

# Sunderland City Council

# Sunderland Supported Living Service

## Inspection report

Leechmere Centre  
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Tel: 01915614333

Date of inspection visit:

29 June 2021

30 June 2021

02 July 2021

05 July 2021

06 July 2021

08 July 2021

12 July 2021

15 July 2021

16 July 2021

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06 August 2021

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Sunderland Supported Living Service provides personal care to people living in their own homes. At the time of our inspection there were 177 people using the service in 66 supported living services.

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

Staff and managers provided excellent care to people who they placed at the heart of the service. Staff spent time learning about people and provided them with a range of opportunities so they could gain in confidence and take pride in their new skills. People expressed joy living where they lived and being supported to pursue the lives they wanted to live. Relatives spoke extremely highly about staff and provided many examples of how people had settled well into their new homes with the support of the very caring staff.

People were protected from abuse by staff who had been trained in safeguarding and were confident to speak up about their concerns. Staff underwent a robust recruitment process to ensure they were suitable to work with people. People's medicines were administered in a safe manner. Any personal risks to people were well managed.

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.

Staff understood people's nutritional needs and sought advice from professionals when people's health care needs changed.

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.

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

### Right support:

- Systems were in place which ensured people had a voice in describing the type of support they wanted.

### Right care:

- The care provided was person-centred and promoted people's dignity, privacy and human rights. Staff listened to people and treated each person as an individual.

### Right culture:

- The managers and staff consistently spoke about the values and attitudes they held about the services. People and their relatives provided a significant number of examples which showed people were empowered to achieve increasingly independent lives.

Care plans were person centred and provided staff with detailed information on how to support people in line with their preferences. Staff were responsive to changes in people's needs and provided good support to people who were nearing the end of their life. Staff used various communication methods to involve people in making choices.

There were systems in place to assess, monitor and improve the quality of care being provided. Managers and staff had a commitment to continuous improvement. The registered managers worked closely with other services in quality improvement forums. There was clear evidence of staff working in partnership with other agencies. Professionals confirmed they had positive relationships with the registered managers and the staff teams.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 19 March 2020 and this is the first inspection.

#### Why we inspected

The service had not been inspected since it was first registered and was prompted in part by the number of medicine errors. A decision was made for us to inspect and examine those risks. We found no evidence during this inspection that people were at risk of harm from this concern. The provider had taken action to mitigate the risk.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Outstanding ☆

The service was exceptionally caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Sunderland 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 Care Act 2014.

#### Inspection team

The inspection team consisted of three 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. The Experts by Experience contacted people's relatives by telephone.

#### Service and service type

This service provides care and support to people living in 66 supported living settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had four managers 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

This inspection was unannounced. Following our unannounced visit to the office we arranged with the provider visits to people's homes. This was because some of the people using the service could not consent to a home visit from an inspector. This meant that we had to arrange for a 'best interests' decision about this.

### What we did before the inspection

We reviewed information we had received about the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used this information to plan our inspection.

### During the inspection

We visited the office location on 29 June and 16 July 2021. Between 30 June and 15 July 2021 we visited nine supported living services. We spoke with 16 people who used the service and 26 relatives about their experience of the care provided. We carried out observations of people who were unable to speak for themselves.

We spoke with 44 members of staff including the directors, the registered managers, a business manager, service managers, team leaders, senior care workers and care workers. We invited staff to contact us using our Share Your Experience portal on our website. Eight staff contacted us this way to provide feedback.

We spoke with six professionals who were in regular contact with the service.

We reviewed a range of records. This included eight people's care records and medication records. We looked at eight 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.

# Is the service safe?

## Our findings

### Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

### Systems and processes to safeguard people from the risk of abuse

- People were cared for by staff who understood when and how they were required to report concerns.
- Staff had used the provider's whistle-blowing policy to report concerns. They were confident they would receive a supportive response from their managers.
- Staff confirmed they were trained in how to safeguard people.

### Assessing risk, safety monitoring and management

- People's personal risks were assessed and staff understood how to keep people safe. Each person's risks were regularly reviewed and updated.
- The provider had a range of policies and procedures to manage risk and monitor the safety of both people and staff.
- Staff understood how to report risks in people's homes to the landlords.
- People confirmed they felt safe using the service. Relatives told us, "[Person's name] is safe, the staff are brilliant and if there are any problems, they will let me know." Another relative said, "Yes [Person's name] is safe because they look after them and do a really good job."

### Staffing and recruitment

- The provider used robust recruitment methods to ensure staff who were recruited were suitable to work with people they supported.
- In some supported living services staff were specifically recruited to meet the needs of individual people. Recruitment in these services had involved people's relatives.
- There were enough staff on duty to meet people's needs.

### Using medicines safely

- People's medicines were managed in a safe manner. Staff were trained in medicines management and were assessed as competent to administer people's medicines.
- Regular checks were carried out on people's medicines to ensure records were accurate.
- Staff were given clear guidance on when to administer medicines which were required on an as and when basis.

### Preventing and controlling infection

- The provider had systems in place to mitigate the risks of people and staff from catching and spreading infections. Staff were tested on a regular basis for COVID-19.

- Staff observed social distancing and wore PPE. There was a plentiful supply of PPE in each supported living service. Relatives told us they had seen staff wearing PPE. One relative said, "They followed strict protocols through COVID and when we couldn't visit, they contacted us every day."
- Staff supported people to keep their homes clean.

#### Learning lessons when things go wrong

- Lessons learnt were under continual review by the management team and part of the culture. The provider took a formal reporting approach to lessons learnt and made recommendations to the senior management team when things had gone wrong.
- Outcomes of safeguarding concerns were reviewed and actions taken to prevent a repeat of incidents.
- Staff had learned lessons about the people they cared for including learning more about what people can do for themselves.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs and choices were assessed before they began using the service in line with national guidance.
- Staff paid attention to people's personal wishes about the type of accommodation and with whom they would like to live in line with the CQC guidance "Right care, right support and right culture."
- Relevant people such as relatives and other professionals had contributed to assessments. Relatives confirmed they had been involved in assessments.
- Care plans included information about people's likes and dislikes.

Staff support: induction, training, skills and experience

- Staff were supported to remain competent and confident to carry out their roles. This included an induction for staff new to the service with an increased level of supervision in the first six months.
- The provider had a training programme in place for all staff. Staff confirmed they had received additional training to meet people's specific needs when this was required. One staff member said, "They train staff to provide care for customers to suit their person-centred needs and enable customers to live independent in their own homes." A relative said, "The staff all seem to be well trained and well supported."
- The provider had introduced workbooks to support staff development. Staff confirmed they used workbooks to assist their learning.

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

- People were given choices about what they wanted to eat and drink. Staff had pictures of meals and recipes to support people to make decisions.
- Mealtimes varied according to individual preferences. Staff understood some people required a more specialist diet. A relative said, "They have to have a diet to meet medical needs but they like what they eat, staff manage this well."

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked positively with other professionals to meet people's needs. One professional said, "We work very well with the service/service provider, have very positive relationships with them and they work with us to find support solutions for people, including people with complex needs." A relative said, "They've worked well with external agencies."
- When people's needs changed staff promptly contacted the relevant professionals to obtain help and support in a timely manner. Relatives confirmed they were informed if there were any changes. One relative said the staff had taken seriously a person's admissions to hospital and said, "They increased their support

to 1:1 to reduce the risk of falls. They have also worked with external agencies like the occupational therapist and mental health." Another relative said, "[Person's name] had a seizure last week, it was out of the blue and they were out. The staff were fantastic, they sought medical help straight away and stayed with [person's name] throughout."

Supporting people to live healthier lives, access healthcare services and support

- Care planning in each service supported people to live a healthier life. Staff were vigilant to any changes in a person's presentation and sought support from a range of other professionals including district nurses, GP's, podiatrists, chiropodists and dentists.
- Staff assisted people to attend their medical appointments. Relatives confirmed this support and said, "The staff do take [Person's name] to appointments, and I am informed and kept up to date."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff acted in accordance with the MCA and understood they needed to be as least restrictive as possible.
- Where people were unable to make decisions for themselves staff had put in place best interest decisions, with involvement from relevant people.

# 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 outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; respecting equality and diversity

- People were exceptionally well treated and supported. Staff and managers placed people at the heart of the service who were all very content in the presence of their staff. Relatives attributed people settling well in their homes to the high standards of care provided. They expressed amazement at the high levels of personalised support. Relatives said, "We haven't seen him this happy for years" and "[Person's name] is so genuinely content, I have no concerns at all."
- Staff were extremely committed to supporting people and offering them their best life chances. Arrangements had been put in place to support relatives learn about medicines so people could go on a family holiday. A coffee morning had been arranged with mothers who had met each other in a previous setting. Relative's comments included how staff enriched people's lives; one relative said, "I think the staff are kind and considerate and very respectful" and "Very caring."
- Staff were highly skilled in developing supportive environments which included researching people's backgrounds and enabling people to live less dependently on others and with more freedoms. People told us about how they really enjoyed living in their own home which staff had decorated in their preferred colours. Relatives said, "The supported living services had a very homely feel" and "The staff are brilliant, there is such a family feeling at the home."
- Staff spoke with enthusiasm about people having abilities rather than disabilities. They worked in effective teams to learn about people, listen to people's voices and interpret their behaviours to provide the best support. One staff member said, "It's about finding out what people can do." A relative said, "[Person's name] went from not walking or talking to not shutting up or sitting down so they must be doing something right."

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

- The managers and staff constantly sought people's views and encouraged them to make decisions about their care. People were involved in decisions about others moving into their home. Managers requested photographs of the inspectors to seek people's permission for inspectors to visit.
- Staff took time to get to know people very well which had resulted in significant reductions in people's distress reactions. One relative said, "It's been amazing since they have been in this environment, they've really managed to reduce a number of challenging behaviours." Staff had reduced people's distress reactions by learning to support them in a timely manner such as washing specific clothes for them or providing support to eat meals.
- Staff listened with great patience to people's words and understood their behaviour. They worked well with advocates and listened to their independent voice.

- Staff had formed excellent relationships with people's families which had resulted in relatives having significant trust in the staff teams. Relatives said, "The home gives me peace of mind, they can't live at home anymore due to their complex needs. The pandemic has shown me that life goes on and will continue when I am no longer here" and "The staff are open and honest and easy to talk to; I absolutely trust them."

#### Respecting and promoting people's privacy, dignity and independence

- Staff were proud of people's many achievements. People were learning new skills, rediscovering old ones and were enjoying and taking pride in their independence. One person had rediscovered their baking skills whilst another person had begun to eat unaided. Choosing holiday clothes, doing their own food shopping, going out unaccompanied on a walk and setting the pace of their daily lives were some of the many aspects of people's increasing independence.
- Promoting people's independence was a key feature of the service. One manager described it as a risk-taking approach with inbuilt safeguards. Staff were supported by their managers to look at risk and reward and understood safety when they encouraged people to be more independent.
- Staff had an in-depth understanding of how people liked their privacy and dignity to be protected. Staff advised the inspectors how people liked their privacy to be preserved and ensured their wishes were carried out.
- There were many examples of staff promoting people's dignity including staff intervening discreetly when people began to speak of personal issues in front of others. Relatives praised the staff for their skills in supporting people's dignity and said, "He's always beautifully dressed, his room is always lovely" and "His clothes are always immaculately clean and they buy new ones with him when he needs them."

# 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

- The service delivered person-centred care with people having choice and control regarding how staff met their needs. Care plans contained pertinent information about people's needs and preferences to enable staff to provide appropriate care.
- One staff member said, "I think they provide a person-centred approach to care." They provided an example of a person who was displaying challenging behaviours and the manager brought professionals together to devise a solution to meet the person's needs. Relatives also described a person-centred service.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff worked to ensure they had appropriate communication tools in place to meet people's needs.
- People's care plans contained information on the best way to communicate with them. We observed staff communicating with people and patiently awaiting their responses.

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

- Despite the COVID-19 pandemic when people had experienced restricted contact with their families, staff had supported people to maintain relationships with people important to them. They had supported people to have visits in car parks, in gardens and through windows.
- Staff had introduced and supported people to use electronic equipment to maintain contact with loved ones. Staff had also developed newsletters for families with photographs to show what people had been doing.
- When people's activities had been curtailed due to the pandemic staff had found ways to keep people stimulated in activities and events. One staff member said, "We have celebrated everything."

Improving care quality in response to complaints or concerns

- Complaints were used as a tool to improve the service. The provider held a monthly complaints clinic to address complaints, learn lessons and address improvements to the service.
- Relatives said they had no complaints and were happy to raise any concerns with the managers.

End of life care and support

- Staff provided good end of life support. People were encouraged to speak to staff about their wishes.
- Staff involved people's families and prepared funeral plans to seek people's views.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Systems were in place to support an open and empowering culture. Staff had been reminded on how to use the whistle blowing policy and had cards available to them to report any concerns to the management team. Anonymous concerns had been addressed and a response provided in staff briefings.
- Staff felt empowered by their managers. They were confident in exploring opportunities for people to achieve improved outcomes.
- The registered managers said they had worked over the last year to listen to staff and involve them in opportunities to learn and develop their skills.

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

- Staff understood the need to be open and honest when things go wrong.

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

- Managers and staff were clear about their roles and responsibilities. A weekly pattern of meetings took place which ensured communication flowed between staff and the management tiers. Staff were appreciative of the support they got from their managers. One staff member said, "My Service Manager is outstanding, we have recently had COVID within my service, and not only did she check in on the customer [people who use the service] every day to ensure her needs were being met, she was there for each individual staff member every step of the way."
- Events involving risk which occurred in services were included in staff bulletins to enable all staff to learn about how to mitigate risks.
- There was a strong culture of continuous learning and improving care. The registered managers were active participants in the providers forums and meetings to continually review and improve the service. New initiatives to improve performance had been put in place and their success was being reviewed.

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

- Opportunities for engagement with people and staff were provided by the management team. One staff member said, "They listen to customer's needs and feedback from the staff, families and professionals."
- The management team had compiled resources for staff to use to support people's engagement in the

service which met their needs. The resources were available in the supported living services.

- People had been invited to contribute to a bulletin for other people who use the service. The first bulletin which described people's activities had been published and was well received. Relatives who had received a bulletin from individual supported living services during the pandemic had asked for them to continue.

#### Working in partnership with others

- At every level of the organisation good partnership working was embedded. Professionals engaged in supporting the service were positive about the staff and the management team. One professional said the staff, "Are always responsive to requests around exploring alternative solutions."
- Relatives reported feeling valued by staff and engaged as partners. One relative said, "When [person's name] first went there we helped put the care plan together, our input was always welcomed."