

Community Integrated Care

Sheffield Supported Living

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Sheffield Supported Living Service provides personal care to people living in a 'supported living' setting, so they can live as independently as possible. At the time of the inspection there were 56 people using the service who received personal care from six supported living schemes across Sheffield and Rotherham.

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

Systems to assess, monitor and improve the service were not effectively implemented.

Risk assessments were not always effective as they were not frequently updated to reflect people's current needs. Medicines were mostly managed in a safe way but systems in place to check staff competency and training required improvement. Systems to safeguard people from abuse were not always effectively implemented or monitored.

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.

This service was able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture.

Right support:

People using the service lived in small domestic style properties to enable them to have the opportunity of living a full life. People had their own bedroom and shared lounge and kitchens. Where required staff slept in the house to be available in the event of an emergency.

Right care:

Care and support plans were person-centred but not always reviewed or updated to reflect people's changing needs.

Right culture:

The service promoted people's independence and choice to support people to be part of their community and participate in the activities they wanted to do.

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 29 July 2019).

Why we inspected

The inspection was prompted in part due to concerns received about the care people were receiving. A decision was made for us to inspect and examine those risks. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection. We have found evidence the provider needs to make improvement. Please see the safe and well led sections of this full report.

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

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to safeguarding service users from abuse and improper treatment and governance at this inspection.

Please see the action we have told the provider to take at the end of this full report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Sheffield 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 Care Act 2014.

Inspection team

The inspection was carried out by two inspectors and two Experts 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.

Service and service type

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

The service had a manager who was in the process of registering with the Care Quality Commission. This means 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.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this

report. We used all of this information to plan our inspection.

During the inspection

We spoke with 11 people who lived at Sheffield Supported Living and 16 relatives about their experience of the care provided. We met with the regional manager, three team leaders and ten care staff. We spent time looking at written records, which included six people's care records and three electronic staff personnel files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

After the inspection

We continued to seek clarification from the manager to validate evidence found.

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 good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes did not operate effectively to prevent the abuse of people.
- For example, the manager explained each person had an individual amount of money kept they could access. We checked the financial records and receipts for two people and found the records and receipts did not tally. This showed the policy and procedures to safeguard people's finances had not been followed.

We found no evidence people had been harmed however, systems to safeguard service users from abuse were not robust enough to demonstrate safety was effectively managed. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safeguarding service users from abuse and improper treatment.

We spoke to the provider about our concerns regarding safeguarding people from abuse and asked them to take immediate action to address this concern. The provider took immediate and responsive action to address this concern.

Assessing risk, safety monitoring and management

- Risks were not managed or effectively monitored to ensure people's safety.
- Risks to people's safety were assessed but how to manage any identified risks was not always recorded in people's support plans. For example, one person had been identified as being at risk of choking, but guidance for staff to mitigate this risk was not recorded in the persons support plan.
- The provider was in the process of changing over from paper care records to electronic care records, we found not all information had been transferred over. We told the provider about this who agreed to take immediate action to ensure all risk assessments would be fully transferred to the new electronic system.

We found no evidence that people had been harmed however, the provider did not keep an accurate, up to date record of peoples care and treatment needs. This placed people at risk of harm. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- Overall Medicines were managed safely, and people received their medicines as prescribed.
- All support staff were trained in the safe administration of medicines. Following training, checks of staff competency should have been reviewed at least yearly. We found not all staff had their competency checked at the required frequency. We discussed this with the management team who carried out a full

audit of all staff's competency checks and took appropriate action.

Staffing and recruitment

- Staffing levels were appropriate to meet the needs of people who used the service. Staffing levels were determined by the number of people receiving care and support and their assessed needs.
- Staff told us there were enough staff and they worked well together as a team.
- The provider had a safe recruitment process in place to ensure staff employed were suitable to carry out their role.

Preventing and controlling infection

- The provider had effective systems for preventing and controlling the spread of infection. They had updated these since the start of the COVID-19 pandemic.
- Staff were knowledgeable about their responsibilities with regards to infection prevention and control.
- There were gloves, aprons and hand soaps and sanitisers in various places throughout the houses.

Learning lessons when things go wrong

- The manager completed a monthly accident and incident analysis to identify trends and patterns to prevent reoccurrences.

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 good. At this inspection this key question has now deteriorated 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.

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

- The manager and management team were knowledgeable about people who used the service. They could talk in detail about their care and support needs. They told us they audited all areas of the service. However, governance and oversight systems had failed to identify the issues found at this inspection. For example, not all staff had all completed their annual medicine competency check and reviews of support plans had been completed in part but had resulted in some information being out of date, conflicting, and could put people at risk of inadequate care.
- Staff gave us a mixed picture of their experience working at Sheffield Supported Living Scheme. Some staff commented the management team were supportive and approachable. Whilst others said they did not feel managers valued or listened to them.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered provider acknowledged all the shortfalls in the service and took immediate and responsive action to address the concerns we found on inspection. The registered provider sent us a service improvement plan immediately after the inspection. This gave us confidence the registered provider recognised the immediate areas where improvements were required to improve the quality of the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People provided positive feedback about the service. Comments included, "I like the staff, the people I live with and the food" and "The staff are very good, I like living here."
- People received person centred care which met their needs. People supported in their own homes told us staff listened to them and they received care in the way they wanted. The team leaders and staff team showed good understanding of 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 manager was aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008. The registered manager confirmed that any notifications required to be forwarded to CQC had been submitted. However, evidence gathered at the inspection confirmed that further notifications would need to be submitted.
- Throughout the inspection the manager was honest and open with us. They acknowledged the shortfalls identified at this inspection and were eager to put processes in place to ensure people receiving care and support were safe and protected from harm.

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

- People's views were sought daily from staff and used to determine how the service operated. For example, people were involved in interviews to recruit staff and staff handovers.
- The service sought feedback from people, relatives and staff through a variety of mechanisms. People and their relatives were complimentary about the leadership team. Comments included, "The managers are fantastic. They [managers] are the people you know you can go to. I know straight away if there is a problem, I can speak with them." Another relative said, "I think it's excellent here. The staff are tremendous. They are very well organised and always put [person's] needs first."

Working in partnership with others: Continuous learning and improving care

- The management team were keen to continue working with partners such as CQC and the local authority.
- Staff routinely made referrals to other services and were familiar with health professionals and their scope of support. This included the dietician, speech and language therapy, GP's, district nurses, mental health team and occupational health.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The systems to safeguard service users from abuse were not robust enough or effectively managed. This was a breach of Regulation 13(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safeguarding service users from abuse and improper treatment.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of Regulation 17(2)(a) (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>