

Symbiosis Care Limited

Symbiosis House

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

Symbiosis House is a supported living scheme providing personal care and support to people who may be living with a mental health condition, a learning disability, autism, acquired brain injury, personality disorder and complex mental health issues with behaviour that challenges. At the time of inspection 13 people were living at the service but only one person was in receipt of regulated activity.

The scheme has several properties which support people to live independently. Each property provides a shared kitchen area, shared lounge and dining space, a bedroom and bathroom.

Not everyone who used the service received personal care. 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. The service was supporting one person with personal care at the time of the inspection.

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

Relatives told us they felt that people were safe and were supported well by the staff team. Staff were knowledgeable of the needs of people and understood how to keep them safe. Safeguarding policies and processes were in place.

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.

Risks to people were assessed and reviewed regularly. Measures had been put in place to address identified risk. Families told us they had been involved in the assessment process.

Relatives spoke positively about the service. A relative told us, "We are really happy with the care. We see [Family member] returning to the person they used to be. We are very pleased with how things are."

People received support from staff who were trained in areas of care relevant to their needs. Relatives told us staff were kind and friendly and used their training appropriately to provide positive support.

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.

Based on our review of the service and records the service was able to demonstrate how they were meeting

the underpinning principles of Right support, right care, right culture. The values of the management and staff supported people to lead confident and inclusive lives, developing skills of independence.

There were sufficient suitably skilled staff to meet the needs of people safely. A robust recruitment and induction process was in place which staff felt prepared them for their role.

Staff had received training in the safe administration and handling of medicine. Their knowledge and practice had been observed and checked by senior staff.

Quality assurance processes were in place to identify areas requiring improvement. A service improvement plan was in place to support driving improvements and development.

Staff enjoyed their role and were passionate about providing good quality care. One staff member told us, "I enjoy helping and encouraging people to learn new skills and become independent." Another staff member said, "It is a nice place to work. Seeing people happy and settled is rewarding."

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 22 July 2020 and this is the first inspection.

Why we inspected

This was a planned inspection as a newly registered service.

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Symbiosis House

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

This inspection was carried out by one inspector.

Service and service type

This service provides care and support to people living in nine '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.

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.

Inspection activity started on 15 December 2021 and ended on 07 January 2022. We visited the office location on 07 January 2022.

What we did before inspection

We reviewed information we had received about the service. We sought feedback from the local authority. 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 relative about their experience of the care provided. We spoke with 10 members of staff including the registered manager, activity staff and care workers.

We reviewed a range of records. This included one person'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.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance 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 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 protected from the risk of harm and abuse.
- Processes were in place to report, record and monitor incidents and accidents.
- Staff had received safeguarding training and were confident in their understanding of their responsibility in recording and reporting concerns.

Assessing risk, safety monitoring and management

- Personalised risk assessments had been completed for people to safely manage their needs. These were reviewed regularly and updated when required.
- Where risks had been identified staff took positive steps in making referrals to appropriate health professionals.
- Staff told us the management team visited frequently and monitored staff practice to ensure this remained safe and in-line with people's care plans and risk assessments.

Staffing and recruitment

- There were sufficient staffing numbers on each shift. People had individual support from an allocated staff member who they knew well.
- A relative told us they found staff to be consistent and had built a good rapport with their family member.
- Systems and processes were in place to ensure the safe recruitment of new staff. This included checking of employment history, requesting references and completion of criminal record checks.

Using medicines safely

- Medicines were managed and administered safely.
- Staff had received training in the safe administration of medicines and had been assessed by senior staff to ensure they demonstrated the skills and knowledge required.

Preventing and controlling infection

- An infection control policy was in place which had been shared with staff.
- Staff had completed infection control training which included information specific to COVID-19.
- Relatives told us they observed staff wearing face masks, gloves and aprons when providing support.
- Staff told us they participated in regular COVID-19 testing and reported their test result to the registered manager. Where staff had tested positive for COVID-19 they were required to remain at home and isolate in line with government guidance.
- The registered manager told us they had encouraged all staff to receive the COVID-19 vaccination.

Learning lessons when things go wrong

- Systems were in place to monitor incidents in the service and the actions taken to reduce these from re-occurring.
- The registered manager discussed concerns raised at team meetings. This provided opportunity for staff to reflect together and agree how to do things differently to support positive outcomes for individuals.

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 had been assessed and included information about their health, interests, likes, dislikes, hobbies and general needs. Information obtained at the initial assessment was developed with individuals, their families and staff to build a person-centred care plan.
- One relative told us the staff had contacted them throughout the assessment process to obtain additional information to assist with developing their family member's care plan.

Staff support: induction, training, skills and experience

- Staff told us they had completed an informative induction when starting employment at the service. This included a mixture of on-line and face to face training, reading policies, familiarising with care plans and shadowing experienced staff. Records evidenced spot checks completed by senior staff to ensure staff continued to demonstrate the skills and knowledge required of their role.
- The registered manager recognised the importance of developing the staff team and their knowledge. Staff members told us how they were encouraged and supported to grow in their role and access additional training.

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

- People's care plans contained information regarding individual's dietary requirements, likes and dislikes.
- Staff spoken with were knowledgeable of people's dietary requirements and preferences when supporting them with their meal preparation.
- Staff told us they were promoting new food options at mealtimes using information obtained from family input.

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

- People were supported to access health professionals and specialist teams when required. A relative told us the staff contacted them following any health appointments and provided them an update on changes made and discussions held.

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.

- Staff told us they had received MCA training and demonstrated an understanding of applying this when supporting people to make decisions. For example, using information gained from family, professionals and past preferences to assist with making a best interest decision where somebody was assessed as not having mental capacity.

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 were treated with kindness, respect and dignity. One relative said, "Since being supported by the organisation [Family member] has started to do so much more than we thought they could."
- Staff knew people well as an individual and had a good understanding of their likes, dislikes and preferences.
- A staff member told us, "It is important we (staff), provide care how a person wishes and respect when assistance is declined."

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

- Relatives told us they were included in health review appointments and felt listened to when they provided feedback on the outcomes of these.
- The registered manager sought feedback from individuals, their families and staff and used this to make improvements to the service.

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

- Care records provided information and detail to support staff in providing care with a personalised approach. For example, detail was recorded within a person's care plan of where items should be stored in their kitchen. This enabled them to continue to develop their skills and maintain independence in making drinks and snacks.
- Staff told us the information in care records was reflective of individual needs and updated promptly following reviews where changes had been made and agreed.

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's records contained information to support staff in communicating effectively. For example, using short sentences and key words to support making decisions. In addition, life stories had been completed and were used by staff to support engaging people in conversation. One relative said, "They (staff) have got to know [Family member] well and know how to communicate well with [Family member] when supporting 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

- Interests and hobbies of individuals had been captured and recorded during the assessment process. Information was shared with staff and the activity co-ordinator to support planning activities.
- A relative told us staff had sourced regular swimming sessions and horse riding lessons which their family member enjoyed.
- One person's support plan provided evidence of plans to visit a train station. Plans had been broken down into achievable goals in preparation for the visit so the person was not overwhelmed by the experience, but gained a feeling of enjoyment and pleasure.

Improving care quality in response to complaints or concerns

- A compliments, complaints and concerns log had been maintained and actioned by the registered manager.
- Relatives told us they were aware of how to raise concerns and complaints and felt these would be

listened to and acted upon.

End of life care and support

- People were not in receipt of end of life care at the time of our inspection.
- The registered manager told us that should individual's needs change this training would be sourced and made available for all staff to ensure they provided appropriate care and support.

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 registered manager promoted a culture of openness and transparency with people, their families and staff. Staff told us the registered manager was dedicated to making a difference in supporting people to thrive and be independent in their lives.
- Relatives told us the registered manager and staff were passionate about providing good quality care and support. One relative told us they found the staff to use encouragement to promote independence when providing support.

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 registered manager understood their responsibility in reporting notifiable events to specific organisations including CQC and local authorities.
- Families told us the registered manager was prompt to inform them where there were concerns and kept them updated of actions taken.

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

- The registered manager used a variety of processes including audits, observations and feedback to monitor quality of the service. An action plan was in place to support with developing the service and making improvements.
- Staff told us they received regular supervision which they found constructive and supportive in their development.
- Staff were motivated and passionate about their work. Staff were knowledgeable of the values of the organisation and demonstrated this in their approach to work.

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

- A relative told us their family member had recently started using the service, however, stated they had already been contacted by the registered manager to gain their feedback of experience of the care received.
- Relatives and staff told us they felt comfortable and confident in raising suggestions and felt they were listened to and valued.

Continuous learning and improving care

- Staff meetings were held regularly and used as a platform to discuss events, concerns and feedback with staff and to review practice in the service.

Working in partnership with others

- The registered manager and staff team worked closely with the local authority, GP and health professionals to ensure people's needs were reviewed and supported appropriately.