

Salisbury Support 4 Autism Limited

Albert Road

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

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.

About the service

Albert Road provides a supported living service to people living in their own flats or shared accommodation within seven 'supported living' schemes. The aim is for people to live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. Each supported living scheme had a manager in post, and a registered manager oversaw the seven schemes.

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.

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

Right Support

People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not always support this practice.

Although the provider worked well with professionals to assess and mitigate risks, and this had been successful with most of the people who used the service, they had been unable to manage and reduce some of the risks to people's safety and wellbeing.

The provider had made improvements to help ensure people were protected from the risk of abuse. They ensured safeguarding procedures were followed appropriately. Staff followed the procedure for the safe administration and recording of medicines. The service used positive behaviour support principles and worked with behaviour support specialists to support people.

Right Culture

The culture at the service had not always been positive and had not always achieved good outcomes for people who used the service. However, the provider had taken appropriate action to improve this.

Staff appeared responsive to people's individual needs and knew them well. They supported each person by spending time with them and listening to them. However, in one of the supported living settings, we saw the staff were not always responsive to people's individual needs. They did not spend time with people, did not support them to engage in activities of their choice and did not consult them about what they wanted to do or eat. In the other supported living setting, people were supported to engage in activities of their choice. They were consulted about what they wanted to do and were listened to.

Staff received the training, support and information they needed to provide effective care. The provider had procedures for recruiting and inducting staff to help ensure only suitable staff were employed.

Right Care

People were supported to attend day centre services where they could gain new skills and become more independent. We saw staff supported people in a person-centred way and respected their privacy, dignity and human rights.

Records indicated people's needs were met in a personalised way and they, and their representatives, had been involved in planning and reviewing their care. The operations manager told us the staff were kind, caring and respectful and had developed good relationships with people who used the service. The provider worked closely with other professionals to help make sure people had access to health care services.

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 9 December 2021).

Why we inspected

We received information of concerns in relation to staffing, inappropriate restraint of people, safeguarding allegations and poor management practices. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

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 a breach in relation to safe care and treatment at this inspection. We have also made a recommendation in relation to good governance.

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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Albert Road

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

The inspection was carried out by two inspectors.

Service and service type

This service provides care and support to people living in 7 '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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. The provider was planning for one of the supported living services' manager to apply to be registered.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the supported living services are small and people are often out. We needed to be sure the managers would be available to support the inspection.

Inspection activity started on 24 November 2022 and ended on 25 November 2022. We visited two of the

supported living services on 24 November 2022.

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. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We met 2 people who used the service but were unable to speak with others who were out during our visit. We spoke with the operations manager as well as managers and deputy managers of both supported living services. We also spoke with 2 behaviour support officers and the head of behaviour support. We viewed the care records of 7 people and reviewed 4 staff files that included recruitment, supervision, appraisal and training records. We also looked at medicines management for all the people living within the two schemes and records relating to the management of the service including service checks and audits.

We obtained feedback from 7 staff members and 2 social care professionals. We looked at a range of documents sent to us such as accidents and incident reports, meeting minutes, training records and care records.

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 good. At this inspection the rating has changed 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.

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

- People who used the service were not always protected from the risk of avoidable harm.
- There were systems to record and manage incidents, accidents and complaints and to learn from these. However, despite these systems, learning has not always fully taken place because incidents involving episodes of physical aggression had continued to happen and this placed other people using the service at risk of harm.
- The provider was working with behaviour specialists and had put some measures in place to help prevent incidents and reduce risk but these had not always been successful. There was a number of recent incidents, whereby a person using the service had expressed aggression towards other people and staff. The staff were trying to analyse trends but so far had been unsuccessful at preventing or reducing the risk of similar incidents reoccurring. The manager reported that prescribed 'as required' (PRN) medicines did not work when the person was severely upset and distressed. We could not see that consideration has been given in term of how people with different needs lived together safely in one home and do not pose a threat or risk to each other.
- We saw some of the support staff had long acrylic nails. This was an infection control risk and a risk people who used the service could be injured. We fed this back to the manager who told us they would take appropriate action.

The provider had not ensured people were always protected from the risk of avoidable harm. This is a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008(Regulated Activities) Regulations 2014.

- Notwithstanding the above, there were comprehensive risk management and behavioural plans in place. The provider was working in a multidisciplinary team approach and looking at different possibilities such as illnesses being the triggers for incidents where people expressed aggression. They shared weekly updates with the psychiatrist and the behaviour team in the organisation.
- Where staff had not always followed guidelines to support the person, the provider had provided additional training for them.
- Risk assessments were clear and detailed. They were regularly reviewed and incorporated into care plans. Risk assessments covered a range of identified risks and linked with guidance and guidelines for each person.
- Behaviour support plans were created in line with good practice and highlighted levels of risk. These to a

certain extent also looked at positive behaviour support and helping to encourage independence and enhance communication.

- We saw evidence the senior team liaised well with healthcare and social care professionals when incidents happened. They also involved family members and the behavioural team to review the care people received and people's medicines.
- When incidents happened, we saw there were systems in place for staff to debrief, discuss what happened and improvements that could be made. We saw evidence the staff were offered support when they had been involved in incidents of aggression.

Systems and processes to safeguard people from the risk of abuse

- People who used the service had not always been protected from the risk of abuse but the provider was taking action to make improvements to this aspect of the service. Prior to the inspection there had been a number of safeguarding incidents raised about people in two of the supported living services we visited.
- Safeguarding concerns included support staff not following a person's behavioural plan and inappropriately restraining them, unsafe use of PRN medicines and no correct medicines procedure in place for these.
- We saw evidence the provider had taken these concerns seriously. They had investigated each concern and made improvements, such as providing more training and supervision to staff, more robust audits and debriefs with staff to discuss concerns.

Staffing and recruitment

- There were usually enough staff at any one time to support people and meet their needs. Staffing levels were based on individual support packages assessed by the commissioning team. However, in one of the supported living settings, one person had complex needs and the provider had applied for additional staffing for them. They had not been allocated this at the time of our inspection. Despite this, they had increased the staffing numbers while they awaited the outcome of their application to increase staffing levels to better ensure the safety of people who used the service.
- The operations manager told us they sometimes employed agency staff but ensured these were regular staff who were familiar with people who used the service. There was an agency induction folder which included information about people so agency staff could learn about the people they needed to support and the service. Agency staff were not allocated to work alone with people and were always led by a permanent member of staff.
- The provider had appropriate procedures for recruiting staff. These included formal interviews and carrying out checks on their suitability and identity. Following successful recruitment, the staff underwent training and were assessed as part of an induction, before they were able to work independently.

Using medicines safely

- People received their medicines safely and as prescribed. Each person had a medicines profile which displayed a recent photograph of them, and included details such as next of kin, GP, list of medicines, their reason for prescribing, possible side effects and review dates.
- There was a 'How I like to take my medication' document which highlighted the person's preferences in relation to how they wanted to be supported with their medicines. For example, one person's preferences indicated they liked to take all their tablets together when offered in a small pot and liked the staff to inform them when it was time to take their medicines.
- Where people were prescribed medicines to be given as required (PRN), we saw there were protocols in place. These specified how and when to give the medicines, possible side effects and any instructions the staff needed to ensure the person was supported appropriately with these. The staff kept a running count of all PRN medicines and we saw these corresponded to the content of the packs.

- The staff recorded why PRN medicines were given and whether the medicines had the desired effect. This meant their monitoring of this was effectively implemented.
- Where people were prescribed topical medicines such as creams and ointments, there were information leaflets to inform staff what the medicine was for, how to use and store this and any possible side effects.
- Controlled drugs were appropriately stored and recorded, with two staff members signing for each administration. The staff recorded the temperature of the room and medicines cabinets and these were within safe range.
- The provider had systems in place to monitor medicines when people went home to their family. They recorded the number of medicines the person was taking, and the name and date of these. This was checked upon their return to ensure it was correct and the person had received their medicines as prescribed.
- Medicines administration record (MAR) charts were completed appropriately and there were no missing staff signatures.

Preventing and controlling infection

- People were protected from the risks associated with poor infection control because the service had processes in place to reduce the risk of infection and cross contamination. Care workers were supplied with appropriate personal protective equipment (PPE), including masks, gloves and aprons. They also completed training in infection control prevention.
- Both supported living services we inspected were clean.

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. At this inspection the rating 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.

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

- The provider had processes for auditing and monitoring the quality and safety of the service. However, these had not always been effective as they had failed to identify the issues we found during our inspection. This included some issues with infection control and the management of risks to people.
- The provider's processes for identifying and mitigating risks associated with incidents when people expressed aggression were not operated effectively because they had not always ensured people, staff and the public were protected from the risk of avoidable harm.

We recommend the provider review all their processes around the management of incidents where people express aggression and agitation in line with national guidance, to help ensure the safety of all people who use the service, staff and others.

- Notwithstanding the above, we saw evidence the provider had taken on board the concerns and had put in place an action plan to make the necessary improvement. Safeguarding concerns had been escalated to the local authority's safeguarding team and investigated appropriately.
- The supported living managers were knowledgeable, experienced and involved in how the service was provided to people. One of them had helped develop the provider's business plan and had improved the company's induction process to make this more robust and welcoming for new staff.
- The provider had been the finalist in an award for interventions in challenging behaviour management.

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

- The culture at the service had not always been positive and had not always achieved good outcomes for people who used the service. The provider was taking steps to address these issues and make improvements
- Although feedback from most of the staff was positive, one staff member's comments were negative in relation to the management. We fed this back to the operations manager who told us they would look into this.
- Where concerns had been raised previously about the quality of the service, poor care practices, and poor management, we saw evidence the provider had taken appropriate action, such as investigating the

concerns and providing support for 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 operations manager told us they understood how important it was to be honest and open when mistakes were made, or incidents happened. They stated, "We are transparent and open when things go wrong. We inform the person who has been affected, apologise and work with them to ensure safety and offer appropriate support and solutions, also inform their next of kin and appropriate authorities."

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

- People were consulted about their care and support. They and their relatives were supported to attend meetings where they had the chance to discuss their care and support and any concerns they may have.
- People were also supported by keyworkers. A keyworker is a member of staff who has responsibility for overseeing and coordinating the assessment and care planning process of specific people who use the service and to promote continuity of care.
- The provider supported the staff team by engaging them in discussions and regular staff meetings where they could raise their concerns and share information.
- The operations manager and supported living services' managers worked in partnership with other organisations and professionals, such as the local authority who invited them to attend regular meetings where they had the opportunity to share relevant information and discuss any concerns.
- The managers had a good working relationship with a range of healthcare and social care professionals, such as GPs, social workers, learning disability teams and mental health professionals. They were able to get together when concerns about a person occurred and tried to find solutions in a multidisciplinary approach.

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 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered person did not always ensure care and treatment was provided in a safe way for service users</p> <p>Regulation 12 (1)</p>