place which meant they could analyse and review incidents.

Working in partnership with others

- Staff worked well with other health and social care organisations, and families, to ensure people could move between services when needed. One external professional told us, "They appear to take on board and recommendations and signposting that is requires. They also follow outstanding issues in a timely manner."
- The provider had access to in-house specialists such as a Positive Behaviour Support team and people benefitted from the community links individual staff members had. The provider was responsive to our feedback about ensuring the service avoided becoming a closed culture by more effective scrutiny.

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

- Notifications to CQC had not always been made in a timely manner. The provider gave us assurances

about improving this aspect of leadership in the future. The provider understood the duty of candour and this was covered at staff meetings.

- The provider was responsive to feedback and keen to continually improve the service.