

Craegmoor Homes Limited

Priory Supported Living Kent

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Priory Supported Living Kent provides a supported living service to people living in their own home or in shared accommodation in six locations across Kent and East Sussex. The aim is for people to live in their own homes as independently as possible. Peoples' care and housing are provided under separate contractual agreements. People being supported had a range of needs and included people with a learning disability and autistic people. The service supported 29 people across all locations.

Some people lived on their own and some people lived in shared accommodation. In the shared accommodation people had their own bedrooms. Shared facilities included bathrooms, lounges, kitchens and outside areas. The shared accommodation had a room for staff who provided overnight support. On one of the sites a separate garage was available and could be used for meetings, either for the people who lived there, visiting professionals or staff.

Not everyone who used the service received personal care. The Care Quality Commission (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. 16 people were receiving personal care at the time of our inspection.

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

The culture of the service was not always open and transparent, and the service was not always well led. The service had a new manager who was aware of shortfalls in the service and was working through these with senior managers.

The provider had quality assurance processes in place and a mechanism to discuss and document lessons learned. However, some recommendations from professionals had either not been implemented or sustained.

People were protected from abuse and avoidable harm; staff had completed training in safeguarding and in recognising signs of abuse. Risks to people were managed, including infection control risks. The staff followed relevant guidance in relation to the COVID-19 pandemic. People and their relatives said they felt safe.

Peoples' needs and risks were assessed, and person-centred support plans developed with them. Support workers had enough information to provide safe and appropriate care for people. There were enough staff to support people. Staff had been recruited safely and attended training to prepare them for their role. Support plans were reviewed regularly.

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.

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.

Based on our review of safe and well led, the service was able to demonstrate how they were meeting the underpinning principles of right support, right care, right culture.

Right support:

- People and relatives told us staff supported people to take part in activities and pursue their interests. People were supported to keep their environment clean and safe.

Right care:

- People received care and support that met their specific needs and focused on individual choices.

Right culture:

- People were involved in planning their care and support and participated in regular reviews. People were encouraged to use independent advocates to support them if needed.

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 under the previous provider was good (published 28 March 2018).

Why we inspected

We received concerns in relation to the management of medicines and financial management. Other professionals reported a lack of responsiveness from the managers when following up on concerns. As a result, we undertook a focused inspection to review the key questions of safe and well led only.

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

The overall rating for the service has not changed. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvements. Please see the well led section of this full report.

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

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 well-led?

Requires Improvement 

The service was not always well led.

Details are in our well led findings below.

Priory Supported Living Kent

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of service.

Service and service type

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

The service did not have a manager registered with the CQC. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided. A new manager had been in post for five weeks and had submitted their registration application to CQC.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 1 February 2022 and ended on 10 February 2022. We visited the office location on 1 February 2022.

What we did before the inspection

We reviewed information we received about the service, including things the provider must notify us about, for example, accidents or safeguarding concerns. We sought feedback from the local authority and other professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

During the inspection

We spoke with six people who lived in the service and five relatives about their experience of the care provided. We spoke with six members of staff including the manager, operations director, team leaders and support workers. We received written feedback from eight staff who work for the service.

We reviewed a range of records including six peoples' support plans and multiple medication records. We looked at three staff recruitment files. A variety of records relating to the management of the service were reviewed including policies, meeting notes, training records and audits.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, meeting notes, peoples' feedback and newsletters. We spoke with two professionals who had visited the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant that people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff were knowledgeable about safeguarding and knew how to report signs of abuse and to whom. Staff were confident actions would be taken if they were to report something. Staff told us and records confirmed that safeguarding training was up to date.
- Staff had recorded and reported allegations of abuse to the appropriate authorities. Safeguarding records were completed, and lessons learned were documented. New systems had been implemented in the service to support people to manage their finances as a result of some concerns that had been raised in the past.
- People and their relatives told us they felt safe being supported by Priory staff and enjoyed living in their homes. One person said, "I feel safe with staff, they're here for me. They are so nice to me and so kind to me." Another person said, "I like it, All the staff are nice to me. I've got all my friends here." A relative said, "It's a very good service. [Relative] is getting all the support they need."

Assessing risk, safety monitoring and management

- Risk assessments and care plans were comprehensive with enough detail to enable staff to provide safe care and mitigate risks. The deputy manager had recently reviewed the risk assessments.
- People had the support they needed as detailed in their support plans. Staff knew what they liked to do and what support they needed to do it. One person said, "We go shopping together and we go for walks and sometimes we wash cars." Staff told us they knew people well and had read their risk assessments and support plans. One relative said, "[Relative] is well looked after and has everything they need."
- Environmental risks were managed, and the landlord had made checks on the properties, for example, on fire alarm systems. Fire risk assessments and personal evacuation plans were in place. Staff working in shared accommodation did regular environmental audits and these were up to date.

Staffing and recruitment

- The service had a high turnover of staff and new staff had joined the service recently. The service still had vacancies for support staff and were using regular staff from an agency to ensure that people were kept safe. New staff had a full induction before supporting people in the service.
- There were enough staff available to support people safely and people told us they had their one to one time. Staff told us they had enough training to do their job.
- Staff had been recruited safely. Records were maintained to show that checks had been made on employment history, references and the Disclosure and Barring Service (DBS). The DBS helps employers make safe recruitment decisions and helps prevent unsuitable people working with people who use care and support services.

Using medicines safely

- Not everyone needed support with medicines. Those who did were supported to take their medicines by staff who had received the appropriate training. Staff had competency assessments done by the deputy manager.
- Medicine administration records were completed, and balances checked. There was clear guidance for staff to follow when giving 'as required' medicines, for example, pain relief.
- People told us that staff helped them with their medicines. One person said, "Yes, staff help with it, twice a day I take it and it's on time." Another person said, "The staff are there to support me with my meds and stuff, I take my tablets."
- Medicine audits were completed monthly, and action plans were developed if any shortfalls were found. We saw evidence that an issue found during a recent audit had been addressed in a timely manner.

Preventing and controlling infection

- The provider had effective infection control measures in place and staff supported people to maintain a clean and safe environment. We saw people were encouraged to wash their hands regularly.
- Shared accommodation looked clean and uncluttered. People in shared accommodation told us they helped with cleaning in the communal areas and washing up. Staff supported them with these tasks.
- Staff supported people living in shared accommodation to have regular tests for COVID-19 and had supported people to have the COVID-19 vaccine. Regular environmental audits were conducted which included infection control.

Learning lessons when things go wrong

- The provider had systems for recording accidents and incidents which analysed trends and patterns to enable them to take the right action. Staff knew how to report incidents and accidents.
- Lessons learned were shared with staff during debrief meetings after incidents and these meetings were documented. For example, new finance management systems had been implemented following an incident.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The management of the service had been inconsistent. There was a new manager in place who had recognised that improvements were needed in the service. Professionals who work with the service told us managers had not always been responsive to concerns raised.
- Staff told us the culture of the service within the staff team was poor, using terms such as 'toxic', 'hostile' and 'bullying'. Most staff felt that communication and teamwork were poor. One staff member said, "Staff are in 'cliques' and are hostile towards other staff." Another staff member described a "divide in the team" which caused tension.
- Despite these negative comments, most staff said they enjoyed working for Priory Supported Living. They had received good training and felt they made a positive difference to people using the services. The provider and new manager had a quality improvement plan in place and were working through the issues.
- The service had systems in place to encourage lessons to be learned and shared after incidents or accidents, but this wasn't always robust enough to ensure these were shared widely with all staff.
- We did not see evidence that the culture had a negative impact on the people living in the service. People told us they liked living there, they were able to pursue their interests and hobbies, and the staff supported them well. Relatives were positive about the service, one relative said, "[Relative] is more content and happy, we are quite pleased. They are a lot more settled." Another relative told us, "[Relative] is always smiling, always clean and dressed well, and loves living there."
- The provider and manager were aware of the shortfalls in the service and had plans in place to address the issues, however, these had not yet been fully embedded within the service.

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

- Not all staff had found service managers supportive and one staff member told us, "I don't have a manager at the moment." Staff told us service managers had 'favourites', and 'let people do what they like'.
- Monthly governance meetings were held for the staff who worked in the shared accommodation. Meetings were documented and included a section on lessons learned and actions required. Not all staff were able to attend these meetings and it was unclear how lessons learned, and actions were shared with the whole staff team. There were documented handovers between shifts in the services where 24-hour support was provided.
- The provider had quality monitoring systems in place which produced reports on trends and patterns,

supporting them to address issues in a timely way. A range of audits were undertaken regularly, for example, infection control, environment, medicines and support plans. However, where recommendations had been made by professionals, these had either not been implemented or where they were, had not been sustained.

- Services providing health and social care to people are required to inform the CQC of important events that happen in the service. This is so we can check that appropriate action has been taken. The manager had correctly submitted notifications to CQC. There was a new manager in post who had commenced the registration process with CQC.

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

- People using the service had recently responded to a satisfaction survey. The results were positive, for example, 100% of people said they felt safe, liked where they lived and were supported to choose how they wanted to be part of the community. The provider had an action plan in place for areas that had lower scores, for example, 'I help choose the staff' and 'I help to complete my support plan'. This action plan included involving people in staff interviews.
- The service produced monthly newsletters to keep people up to date with developments and ideas. Every person had a monthly 'My meeting' with their key worker to discuss their support plan, for example, concerns, staffing, wishes, future plans, health and accommodation.
- The provider did annual staff surveys which were well responded to, although staff said they hadn't seen much improvement since the previous survey. The provider had an action plan in place to address some of the areas where there were negative responses, but it was too soon to evaluate the impact of any actions.
- Staff told us supervisions and one to one meetings were not as regular as they could be and at least one supervision had been done by a peer, rather than a manager. Staff engagement, supervision and training was included in the manager's improvement plan.

Working in partnership with others

- The service has not always been collaborative and cooperative with external stakeholders.
- The relationship between the provider and some local authorities had not been positive and health and social care professionals who work with the service told us the communication and responsiveness from the service was poor. They had concerns that issues may not be reported in a timely manner.
- The learning disabilities community matron worked closely with the service and visited the shared accommodation sites regularly. Some recommendations were made following a visit from the nurse specialist over a year ago, but these had either not been implemented or sustained. Meetings with staff and managers had led to some improvements but these weren't sustained.
- The new manager was keen to improve the relationship with other professionals and had some introductory meetings with some positive feedback.

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 Care Quality Commission (CQC) sets out specific requirements that providers must follow when things go wrong with care and treatment. This includes informing people and their relatives about the incident, providing support, truthful information and an apology when things go wrong. The provider understood their responsibilities.
- Relatives told us staff communicated with them when there were any changes, or if any incidents occurred.