

# Community Integrated Care Durham & Sunderland Supported Living

## Inspection report

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21 November 2022  
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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

Durham & Sunderland Supported Living provides personal care to people living in supported living services. This service primarily offers support to adults with learning disabilities or autistic people. At the time of our inspection the service was supporting 98 people in supported living settings across County Durham, Sunderland and Gateshead.

Before this inspection, the provider applied to CQC to register the supported living services in Gateshead as a separate service. During this inspection CQC approved this application. Gateshead services were inspected as part of this inspection, so the findings and overall rating for this service also apply to the newly registered Gateshead Supported Living service (<https://www.cqc.org.uk/location/1-14623451556>).

### 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.

### Right support

Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful life. The service worked with people to plan for when they experienced periods of distress, so their freedoms were restricted only if there was no alternative. Staff supported people to make decisions following best practice in decision-making. Staff communicated with people in ways that met their needs. 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.

### Right care

Staff promoted equality and diversity in their support for people. Staff understood and respected people's religious and cultural needs and supported them accordingly. People received kind and compassionate care. Staff protected and respected people's privacy and dignity. Staff understood how to protect people from poor care and abuse. Staff had training on how to recognise and report abuse and they knew how to apply it. The service had enough appropriately skilled staff to meet people's needs and keep them safe.

People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs. People could take part in activities and pursue interests that were tailored to them. Staff supported people to try new activities that enhanced and enriched their lives. Staff and people co-operated to assess risks people might face. Where appropriate, staff encouraged and enabled people to take positive risks.

### Right culture

People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management team and staff. Staff knew and understood people well and were responsive, supporting their aspirations to live a quality life of their choosing. Staff placed people's wishes, needs and rights at the heart of everything they did. Staff valued and acted upon people's views. People's quality of life was enhanced by the service's culture of improvement and inclusivity.

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 and update

The last rating for this service was requires improvement (published 19 July 2021) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

### Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

You can read the report from our last inspection by selecting the 'all reports' link for Durham & Sunderland Supported Living on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### 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.

# Durham & Sunderland Supported Living

## **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

Three inspectors and 1 Expert by Experience carried out this inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service provides care and support to people living in 30 '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 were two registered managers in post; one covered supported living settings in County Durham and Sunderland, and the other covered supported living settings in Gateshead.

#### Notice of inspection

This inspection was announced.

We gave short notice of the inspection because some of the people using it 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 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

Inspection activity started on 21 November 2022 and ended on 25 January 2023. We visited the provider's office on 22 November 2022 and 18 January 2023. The Expert by Experience made telephone calls to people who use the service and their relatives on 8 and 9 December 2022. We visited several supported living settings on 13, 14, 15 and 19 December 2022.

We spoke with 24 people who use the service and 11 relatives about their experience of the care provided. We spoke with 26 staff members, including both registered managers, the provider's regional head of operations, the provider's regional manager, 6 service leads and 16 members of support staff.

We reviewed a range of records which included 8 support plans and numerous medicines records. We looked at other records relating to the management of the service including staff deployment, staff supervision, and systems for monitoring quality.

Following the inspection, we looked at a range of documents such as audits, fluid records and checks on agency staff.

# 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 requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider's safeguarding systems and processes were not used effectively. This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- People said they felt safe with the staff who supported them. One person told us, "I feel really safe with staff. They are caring and loving." Relatives told us they felt their loved ones were safe. A relative said, "I definitely think [family member] is safe."
- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so.
- Staff had training on how to recognise and report abuse and knew how to apply it.
- People, and those who matter to them, had safeguarding information in a form they could use, and knew how and when to raise a safeguarding concern.

Using medicines safely

At our last inspection systems were either not in place or robust enough to demonstrate the safe use of medicines. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Staff made sure people received information about medicines in a way they could understand. Staff followed effective processes to assess and provide the support people needed to take their medicines safely. This included where there were difficulties in communicating and when assessing risks of people taking medicines themselves.
- People were supported by staff to make their own decisions about medicines wherever possible.
- People were supported by staff who followed systems and processes to prescribe, administer, record and store medicines safely. Care records detailed how people wanted and needed to take their medicines.
- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of

people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles.

- Where medicines audits identified improvements were needed, prompt and appropriate action had been taken.

#### Assessing risk, safety monitoring and management

- People lived safely and free from unwarranted restrictions because the service assessed, monitored and managed safety well.
- People, including those unable to make decisions for themselves, had as much freedom, choice and control over their lives as possible, because staff managed risks to minimise restrictions.
- People's care plans recorded what risks were relevant to individuals and measures staff should take to minimise such risks.
- Staff could recognise signs when people experienced emotional distress and knew how to support them to minimise the need to restrict their freedom to keep them safe.

#### Staffing and recruitment

- The numbers and skills of staff matched the needs of people using the service.
- Staff recruitment and induction training processes promoted safety. Staff knew how to consider people's individual needs, wishes and goals.
- Safe recruitment practices for staff had been followed. Pre-employment checks included obtaining references and checks with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and help prevent unsuitable people from working in care services.
- Checks on agency staff had not always been recorded consistently. When we discussed this with the management team, they acted on this immediately.

#### Preventing and controlling infection

- There were systems in place to prevent and control the spread of infection.
- Staff were trained in infection prevention and control and they had access to personal protective equipment.

#### Learning lessons when things go wrong

- The service managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately and managers investigated incidents and shared lessons learned.
- Staff recorded any use of restrictions on people's freedom and the management team reviewed the use of restrictions to look for ways to reduce them.



# 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.

At a previous inspection (report published 14 August 2017) we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People were supported by staff who had received relevant and good quality training in evidence-based practice. This included training in the wide range of strengths and impairments people with a learning disability and or autistic people may have, such as epilepsy awareness, active support and positive behaviour support.
- One relative told us, "Staff know what they are doing." Another relative said, "I know they do training within the company. Everything seems to be run professionally. However, not in an obvious way so it feels like a care home."
- People benefitted from reasonable adjustments to their care to meet their needs, and their human rights were respected. This was because staff put their learning into practice.
- Staff received support in the form of continual supervision, appraisal and recognition of good practice. Staff felt well supported and that they could raise issues with the management team at any time.

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

- People had care and support plans that were personalised, holistic, strengths-based and reflected their needs and aspirations, including physical and mental health needs. People, those important to them and staff reviewed plans together regularly.
- Care and support plans reflected a good understanding of people's needs, including relevant assessments of people's communication support and sensory needs.
- There were clear pathways to future goals and aspirations, including skills teaching in people's support plans.

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

- People received support to eat and drink enough to maintain a balanced diet, where they had needs in this area.
- Staff encouraged people to eat a healthy and varied diet to help them to stay at a healthy weight, whilst being mindful of people's right to make choices for themselves. Staff supported people with specific needs, for example if someone was a diabetic.
- People were involved in choosing their food, shopping, and planning their meals wherever possible. One person told us how staff helped them to plan their meals and make healthy choices.
- People with complex needs received support to eat and drink in a way that met their personal preferences as far as possible.

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

- People were referred to health care professionals to support their wellbeing and help them to live healthy lives. A relative said, "Staff take action themselves if they feel [family member] needs a GP appointment and they let me know. I take [family member] to significant medical appointments and staff come along so they know what is happening."
- People were supported to access healthcare services. Where people were anxious about medical appointments, staff worked with health professionals to minimise people's distress.
- Multi-disciplinary team professionals were involved in support plans to improve people's care.

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.

- Where it was in people's best interests to be deprived of their liberty, applications had been made to the Court of Protection.
- The service was acting within the principles of the MCA. Staff empowered people to make their own decisions about their care and support, where able to do so.
- For people that the service assessed as lacking mental capacity for certain decisions, staff clearly recorded assessments and any best interest decisions.
- Staff involved people who had the legal authority to make decisions on a person's behalf in their care.

# 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.

At a previous inspection (report published 14 August 2017) we rated this key question good. The rating for this key question has remained 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 spoke positively about the staff who supported them. One person told us, "I'm extremely happy with my support." Another person said, "The care workers are brilliant. They are loving and caring. They come and talk to you and see if you have problems and understand what is wrong with you."
- Relatives felt staff were kind, caring and respectful and they were happy with the care provided. One relative commented, "I'm happy with the care [family member] receives. Staff don't just treat them as a 'service user'. They are keen to make sure [family member] gets the best out of life. They talk in language [family member] understands and can relate to." Another relative told us, "I am happy with the care. They go beyond what is expected. For example, when [family member] goes to hospital they have a consistent person with them even throughout the night." A third relative said, "I think they need a medal. They do a wonderful job."
- Staff were calm, focused and attentive to people's emotions and support needs such as sensory sensitivities. Staff knew how to minimise people's distress.
- Staff ensured people were protected from exposure to any environmental factors they would find stressful such as excessive furniture or possessions.
- Staff members showed warmth and respect when interacting with people.

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 of their care and risk assessments.
- Staff supported people to maintain links with those who were important to them.
- Staff took the time to understand people's individual communication styles and develop a rapport with them. Staff gave people the time to listen, process information and respond.
- People were enabled to make choices for themselves, wherever possible, and staff ensured they had the information they needed.
- Staff respected people's choices and wherever possible, accommodated their wishes, including those relevant to protected characteristics e.g. due to cultural or religious preferences.

Respecting and promoting people's privacy, dignity and independence

- People had the opportunity to try new experiences, develop new skills and gain independence. Staff supported people to seek paid or voluntary work and educational courses.
- Staff knew when people needed their space and privacy and respected this.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At a previous inspection (report published 14 August 2017) we rated this key question good. The rating for this key question has remained 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; end of life care and support

- People's care and support plans reflected their individual needs and were reviewed regularly. People received personalised, proactive and co-ordinated support in line with their care plans.
- Staff discussed ways of ensuring people's goals were meaningful and spent time with people understanding how they could be achieved.
- Staff made reasonable adjustments to ensure better health equality and outcomes for people. This included ensuring people with sensory sensitivities were supported in a way which was comfortable to them. People and relatives told us how staff were responsive, for example if there was a change in need and health professionals needed to be informed.
- Staff spoke knowledgeably about tailoring the level of support to individual's needs.
- Staff met the needs of people using the service, including those with needs related to protected characteristics such as disability or religion.
- Nobody using the service was receiving end of life care. Where people had been able to express preferences in this area, these were captured in support plans.

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.

- The provider was meeting the requirements of the Accessible Information Standard. Staff ensured people had access to information in formats they could understand.
- Staff had good awareness, skills and understanding of individual communication needs. People had individual communication plans which detailed effective and preferred methods of communication, including the approach to use for different situations.

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

- People were encouraged and motivated by staff to reach their goals and aspirations. People were supported by staff to try new things and to develop their skills. Staff had supported people to volunteer at the Rugby League World Cup and other sporting events, do voluntary work in their local community and

participate in educational courses. These helped people to acquire new skills and boosted their self-confidence.

- People were supported to participate in their chosen social and leisure interests on a regular basis. People told us they enjoyed going to the theatre, cinema, shopping and for meals out. A relative said, "[Family member] is always going out to places, such as the disco, shops and for meals. [Family member] is always smartly dressed when I see them. Staff treat family member like one of their own family."

Improving care quality in response to complaints or concerns

- The registered managers treated all concerns and complaints seriously, investigated them and learned lessons from the results, sharing the learning with the whole team and the wider service.

- People and relatives said if they had any concerns they would speak to staff or the management team. One relative told us they had submitted a complaint previously, it had been fully investigated and now things were much better.

- Staff were committed to supporting people to provide feedback so they could ensure the service worked well for them.

# 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 requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection the provider did not have sufficiently effective governance systems to monitor the quality of the service. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Since the last inspection, the provider had made significant improvements to the service. The registered managers, supported by the provider, ensured improvements had been made and sustained for the benefit of people using the service.
- People and most relatives felt the service had improved. A person who used the service told us, "It is well run and managed because the staff are lovely and do all of the hard work. They work really hard." Another person said, "They are doing everything better."
- Most relatives said the service was well managed and the registered managers and service leads were approachable. One relative said, "This service is run by professional and caring people."
- The provider had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible. The registered managers worked hard to instil a culture of care in which staff truly valued and promoted people's individuality, protected their rights and enabled them to develop and flourish.
- Staff told us they felt supported, morale had improved, and they had confidence in the registered managers.

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

- The registered managers and staff put people's needs and wishes at the heart of everything they did. A relative said, "They are a good team. They all work really well together and put the people first 100%."
- The registered managers set a culture that valued reflection, learning and improvement and they were receptive to challenge and welcomed fresh perspectives.

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; working in partnership with others

- The provider understood the duty of candour. They apologised to people, and those important to them, when things went wrong.
- Staff gave honest information and suitable support, and applied duty of candour where appropriate.
- Staff worked well in partnership with other professionals such as community nurses, care managers and advocates, which helped to give people using the service a voice and improve their wellbeing.

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

- The registered managers had the skills and knowledge to perform their roles and a clear understanding of people's needs.
- Governance processes were effective and helped to hold staff to account, keep people safe, protect people's rights and provide good quality care and support.
- Staff were committed to reviewing people's care and support on an ongoing basis as people's needs and wishes changed over time.
- Senior staff understood and demonstrated compliance with regulatory and legislative requirements.

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

- People, and those important to them, worked with managers and staff to develop and improve the service.
- The provider sought feedback from people and those important to them and used the feedback to develop the service.