

Saint John of God Hospitaller Services

Bradford Supported Living

Inspection report

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28 April 2022

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

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.

Bradford Supported Living is a domiciliary providing care and support to people living in five 'supported living' houses and bungalows, so that they can live in their own home 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. At the time of our inspection there were thirteen people using the service. The service can support up to 15 people.

A member of staff was available in all of the houses on a 24-hour basis. Additional support was provided on an individual basis in line with the person's contractual agreement.

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

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.

Based on our review of key questions safe and well led, the service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right support

- Staff recruitment and induction training processes promoted safety.
- Risk assessments demonstrated people were supported to make choices.
- Staff supported people with their medicines in a way that met their needs and achieved the best possible health outcome.
- Peoples bedrooms were furnished and personalised to reflect their individuality.

Right Care

- Person centred risk assessments were in place and up to date.
- The service had enough staff to meet people's needs and keep them safe.
- People received kind and compassionate care from staff who knew them well.

Right culture

- Audits completed at the service by the management team had identified areas for improvement and actions taken. For example, systems had been put in place to address staffing issues so that people received consistency of care.
- Relatives of people using the service were not always confident in the management of the service.
- Relatives of people using the service were concerned about the staffing situation and use of agency staff.
- The management team had communicated well with people, their relatives and staff about planned changes to the service.

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

Rating at last inspection

The last rating for this service was Good (Published 17 April 2018)

Why we inspected

The inspection was prompted in part due to concerns received about staffing. A decision was made for us to inspect and examine those risks.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Bradford Supported Living on our website at www.cqc.org.uk.

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Bradford Supported Living

Detailed findings

Background to this inspection

The inspection

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

Inspection team

This inspection was carried out by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The Expert by Experience made telephone calls to relatives of people using the service.

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

Registered Manager

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

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because 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.

We gave a short period notice of the second day of the inspection because some of the people living in the houses could not consent to a home visit from an inspector. This meant that we had to arrange for a 'best interests' decision about this.

Inspection activity started on 20 April 2022 and ended on 13 May 2022. We visited the location's office on 26 April 2022 and visited three of the houses on 28 April 2022.

What we did before inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. 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 reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, professionals who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

During the inspection

We spoke with two people who used the service and four relatives about their experience of the care provided. We spoke with seven members of staff, including a service manager, a senior support worker, five care staff two of whom were agency staff. We carried out observations of care.

We reviewed a range of records. This included five people's care and medication records. We looked at two staff files in relation to recruitment, training 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 requested some documentation to be sent for us to review remotely.

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 Requires Improvement. At this inspection the rating has changed to Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff had received training in safeguarding people and knew what to do if they thought somebody was at risk. A member of staff told us they would not hesitate to refer any concerns they had to management or directly to the local authority safeguarding team.
- People were protected from the risk of abuse and their human rights were respected and upheld. Effective safeguarding systems were in place and both contracted staff and agency staff spoken with had a good understanding of what to do to ensure people were protected.
- People told us they received safe care and had no concerns about their safety.

Assessing risk, safety monitoring and management

- Risks to people's health and safety were assessed and controls put in place to reduce any assessed risks. Monitoring of the effectiveness of the controls was done through review of daily records, incident logs, outcome focussed key worker reports and management review.
- The provider managed risk through effective procedures. Care plans and risk assessment confirmed a person-centred culture was in place to ensure people were supported to take risks and promote their own independence and day to day activity.
- Detailed Personal Emergency Evacuation Plans (PEEPS) were in place for each person. We saw simulations of evacuations had taken place both during the day and at night.
- An agency staff member said, "The telephone on call system was put in place to support us manage issues."

Staffing and recruitment

- Safe recruitment procedures were followed to help ensure staff were suitable to work with people. This included Disclosure and Barring Service (DBS) checks which provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The staffing situation at the service had led to increased use of agency staff. The provider tried to make sure the same agency staff were used to provide consistency of care and support to people. The provider had put systems in place to make sure agency staff were inducted to the service and given full information about the people they were supporting.

Using medicines safely

- Systems were in place to make sure medicines were managed safely.
- Where topical medicines such as creams were used, these were detailed on the Topical Medication

Administration Record (TMAR), but it was not always made clear where on the body the cream or ointment should be applied.

- Medicines were audited monthly and staff's competence to administer medicines was assessed annually or, more regularly, if an issue arose.

Preventing and controlling infection

- Staff wore personal protective equipment (PPE) appropriately.
- The provider had an up to date infection prevention and control policy.

Learning lessons when things go wrong

- The management team had good systems and procedures detailing lessons learnt from incidents, complaints or feedback. Management had responded well to concerns raised about staffing by introducing an induction package for agency staff.
- One staff member was able to comprehensively outline what systems management had put in place following a complaint about the service.

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. The rating for this key question 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; Continuous learning and improving care; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Feedback from people and their relatives in relation to management of the service was mixed. One person said they were happy with the provider but had difficulty contacting the manager. A relative told us "The manager does try really hard; they are highly committed." However, other comments from relatives included, "Management don't seem interested", "Not really well led at the moment", "Management don't seem to care" and "problems with poor management... unable to provide the right level of care."
- All the people we spoke with were concerned about the staffing situation. One said, "new rota doesn't work well and (people) feel insecure."
- People's opinions of the service had not been sought through quality assurance surveys since 2020.
- Staff felt the management team involved them and listened to their opinions. The service manager said it was important for the management team to visit the houses to see and speak with people and staff.

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 had been open and honest with all concerned about the problems they were experiencing in relation to staffing at the service and had taken action to address, as much as possible, these concerns.
- The provider had liaised with the local authority and the safeguarding team at an early stage to let them know about staffing issues and how they were trying to address them. The provider had also informed CQC about the issue.
- The provider had written to and held meetings with people who used the service and their relatives to inform them of the staffing issues and their plans for the future of the service.
- One person's relative told us, "I am pleased regarding the level of transparency and openness" whilst another said, "no transparency."

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

- The registered manager was not available at the time of our inspection. Arrangements had been put in place to make sure this did not adversely affect the delivery of the service. This included support from a service manager and a senior support worker.
- Staff understood their roles and knew who to go to if they needed support.
- Quality assurance systems were in place to monitor the quality and safety of the service. The senior

support workers supported the manager and provider in completing audits of all aspects of the service including care files, medicines and risk assessments. Audits were completed electronically for overview by the senior management team. Outcomes of audits were used to inform the ongoing action plan.

- Information Technology issues sometimes meant that access to records was problematic, staff had raised this with management, and this was being investigated.
- The provider had informed CQC of events that happened in the service as required by regulation.

Working in partnership with others

- Staff worked closely with other health and social care professionals such as medical staff and involved social workers.
- The provider had worked closely with the local authority.