

Southdown Housing Association Limited

Alinora Crescent

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

Alinora Crescent is a supported living service providing personal care and support for people with a learning disability and /or autistic people. At the time of the inspection the service was provided to seven people. The accommodation was divided between two adjoined buildings, one with three self-contained flats the other was shared accommodation for four people.

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

People were living full and busy lives and staff supported them in a personalised way. Relatives described how people were happy, settled and enjoyed activities that were meaningful for them. Our observations throughout the inspection confirmed this. One relative said, "They are having a good quality of life there."

Risks to people were assessed and managed effectively. Systems to safeguard people from abuse and avoidable harm were effective and staff demonstrated a clear understanding of their responsibilities. There were enough staff to care for people safely and staff had received the training and support they needed to care for people's diverse needs. People appeared to be relaxed and happy in the company of the staff and their relatives told us they felt people were safe. One relative said, "I think the staff are doing their very best for all the people there. I have no concerns at all." Another relative told us, "It's a good place, it feels very safe there."

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

Staff were focussed on supporting people to be as independent as possible. People were supported to communicate their views and to make choices and have control in their daily lives.

Right care:

- Care is person-centred and promotes people's dignity, privacy and human Rights

Staff knew people well and understood their needs. Care was well personalised. Relatives spoke highly of the staff and described how people were supported to maintain relationships that were important to them. People had developed positive and trusting relationships with staff.

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 inclusive. Staff were motivated and positive in their view of the service and described being well supported and having access to relevant training. Relatives told us their views were welcomed and considered. People were supported to have access to the local community and to follow their interests.

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. A relative told us how previous restrictions for one person were no longer needed, saying, "They are much calmer now because they are in the right place, staff understand them so well. "

Staff worked in partnership with health care professionals to support people's care and minimise restrictions on their rights. Over time, one person's medicine had been reduced and staff explained the positive impact this had for the person. Their relative told us, "They are more relaxed now, it's been a really good outcome."

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

Why we inspected

This service was registered with us on 25 November 2019 and this is the first inspection.

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

Alinora Crescent

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 team consisted of 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.

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 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

We reviewed information we had received about the service. 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 one person who used the service because other people were busy or not able to speak with us due to their needs. We observed staff supporting people throughout the day and we spoke with four relatives by telephone about their experience of the care provided. We spoke with five members of staff including the registered manager and four care workers.. We reviewed a range of records. This included five people's care records and medication records. We looked at four staff files in relation to recruitment and staff supervision. 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.

This is the first inspection for 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

- People were consistently protected from avoidable harm and abuse.
- We observed that people appeared relaxed around staff. A relative told us, "I feel it's very safe here."
- The provider had effective procedures for safeguarding people and staff had received training and knew how to report any concerns.
- Staff demonstrated a clear understanding of their responsibilities. One staff member told us, "I am confident about how to recognise signs that could be abuse, I would record and report anything I was worried about to the manager."

Assessing risk, safety monitoring and management;

- Risks to people were identified, assessed and managed.
- Risk assessments were detailed and personalised according to people's needs. Some people had risks associated with complex health needs. There was clear guidance for staff in how to support people and to mitigate risks. For example, one person had specific health needs and required specialist equipment to support their posture when in bed. Guidance for staff had been provided by a physiotherapist and included photographs to show specific details about how to support the person's position at night.
- Some people needed support to move around. Moving and handling risk assessments and care plans included detailed guidance for staff in how to support people, the equipment they needed for different manoeuvres and what the person was able to do themselves. This meant the staff had the information they needed to support people and reduce risks of falls or injuries when moving around.
- Staff explained how risk assessments and care plans were used to support the care provided and how they include people where possible, in developing plans. A staff member described how they went through a step by step process with one person to identify risks that might occur when they went out into the community. They explained, "It helped identify specific risks that some staff might otherwise have been unaware of, including details about changing shoes before leaving home." This meant that staff had the information they needed to support the person to remain safe when out in the community.

Using medicines safely

- People were receiving their medicines safely.
- People received the medicines they needed as prescribed. Staff had been trained and assessed as competent to administer medicines.
- Medicines were ordered, disposed of and stored safely and staff maintained accurate Medicine Administration Record (MAR) charts.
- Staff approached people in a caring and supportive way when administering medicines. We observed one

staff member explaining what they were going to do and why, for a person who needed support to receive their medicines.

Staffing and recruitment

- There were enough suitable staff to care for people safely.
- Our observations were that there were enough staff. People were receiving individual support when they needed it. One staff member told us, "The manager is good at ensuring people have the correct support." Another staff member said, "We are always fully staffed and we don't use agency staff."
- Relatives told us the staffing levels were consistent. One relative said, "The staffing is most appropriate for people's needs, the team is consistent." Another relative told us, "I have no concerns at all about the staffing, they have managed to keep it going and staffed, despite the pandemic."
- The provider had safe systems in place for recruitment. Appropriate checks were made to ensure that new staff were suitable to work with people.

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 promoting safety through the layout and hygiene practices of the premises.
- 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.
- We were assured the provider was facilitating visits for people living in the service in accordance with the current guidance.

Learning lessons when things go wrong

- The provider's systems supported learning when things went wrong.
- Staff recorded and reported concerns and incidents. The registered manager described how analysis of incidents and accidents helped to improve practice. For example, when a fall occurred the provider's health and safety team provided support with analysis to identify any changes needed such as changes to manual handling guidance for staff.
- Some people had distressing behaviours that could be challenging for themselves and others. When incidents occurred, staff recorded details of events to support analysis and identify patterns or triggers that might have led to distressing behaviour. This meant that staff were able to adjust their approach to support people more effectively.

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 needs and choices were assessed in a holistic and person-centred way.
- Assessments and care and support plans were comprehensive and provided clear guidance for staff to follow. Care and support reflected evidence based good practice including Positive Behaviour Support (PBS) plans. PBS is a person-centred framework for providing support to people with a learning disability or autism who may display behaviours that may be challenging or distressing for themselves or others.
- Staff demonstrated a good understanding of PBS and how it is used to support people to have a good quality of life. One relative described the importance of this for their loved one saying, "The staff understand and approach things from the best angle." Another relative told us how staff had supported their relation with a medical procedure saying, "It was a big deal, they planned and managed it very well and there was very little fuss."
- Staff used evidence-based guidance tools to support the assessment of people's needs. For example, a Disability Distress Assessment Tool (DisDat) was used to identify signs and behaviours that might indicate pain or distress for people who had limited communication. A MUST (Malnutrition Universal Screening Tool) was used to evaluate risks of malnutrition. This meant that staff had the information they needed to assess risks and develop effective care plans.

Staff support: induction, training, skills and experience

- Staff had received the training and support they needed to be effective in their roles.
- Staff were observed to be confident and skilled in their approach with people. They spoke highly of the support and training opportunities they had received. One staff member said, "If I have any issues there are at least four people I could talk to including the seniors, deputy and the manager. We are well supported."
- Records confirmed that staff had access to training that was relevant to their roles including in the specific needs of people they were working with. For example, as well as training that the provider considered essential, staff had completed training about dementia in people with learning disabilities, autistic spectrum disorder and PEG (Percutaneous endoscopic gastrostomy) feeds, (This is a type of feeding tube that is inserted through the abdomen into the stomach, allowing food, drink and medicines to be passed directly to the stomach).
- Relatives told us they had confidence in the skills of the staff. One relative said, "Staff have had training to meet people's needs. They provide very good standards of care." Another relative said, "Staff training has been excellent and newly recruited staff are given induction."
- Records confirmed that staff received a thorough induction when joining the service. One staff member told us about their experience of starting to work with a person who had complex needs. They told us, "I was able to start slowly, shadowing other staff and gradually built up the time. The whole team were amazing

and helped to build my confidence."

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to have enough to eat and drink and were encouraged to maintain a healthy diet and lifestyle. They had access to the healthcare services they needed and staff worked effectively with staff from other agencies.
- People had eating and drinking support plans in place identifying their needs and preferences. Some people were supported to shop for their food and involved in preparing meals. Staff supported people to make choices and described encouraging healthy food options but ensuring people could have the treats they wanted too.
- Some people had complex needs and required support to maintain a balanced, nutritious diet. One person received their nutrition through a PEG feed. Staff had received training in how to manage a PEG feed and the care plan contained clear and specific guidance for staff to follow. Staff were able to explain the process clearly and understood the risks involved and how to manage them. One staff member told us, "The routine and guidance is very clear, and we know what to do and who to speak to if we have any concerns."
- Relatives said they had confidence that people received access to the health care services they needed. One relative told us, "Staff would notice if they were unwell." Another relative said, "I know the staff would call the doctor if they weren't happy."
- Records confirmed that staff sought advice from health care services in a timely way. For example, advice from a dietician and SaLT (Speech and Language Therapist) was included within one person's care plan. People had regular health care checks and this included reviewing their medicines.
- Staff described positive working relationships with health and care professionals. Records showed a proactive approach to supporting people's physical and mental health. People had regular appointments for ongoing health needs including with a dentist, physiotherapist, GP and psychiatrist. Staff said they had regular contact with the community learning disability team.
- People had hospital and care passports to provide information about their needs and preferences to health and care professionals who may not be familiar with them.

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.

- People were being supported in the least restrictive way. Staff understood their responsibilities for gaining consent and upheld people's rights to have choice and control over their lives.
- Staff were able to describe the principles of the MCA and gave examples of how people's rights were being upheld. For example, one person had their medicine reviewed and reduced. A staff member explained how the person's life had been restricted by the medicines they were taking. They told us, "With the help of the psychiatrist, we have supported the person to reduce the amount of medication they were on. It has really made a difference and improved their quality of life."

- Records showed that staff had considered how to seek consent from people. When people lacked capacity to make particular decisions, relevant people had been involved to make decisions that were in people's best interests.

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

- People were treated with kindness and respect by staff who knew them well.
- Relatives were consistent in their views about the caring attitude of staff. One relative told us, "Staff are very kind, absolutely lovely, couldn't be more caring, always keep us in the loop." Another relative described the positive relationship that staff developed with their relation saying, "They really love (person's name) and care about them. They absolutely get them."
- Our observations throughout the inspection confirmed that staff approached people in a kind and caring way. Staff members took every opportunity to talk to people and to interact in a positive way. We noted that one staff member complimented a person on their appearance, and the person was visibly pleased by the comment.
- Staff spoke positively about the people they were supporting. They demonstrated a good understanding of people's diverse needs, preferences and their personal history. One staff member told us about a person they supported saying, "I have had an amazing journey with them. We have built trust and understanding, they are incredible." They spoke proudly about the person's achievements and the positive relationship that had developed over time.

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

- People and their relatives were involved in making decisions about their care and support.
- Staff were knowledgeable about people's communication needs and supported and encouraged them, in a sensitive way, to express their views. For example, one staff member described how a person needed to be offered choices in a certain way to make a meaningful decision. Saying, "They will always say "no" to what's offered but if you offer choices, they will make a choice."
- People's views, and where appropriate the views of family members, were included in care and support plans. One staff member told us, "People are offered lots of choices in ways that they understand, we use all sorts of different methods to help them get their views across." Another staff member described how a person had been involved saying, "Their voice was very clear about what they need."
- Records showed that advocates had been involved, when appropriate, to support people in making decisions.

Respecting and promoting people's privacy, dignity and independence

- Staff were respectful of people's privacy and promoted their independence and dignity.
- One relative told us how staff supported their relation's dignity. They explained, "The staff help them to look nice, particularly when they are going out, it's something that matters to (person's name). The staff know that and help them to make appropriate choices about what to wear."

- Our observations showed that staff were mindful of protecting people's privacy and maintaining their confidentiality. People's personal information was stored safely, and staff spoke to people in a sensitive and discreet way to protect their privacy and dignity.
- Staff were focussed on supporting people to be as independent as possible. One staff member described how they supported a person with making hot drinks. They said, "The risk assessment is clear and we use a hand over hand method to support them so they are kept safe but still encouraged to make their own drinks safely."
- Relatives described how staff supported people to develop their independence. One relative told us, "Independence is encouraged, they like to help the staff with the cooking and cleaning." Another relative explained how their relation was able to make their own decisions about which staff members worked with them. They told us, "(Person's name) has control in who comes into their own home. If they don't like them it will not work so they make the decisions."

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 were supported in a personalised way that was responsive to their needs. They were leading full and busy lives and were supported to remain connected to people who were important to them.
- People's relatives described how people were supported in a responsive way. One relative said, "They are in a good routine and can get out and about." Another relative described staff understanding of people's needs and preferences, saying, "They have a very good quality of life now." A third relative told us, "They are the happiest they have ever been. I think it's because the staff here get them, they know what makes them tick."
- Staff described how they supported a person with complex needs and behaviours that could be distressing. One staff member told us, "The person has particular rituals that are very important for them. Consistency from staff is vital." They described how staff had helped to reduce the person's anxiety levels by giving them the space and time they need to do things in a particular order. Records confirmed that this personalised approach had led to a reduction in incidents of distressing behaviour. The person's relative told us, "They trust the staff absolutely. Things are so much better, the staff give them the space and independence they need. Their distress is much more a thing of the past."
- People's care and support plans were comprehensive and holistic, providing information and clear guidance for staff in how to support people in a personalised way. People were supported to access the local community and to undertake activities that were relevant to their interests.
- A person was described by their relative as being "an outdoors type" of person. Their care plan included details of outdoor activities that they enjoyed. Staff described the person's preferences, saying, "They love to go out every day."
- Staff told us how they supported people to maintain their hobbies and interests, including during the recent COVID 19 pandemic and lockdown. For example, staff created a bowling alley in the garden for a person who enjoyed bowling.
- Relatives told us how staff had supported people to remain in touch with them during the COVID 19 pandemic. One relative described regular phone calls and video calls. Another told us they had exchanged parcels with their relation.

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.

- People were being supported with their communication needs in line with AIS.
- Staff used different methods of communication to provide people with the information they needed and to encourage and support their participation and to empower them to make choices themselves. Staff demonstrated a good understanding of people's diverse communication needs.
- One person had difficulty with communicating their wishes. Staff had developed a communication book containing specific activities that the person enjoyed and guidance for staff in how to communicate so the person could make their own choices.
- Another person needed a clear daily routine. They had a board showing their routine and activities throughout the day so they would know what was happening and when. A relative explained how this helped the person to feel in control of their life.
- Care plans included communication guidelines for staff with specific information about tools including sign language, pictures and symbols. For example, staff used sign language with one person when at the supermarket to support them to be more independent when shopping.
- People's communication and information needs were included in hospital passports to ensure that staff in health care settings had access to information about how to communicate with people effectively.

Improving care quality in response to complaints or concerns

- The provider used information from complaints and concerns as an opportunity for learning and making improvements.
- The provider had a formal system in place for recording and responding to complaints. The registered manager told us no complaints had been received during the past year.
- Relatives of people said that they knew how to raise a complaint and would feel comfortable to do so. One relative told us, "I have never had to make a complaint. We work well with the staff and they deal with any concerns that arise." Another relative said, "I'm sure they would deal with any complaint but we are very happy with things."

End of life care and support

- People's needs and preferences were considered when planning for end of life care.
- The registered manager said that not everyone had wanted or been able to discuss plans for end of life care but where appropriate, plans were in place. For example, some people had a funeral plan in place detailing their wishes.

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

- The service was consistently well-led, staff and relatives of people spoke highly of the management of the service.
- A relative said, "The place is well managed. The staff are good and consistent and that is very important; it means people are more relaxed and confident and they achieve good things."
- Relatives described the outcomes people were achieving, one relative told us, "They are very happy, and we are so grateful to the staff for making their life as good as it can be." Another relative said, "It's a weight off my mind to know (person's name) is well looked after- they have good standards there."
- Staff described a positive, open culture that put people at the centre of the service. One staff member said, "It's a great team, everyone is passionate about ensuring people have a good quality of life."
- The principles of person-centred care were understood and embedded within staff practice. People were empowered to have choice and control in their lives and this had achieved good outcomes. For example, one person with complex needs was supported to be involved in recruitment decisions so they could decide who supported them. A staff member said, "They now like all their team members and incidents (of distressed behaviour) have reduced."

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

- Staff were clear about their roles and responsibilities. There were effective management systems in place for monitoring quality and driving improvements.
- Staff were confident in their roles and described being well supported. One staff member said, "It's a great company to work for, I have found them to be very client centred and supportive. We have fantastic training." The registered manager described being supported in their role by the provider saying, "We were well supported during a tough time."
- The provider undertook regular audits and an action plan showed how shortfalls were identified and actions taken to make improvements. For example, an audit identified that staff who were administering medicines had not had an annual competency check. Immediate action had been taken following the audit to ensure that staff were competent to administer medicines to people.
- Systems for monitoring quality identified themes and patterns. For example, when incidents occurred staff kept detailed records to identify any possible triggers that could have led to the incident and looked for

patterns to identify what they could change to avoid further incidents. The registered manager had oversight of incidents and accidents that occurred, and the provider's PBS team assisted staff in identifying triggers and developing care plans with people.

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

- People, their relatives and staff were involved and engaged with the service in a meaningful way. Staff worked collaboratively with other agencies.
- Staff were focussed on ensuring that people were involved and included in discussions about the service and their care and support. Staff supported people to engage using techniques that were appropriate for people's diverse communication needs. One staff member told us, "We do whatever we can to enable people to voice their opinion."
- Relatives told us they were engaged and involved with the service. One relative said, "Communication with staff is very good," another relative said, "I feel we work together well with the staff to make things as good as possible."
- Staff described feeling motivated and engaged with the service. One staff member said, "We are a good team, we communicate well and the manager welcomes our opinions." Another staff member described how a suggestion they made had been welcomed and adopted following discussion with the registered manager.
- Staff described feeling they were listened to and supported by the registered manager. Staff told us that there had been some staffing issues in recent months and that this had been discussed with the registered manager. One staff member said, "At the moment we are running rather thin, we have to pick up quite a lot of extra shifts." The registered manager confirmed this and was aware of the additional pressure on staff to ensure all shifts were covered. They told us, "The staff are picking up extra work and that means the impact on people has been minimised. We are actively recruiting to vacant posts." A recruitment plan was in place and staff told us they had been kept informed of progress.
- Records showed that staff were proactive in engaging with other agencies. Staff worked in partnership with health and care professionals to support and develop people's service.