

Brightside Supported Living Services Limited

Brightside Supported Living Services

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Brightside Supported Living Services is a supported living service. It provides care and support to people with a learning disability or who are autistic, living in a 'supported living' setting, so they can live as independently as possible.

People's care and housing are provided under separate contractual arrangements. The CQC does not regulate premises used for supported living; this inspection looked at people's care and support.

CQC only inspects the service being received by people who are provided with the regulated activity of 'personal care', for example which includes help with tasks such as personal hygiene and eating. Where they do, we also take into account any wider social care provided. There were three people using the service for personal care and they lived in one supported living setting.

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

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.

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

Right support:

The model of care and settings maximised people's choice, control and independence 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 were aware of and followed best practice and the principles of Right support.

The home was clean, and staff followed infection control guidelines. People's private rooms were personalised with their belongings and items important to them.

Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful life. People had choice and support to pursue interests and hobbies they enjoyed.

Staff safely supported people with their medicines. People were able to access any specialist healthcare when required.

Right care:

People received good quality person-centred care that promoted their dignity, privacy and human rights.

Staff communicated with people verbally, using Makaton and body language. Staff also had the use of pictorial formats to support better communication methods. People could interact comfortably with staff because staff had the necessary skills to understand them.

The service had enough appropriately recruited and skilled staff to meet people's needs and keep them safe. Staff were well supported.

People were protected from abuse as staff had been trained to recognise and report this as necessary.

Right culture:

The ethos, values, and attitudes of management and care staff ensured people led confident, inclusive and empowered lives. People and those important to them, including relatives, were involved in planning their care.

Staff worked well with other health and social care providers.

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

Rating at last inspection

This service was registered with us on 24 June 2021 and this is the first inspection.

Why we inspected

We undertook this inspection to assess that the service is applying the principles of Right support, right care, right culture and because the service had not been previously inspected since registering with the CQC.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

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?

Good ●

The service was 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.

Brightside Supported Living Services

Detailed findings

Background to this 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 one inspector.

Service and service type

This service provides care and support to people living in one 'supported living' setting, 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.

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 not a registered manager in place. A new manager had just started working at the service and was going to apply to register with the CQC.

Notice of inspection

This inspection was announced. We announced the inspection a few days in advance to ensure people would give us permission to visit them in their homes. Before we visited the supported living settings, we discussed infection control processes with reference to COVID-19 and followed government guidance.

Inspection activity started on 6 September 2022 and ended on 20 September 2022. We visited people in their home and the providers office on 13 September 2022.

What we did before the inspection

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 contacted the local authority commissioners and safeguarding teams who worked with the provider and also Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

We visited the registered office and met with the manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. On the same day, we visited the day centre operated by the provider which people using the service attended. On the same day we visited people in their own home. In total we spoke with all three people and contacted three relatives via telephone and email to gather their views. We contacted all six permanent staff via email to gather their views and spoke with two staff during the visit to people in their homes.

We reviewed all three people's care and medicine records. We looked at three staff records in relation to recruitment, training and supervision. We also looked at a variety of records relating to the management of the service and quality monitoring systems.

We contacted three care managers via commissioning teams and gained feedback from two. We also contacted a learning disability nurse and a community nurse to gather their views.

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 of this newly registered service. We have rated this key question good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk from abuse

- People felt safe and relatives said their family members were safe with staff. One relative said, "100% safe, [management team] have high standards."
- Staff received safeguarding adults training. Staff knew how to report concerns and told us they would have no hesitation in doing so.
- Staff had strategies in place for when people became anxious or upset. This helped people manage their emotions and minimise the impact to them and others.

Assessing risk, safety monitoring and management

- People's areas of risk were identified, recorded and reviewed. Support measures were implemented. Some records needed to be up updated. Feedback was immediately responded to.
- People's living environment and any equipment used was checked regularly to minimise risk.
- Staff worked with external professionals to monitor risks to people. Professional guidance was used to help guide staff on safe working practices and to keep people safe from avoidable harm during care delivery and while out taking part in community activities.

Staffing and recruitment

- Enough staff were on duty to keep people safe and meet their individual needs, which included one to one support at times.
- Safe recruitment procedures were in place. This included pre-employment checks to ensure prospective staff were suitable to work in the care sector. The manager was in the process of reviewing staff records. One relative said, "They choose new staff wisely."

Using medicines safely

- Medicines were managed safely. People and their relatives reported no concerns.
- Medicine administration records (MARs) required some updates to make them clearer. The manager reviewed and updated MARs immediately after feedback. The provider was in the process of reviewing their medicines policy to ensure it continued to follow best practice guidance.
- People's behaviour was not controlled by excessive or inappropriate use of medicines. Staff followed the principles of STOMP (stopping over-medication of people with a learning disability, autism or both).

Preventing and controlling infection

- The provider had effective infection control measures and arrangements in place. People were supported by staff to keep their home clean and tidy.

- People and their visitors were protected from the risk of infection, including COVID-19 as staff followed current government guidance. Two staff could not describe how to put on and take off PPE in line with best practice. We brought this to the attention of the manager who addressed this.
- Staff had sufficient PPE. The provider had ensured enough PPE was available throughout the pandemic. When asked about staff wearing masks, one person said, "Yes (they wear them)."

Learning lessons when things go wrong

- Lessons were learnt when things went wrong, and these were shared with the staff team.
- Incident reporting and investigation procedures were in place. Outcomes were established to inform any areas for change or improvement to mitigate any reoccurrence.

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 of this newly registered service. We have rated this key question 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

- The transition from the family home to a supported living setting was well thought through and documented. This had resulted in a coordinated and smooth transition with very little disruption to people or any major difficulties for staff. One relative said, "The transition was so good and the willingness for staff to come to other meetings was very appreciated."
- People's needs and choices were fully assessed, and care was delivered in line with standards, guidance and the law.

Staff support, training, skills and experience

- Staff were supported. The provider was looking to develop a team leader role to further support the staffing team.
- Staff received suitable induction and training. The provider was in the process of putting in place a new training policy and the manager was reviewing staffing procedures to ensure they remained robust.
- Staff were skilled and experienced. One healthcare professional noted, "There was a huge improvement in [person]'s personal hygiene since moving into the service."

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

- People were supported to maintain a healthy balanced diet.
- People with special dietary requirements received support to eat and drink in a way that met their needs.
- Staff supported people to be involved in shopping and meal preparation in their preferred way. One relative said, "When shopping with staff [person] will pick items and put them in the trolley."
- People planned their meals with support from staff. One person said, "I have different things to eat [than other people]." One relative said, "Sometimes they [people] like the same dinners but sometimes not, it's up to them."

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

- People were supported to attend various appointments and live healthier lives.
- Staff were quick to contact other healthcare professionals if the need arose. One relative described how staff had acted swiftly to call emergency support and said, "They [staff] were absolutely amazing in the way they responded."

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff worked within the principles of the MCA and sought people's consent before providing them with personal care or assistance.
- Staff knew about people's capacity to make decisions through either verbal or non-verbal means and this was recorded.
- Staff were supported with training in MCA and DOLS.
- Care was provided in the least restrictive way possible and any restrictions were documented and agreed.

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 of this newly registered service. We have rated this key question 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 were respected and very well treated. One relative said, "When they see the staff they light up [with happiness]."
- Staff were extremely kind and caring. One person said, "Yes, they [staff] are nice." One relative said, "I have no issues with staff. Staff are always so very kind."
- Staff were familiar with people and the support that needed to be provided. Wherever possible, a dedicated team of staff provided a consistent level of care to people.
- Staff spoke with people in an appropriate way throughout the inspection.
- Equality and diversity were actively promoted, and staff received training in this subject. One relative said, "Obviously the main thing is they are settled. Staff are always striving for the best for [person] in whichever way is best for them as [person] is very different from the others and they all like different things."

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

- People, and those important to them, took part in making decisions and planning their care. One relative said, "The really important thing was that staff did not try and tell us what was best and were very sympathetic and listened, as it was a difficult time for us as you can imagine [when person moved out of the family home]."
- People were involved in decisions about their care. Staff had a person-centred approach and people were encouraged to do as much for themselves as they possibly could, including shopping and household tasks.
- The manager maintained contact with relatives through telephone calls and reviews. This gave relatives the opportunity to provide feedback about people's care. A relative said, "We are able to say if something is not right. We have regular contact with the house and then the manager for anything else."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were maintained. People were able to spend time alone if they so wished and staff respected this. One person enjoyed watching TV in a separate lounge and this was supported.
- Independence was promoted. One staff member said, "I encourage them [people] to do things for themselves as much as possible. It's important to do that." Another staff member said, "[Person] has started making their own bed. Never did that before!"

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 of this newly registered service. We have rated this key question 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

- Care was personalised. Each person had a care plan to guide staff on how to support them. The manager had highlighted this was an area they were in the process of reviewing as they had identified some areas which needed to be updated.
- Staff maintained a person-centred culture. Staff showed an understanding of what was important to people, their preferences and needs, and how best to meet them. This was supported by the feedback we received from family members, who told us they could not praise the dedication and commitment of staff enough.
- People had choice. One staff member said, "They [people] tell us who they would like to help with any personal care they may need."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard 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, and their care plans set out how they should be supported with communication.
- Staff communicated very effectively with people, who had a range of individual communication methods and needs. One person used Makaton and staff received ongoing training to support this.
- People had access to information in other formats they could understand, and this continued to be developed.

Supporting people to develop and maintain relationships and to avoid social isolation; support to follow interests and take part in activities that are socially and culturally relevant to them

- People were supported to maintain important relationships. People had regular visits out with family members. A private social media account had been set up to share photo's, and to support people to keep in communication with their families.
- People were supported to follow their interests and be fully involved in the local community. A relative said, "They have got the measure of [person] and where [person] likes to go."
- Arrangements for social activities was inclusive and met people's individual needs, so people could live as full a life as possible. One staff member told us, "They all love going out. Go all over the place. Sometimes with family and other times with us. We try to think of different things for them to do, but they choose

anyway. They have a better social life than me!"

Improving care quality in response to complaints or concerns

- A complaints policy was in place for people and relatives to use, including in easy read format.
- Relatives knew how to complain, and people told us they would tell staff or their relative if they were not happy with anything.
- Any concerns or issues had been dealt with effectively.

End of life care and support

- No one was receiving end of life care. However, the manager was aware of specialist end of life services which staff would work with if needed.

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 of this newly registered service. We have rated this key question good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Staff were clear about their roles. The new manager had the skills and knowledge to perform their role well and had identified areas they wished to develop further.
- Quality assurance checks were in place to monitor the service provided. The manager was in the process of reviewing these to further enhance this process.
- The provider was in the process of reviewing policies and procedures and key documentation since the last registered manager left employment.
- The provider and manager were aware of their legal requirement to report specific incidents to the CQC.

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

- The service had a positive person-centred culture. Service values motivated staff to support people in a compassionate and kind manner.
- Staff knew people well. Two staff explained what people liked and what made them happy.
- The manager and nominated individual were open to the inspection process and acted swiftly to feedback given. They supplied any requested information promptly.
- Staff spoke positively about the management team, who they described in complimentary terms such as approachable, supportive and kind.

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; Continuous learning and improving care

- The management team were open and honest regarding people using the service. Relatives were kept up to date with any illnesses or incidents that occurred with their family member.
- The manager understood the importance of apologising if mistakes were made.
- The manager and provider were committed to transparency in the management of the service and to deliver the best service possible. They also recognised the importance of learning when things went wrong and sharing that learning with others.
- The manager and provider were keen to ensure a culture of continuous learning and improvement.

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

- People, relatives, staff and professionals were regularly asked to input their views on the quality of the service being provided or to support any change necessary.
- People were encouraged to play an active role in running their home. This included helping to recycle household waste.

Working in partnership with others

- Staff at the service worked well in partnership with other health and social care providers. This helped to promote overall health and well-being of the people they supported.