

Bournemouth, Christchurch & Poole Council
(BCP)

BCP Supported Living Service

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

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 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.

About the service

BCP Supported Living Service is a domiciliary and supported living provider. They provide personal care to people living in their own homes. The service was supporting 30 people at the time of inspection.

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

The service was not able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture. Improvements were needed to the governance systems within the service. The systems for monitoring and checking the service operates in a safe way were not effective. The service did not actively seek feedback in order to drive improvements within the service. There was no formal analysis of accidents and incidents within the service to ensure learning from events.

The service could not be sure it was supporting people to be protected from avoidable infections as not all staff had received infection control training, including how to correctly put on and take off personal protective equipment (PPE). Staff did not always receive training to support them in their role. Staff knew people well, but essential training for health conditions such as epilepsy and diabetes had not been delivered and no alternatives to face to face learning were sought. We have made a recommendation about the management of staff training.

Right Support

People were supported by staff to live the life they wanted which was directed by them. People accessed healthcare and specialist support when needed. Staff supported people to continue their interests and hobbies following the easing of restrictions due to the COVID-19 pandemic.

Right Care

Staff understood how to protect people from harm and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise the signs of abuse and who to report to. Staff promoted equality and diversity in their support for people and understood the importance of independence. Cultural and spiritual needs were supported, and people spent their time the way they wished. Staff knew people well and we observed many kind and caring interactions between staff and people.

Right Culture

People's needs, and rights were put at the centre of the service. Staff were passionate about people and their place in the world. They felt appreciated and were complimentary about their colleagues and the

management of the service. People and their loved ones were involved in planning their care. Risks of a closed culture were minimised so that people received support based on transparency, respect and inclusivity.

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 the service under the previous provider was outstanding, published on 6 February 2019.

Why we inspected

We undertook this inspection to assess that the service is applying the principles of Right Support, Right Care, Right Culture.

Enforcement and Recommendations

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 and will take further action if needed.

We have identified breaches in relation to the governance and management oversight of the service at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from 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 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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

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 not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

BCP Supported Living Service

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

Two inspectors, a member of the CQC medicines team and an 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 two '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.

Registered Manager

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 there was a registered manager in post.

Notice of inspection

We gave the service 48 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 3 May 2022 and ended on 8 May 2022. We visited the office location on 3 and 6 May 2022.

What we did before inspection

We reviewed information we had received about the service since it was registered with us. We sought feedback from the local authority and professionals who work with the service. The provider completed 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 took this into account when we inspected the service and made the judgements in this report. We sought feedback from a local authority service improvement and safeguarding teams. We used all of this information to plan our inspection.

During the inspection

We communicated with twelve people who used the service and nine relatives about their experience of the care provided. We spoke with and received feedback from nine members of staff including the registered manager, business support, head of service, senior support officers, support workers and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spent time observing staff interactions with people. These observations were carried out over multiple days and a range of times.

We reviewed a range of records. This included six people's care records and five medication records. We looked at three 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 spoke with one health and social care professional who worked with people at the service.

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 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.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Accidents and incidents were recorded, and actions were taken. However, there was no process for analysis and review to enable the service to identify trends, learn lessons from events or prevent reoccurrence. The registered manager devised a system for checking and analysis following the inspection.
- People's living space was managed by an external landlord. The service had completed environmental risk assessments. However, where concerns and maintenance requirements had been identified the system for alerting external agencies was inconsistent and not always effective. The registered manager told us they were committed to resolving the environmental requirements for people.
- People had personal emergency evacuation plans in place. However, there was not a copy kept with the fire safety information. This meant that in an emergency the fire service would not know the evacuation needs of the people living at the property. This was rectified immediately by staff on site.
- People had risk assessments in place for all their care and support needs. Risk assessments were comprehensive and included people being supported in positive risk taking and making unwise decisions. People had been involved in the creation of the assessments.
- Staff knew people well and their risks were known to them. Assessments gave staff clear instructions and guidance in safe ways of working to reduce risks to people. These were reviewed regularly or in response to a change.

Preventing and controlling infection

- The service had an infection control policy and procedure in place. However, this was not always followed. We found that not all staff had received training in infection control, half of the staff team had not received training and only eight staff out of 68 had received training in line with the provider's policy.
- Staff had access to PPE. Staff told us they had good supplies of PPE during the COVID-19 pandemic. However, not all staff had received training on how to put on and take off PPE correctly to prevent the risk of infections, only 12 staff out of 68 had received training in line with the providers policy.
- Staff supported people to keep their flats clean and tidy. There were several improvements needed to the environment such as new flooring for hygiene purposes. The registered manager told us they were communicating with the landlord with and on behalf of people.

Systems and processes to safeguard people from the risk of abuse

- People, their relatives and staff told us BCP Supported Living Service was safe, some comments were: "I feel really safe here as staff can help me with anything", "I am safe here", "I am happy, yes safe."
- Staff had received training in safeguarding people. They told us how they would recognise signs of abuse

and who they would report them to, both within the service and externally. Staff told us they were confident that the registered manager would follow up concerns. Records showed that safeguarding concerns had been referred to the relevant agencies.

- The service had a safeguarding policy and procedure in place. Safeguarding and concerns were discussed within daily meetings and in staff supervisions. A staff member told us, "I would report this straight away to my manager, it also depends what is the concern, I would make a report to the police, safeguarding team or whistleblowing team."

Staffing and recruitment

- There were enough staff on duty. However, the service had experienced unplanned staff absence. This meant that there had been times when people's outside activities had to be postponed or cancelled. The registered manager told us they worked to ensure all shifts were covered including recruitment campaigns and using the support of regular agency workers. Health and social care services in general have and continue to experience workforce pressures.
- The service had a robust recruitment process in place which included interviews, shadow shifts and competency checks. One person told us they had been involved in the recruitment of new staff, they said how involved they felt and why it was important. The registered manager told us they were working to ensure all people are involved in this process if they want to be.
- Staff files contained appropriate checks, such as references, health screening and a Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People were supported by staff who followed systems and processes to administer, record, store and dispose of medicines safely.
- People received support from staff to make their own decisions about medicines wherever possible.
- People could take their medicines in private when appropriate and safe.
- Staff followed effective processes to assess and provide the support people needed to take their medicines safely.
- Staff referred people to healthcare professionals to review their medicines and to monitor the effects on their health and wellbeing.
- The service ensured people's emotional distress was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles.

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 requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- The service had a policy, procedure and training schedule in place. However, staff training was not always up to date. Face to face training had been restricted due to the COVID-19 pandemic and the service had not sourced essential training through other ways, for example, online.
- Training was selected for staff to ensure they had the necessary skills and training to support people's needs. This did not always happen, 36 staff out of 68 had not completed mandatory epilepsy training and a further 14 staff needed a refresher. We raised this with the registered manager and provider. The registered manager made enquiries about alternative training available to them and told us they would look at training and prioritise mandatory subjects. A member of staff told us, "I would prefer to have face to face training back as I believe that this is the best way to be trained in our industry."

We recommend the provider introduces a system to ensure staff training is effectively managed, their training policy is followed, and that staff receive the necessary training to meet people's needs.

- Staff who were new to the care sector undertook The Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- The service had received specific training in a new piece of equipment for a person. Specialist support meant staff could support the person to manage their health condition.
- Staff told us they felt supported in their role and received regular supervisions from senior staff. Supervisions were two-way conversations. A recent review had identified training and development needs for staff in regards national diplomas and progression within the service. They told us this was important to them and would be supporting staff to develop.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had their needs assessed before receiving support from BCP Supported Living Service. Where possible the service worked with the person and those involved to support the transition from home or another service.
- People's outcomes were identified and guidance on how staff met them was recorded within their care and support plans. Records demonstrated plans had been created using evidence-based practices. This was in relation to medicines, emotional needs and diabetes care.

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

- People were supported to be as independent as they could be with meal and drink choices. There was menu planning and shopping included in weekly routines, people chose their menu plan with their flat mates or individually. Some people went out and had meals at local restaurants and pubs. Relatives told us that they were grateful to staff who had supported their loved ones to eat a healthy diet.
- Menus were planned, but staff told us they were subject to change if a person wanted something different. We observed staff supporting people to make choices with meals.
- People's needs in relation to eating and drinking had been assessed by the relevant professionals such as, speech and language therapists and guidance was included in their support plans.
- A senior member of staff told us food and drink were used as a social event and people would meet in the courtyard or gardens. We were told about 'culture evenings' where staff had supported people in preparing and eating foods from around the world such as from Italy and India.
- Records were kept to record food and drink intake. Monitoring had been required for some people for example, where the person was at risk of losing weight.

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

- People had individual hospital passports. This was information about the person that went with them should they need to go into hospital. The passport gave detailed information about the person such as, medical conditions, how they preferred to communicate and likes and dislikes. However, the passports were not always up to date with the correct contact details, we spoke with senior staff who sought to rectify this immediately.
- People had access to healthcare services and support as they needed. This had been affected by the pandemic and staff had made calls to relevant professional to get advice over the phone, by video call or email.
- People received an annual health check as per best practice for people with a learning disability. Records showed input from dentists, hygienists, audiology and specialisms for individual health conditions such as dieticians.
- Health professionals told us the service was responsive and followed treatment plans, instructions and advice given. A health professional told us, "I am confident that professional input is sought in a timely manner."

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

- Staff understood what consent meant when working with people, and how important it was. One staff

member said, "Consent is important, and it is every person's right to have this respected. This can be given verbally or expressed with body language. We also need to consider the Mental Capacity Act if a person does not have the capacity to make a specific decision."

- Staff knew about people's capacity to make decisions through their preferred communication methods. This was well documented and supported. Our observations during the inspection confirmed this, staff knew people well.
- Where people using the service had been assessed as lacking the mental capacity to make a specific decision, staff had clearly recorded assessments and any best interest decisions. These covered a variety of decisions including COVID-19 vaccinations, care and treatment and dietary support. Records and feedback confirmed the person and those important to them were appropriately consulted.

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, their relatives and professionals told us staff were kind and caring and they received the support they needed. Some comments we received were: "They [staff] are amazing", "I feel lucky that my relative [name] is well cared for", "I am happy with the care", "I'm really happy, they [staff] have done amazing with me", "If it wasn't for them [staff] I wouldn't know what to do. I class them as family."
- People's cultural and spiritual needs were respected. People and their loved ones were asked about their beliefs and practices during their assessment. These were recorded in their support plans and staff had supported people to observe those needs, for example, to attend church.
- Staff did not always receive training in equality and diversity. However, we spoke with staff who told us they would provide care and support for anyone regardless of their background or beliefs.

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

- People were supported by a senior staff team who understood their needs, some people and staff had been together for many years. Staff spoke about people with real, genuine affection. One person told us, "I love living here, I wouldn't change it for the world."
- People were supported to express their views and choices. Some people were unable to communicate verbally, and so staff had to pick up, understand and act on non-verbal cues such as body language and gestures. We observed staff members communicating effectively with people in their preferred ways.
- People and those important to them had been involved in creating and reviewing their support plans. A member of staff said, "It has also been rewarding over the years to witness individuals grow and become more independent, learn life skills that they are proud of, and for some becoming who they were meant to be."

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. We observed respectful and caring interactions between people and staff. A relative told us, "I cannot fault the carers."
- Staff promoted independence for people within their care and support. A staff told us of the importance of independence and how they 'supported' rather than 'did for' the person. One person told us, staff helped them to keep independent by asking for help with certain tasks, they told us, "I feel like I am part of the team."
- People were encouraged and supported to do household and personal tasks where possible. This helped maintain their independence and sense of well-being

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

- Support plans were personalised and detailed, exploring all of the person's physical and emotional needs. Plans were clear, structured and gave the staff information to be able to support the person, including the person's goals and desired outcomes.
- People had additional specific care plans and assessments for their medical needs such as diabetes and epilepsy. Epilepsy emergency plans had a flow chart showing the 'at a glance' steps to take in the event of the person experiencing a seizure.
- Plans were reviewed regularly and involved all relevant people. The senior staff told us that during the month, they made changes and checked the care plan with the person and their loved ones.
- Information about people was available to staff. This included an 'at a glance' one-page summary showing likes, dislikes and risks. These plans helped staff understand people's backgrounds. Staff told us the information they had about people's needs was of a good standard and they were provided with all the information they needed to provide responsive care to people.
- During the past two years the COVID-19 pandemic had impacted negatively on people's ability to enjoy the wider community and to participate in activities and clubs they had come to rely upon. Staff had worked hard to try and support people through some challenging times. Staff told us they had to be creative and hold a lot more activities for people within their homes. They told us they had social events and many one to one activity's, such as walks, pamper days, films and crafts.
- People were encouraged to spend their time as they wished, and this included time spent in private. A member of staff told us, "What I enjoy, is seeing our service users having a good life, accessing the community, enjoying times at home with others who live in the service, hearing them chat and enjoying a laugh."
- People were supported by staff to maintain relationships with loved ones and friends. This had been particularly difficult at times during the COVID-19 pandemic. Staff had supported people with many video calls, telephone calls and enhanced emotional support.

End of life care and support

- People and their loved ones were given the opportunity to discuss their care needs and wishes for the end of their life.
- The service was not providing end of life care at the time of the inspection. However, the service had previously and would work with the relevant professionals to support people to remain in their own home if this was their wish.

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 AIS tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were identified, recorded and highlighted in detailed care plans. These reflected people's needs and were shared appropriately with others including external professionals.
- People's identified information and communication needs were met. Staff had good knowledge of people's aids to communication such as spectacles, environmental factors and space.
- Information and procedures were available in an easy read format for people, for example, safeguarding and complaints.

Improving care quality in response to complaints or concerns

- The service had a complaint policy and procedure in place. Records showed complaints had been dealt with to people's satisfaction and within the required timescales.
- People and their loved ones knew how to make a complaint and who to speak to, they were confident things would be addressed. A relative told us, "My loved one [name] doesn't want for anything but if I had concerns, I would contact them [staff] or I would go over, and they would act on it. They're amazing."

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 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; Continuous learning and improving care

- Quality assurance systems did not operate effectively. Audits and monitoring were either not in place or had not identified the shortfalls found within the inspection. For example, the effective management of and learning from accidents and incidents.
- Oversight from a provider level had not identified the shortfalls within the service. The provider told us they did not have a formal audit and measurable system for checking the standard at which the service operated.

The provider had failed to ensure governance systems were established and operating effectively to ensure risks were managed and learning shared, oversight was robust, and the service improved. This placed people at risk of harm. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection by reviewing audits, processes and creating an action plan for overall improvement to the governance systems within the service.

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

- The service had not actively sought formal feedback for the service since 2019. We raised this with the provider, and they told us this was due to the COVID-19 pandemic and they would be arranging a survey in the coming weeks. This meant the provider did not always use views of people to make changes to the way the service operated. Actions were not always identified and used to drive improvements to the service as a whole.
- The service worked with numerous outside agencies and health and social care professionals to provide support to people. Community links were established, these had been limited due to the restrictions due to the COVID-19 pandemic, but staff told us they continued to support people to be part of their community.

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

- Management changes within the service had created some uncertainty amongst staff and the provider had sought to improve staff wellbeing and morale. The registered manager, who had been in post for three

months told us they were fully committed to the people who used the service and staff and would continue to work hard to provide stability and confidence. A member of staff told us, "I do think given time the registered manager [name] will strengthen and improve our systems and ways of working."

- Staff were proud to work for BCP Supported Living Service. They were complimentary about their colleagues and worked well as a team, some comments were: "I feel valuable, appreciated, seen and I have achieved a lot thanks to all the support I receive", "I cannot express how proud I am to be working in this job role and to be lucky enough to have great team of colleagues", "I am proud of the difference we have made to people", "Every day, I see the difference our support team makes and that is a heart-warming feeling", "We have changed the lives of so many who come and stay with us, from giving them their independence to helping to guide them to explore who they are as an individual", "Receiving appreciation drives me to do my best!"

- We received positive feedback about the management and senior staff of the service. Some comments were: "The senior staff and registered manager [name] are very supportive and approachable", "The registered manager [name] shows appreciation to everyone in the team, they are always professional, very supportive, treats everyone fairly, very easy to approach, always finds time for a laugh with our service users and staff, passionate for their job role, and a great example to others", "The registered manager [name] is very kind and communicates well with staff and the service users", "Since [name] the registered manager I have seen nothing but positive outcomes."

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 the requirements of the duty of candour, that is, their duty to be honest, open and apologise for any accident or incident that had caused or placed a person at risk of harm. They told us the circumstances in which they would make notifications and referrals to external agencies and showed us records where they had done this.

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 | Regulation 17 HSCA RA Regulations 2014 Good governance Quality assurance systems were not established and operating effectively. |