

Southdown Housing Association Limited

Princes Crescent

Inspection report

7 Princes Crescent
Hove
East Sussex
BN3 4GS

Date of inspection visit:
11 December 2020

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26 February 2021

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?	Requires Improvement ●

Summary of findings

Overall summary

Princes Crescent is a supported living service providing personal care and support to six people with a learning disability. The premises consists of three self-contained flats and three bed-sits. There is an office with a room for staff who sleep-in at night.

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

The provider's systems were not consistently effective in providing the registered manager with clear oversight of risks. This meant that they could not be assured that all risks to people, including restrictive practices, were effectively and consistently managed.

Staff understood their responsibilities for safeguarding people and risks to people were identified and managed effectively. People were receiving their medicines safely and infection prevention and control practices were safe and in accordance with government guidance.

People's needs and preferences were considered and care plans were clear and detailed to guide staff in how to provide care safely and in the way that people preferred. Staff had received the training and support required to support people's needs. People were supported to have enough to eat and drink and to access health care services.

Staff were kind and caring and people and their relatives told us they were happy with the care provided. One relative said, "They couldn't do more than they are doing." Staff respected people's views and supported them to remain independent. Staff had identified changes in people's needs and care plans had been adjusted to ensure they continued to receive the support they needed.

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 guidance CQC follows 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:

- Model of care and setting maximises people's choice, control and Independence. People were receiving a personalised service and were supported to develop and maintain their independence. Staff supported people to make choices and to remain connected with their family, friends and the local community.

Right care:

- Care is person-centred and promotes people's dignity, privacy and human rights. People were supported to lead full and active lives and to take part in activities that were meaningful to them. Staff were kind, respectful and treated people with dignity.

Right culture:

- Ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives. Staff described a positive culture where learning was encouraged.

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 25/11/2019 and this is the first inspection.

Why we inspected

This was a planned inspection.

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Princes Crescent

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

Two inspectors undertook this inspection and attended the site visit.

Service and service type

This service provides care and support to people living in six flats in a '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.

The service had a manager 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 announced. We gave a short period notice of the inspection 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.

What we did before the inspection

We reviewed information we had received about the service since they registered and information we requested prior to this inspection. This included insurance documentation, accident and incident records, people's care and medication records, staff training records, quality assurance documents and information about complaints. We sought feedback from the local authority and 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.

During the inspection

We spoke with four people who used the service and two relatives about their experience of the care provided. We spoke with four members of staff including the registered manager. We reviewed a range of records. This included four people's care records. We looked at four 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.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

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

Assessing risk, safety monitoring and management

- There were comprehensive risk assessments and care plans in place to guide staff in how to support people safely. Risk assessments were personalised, thorough and addressed the complexity of people's needs. Individual health needs were assessed and guidance for staff was clear and detailed to support consistent care.
- Some people had behaviours that could be distressing and challenging to others. Risk assessments and care plans guided staff in how to support people to manage their behaviour.
- Staff were knowledgeable about risks to people and described how they supported them in line with their care plans. We observed how staff interacted with people and used strategies to support them in a planned way. For example, one person was supported to make their own breakfast. The staff member used key words and prompts that were identified in the person's care plan and supported them to use kitchen equipment safely.
- Restrictions were minimised; people were supported to have choice and to remain independent as much as possible. For example, one person's risk assessment guided staff in how to support them to remain safe when out in the community, including risks associated with road safety.
- Staff demonstrated their understanding of supporting people to take positive risks. One staff member told us how they had supported someone to go ice-skating saying, "We assessed the risk of falls, when they did fall on the ice they were well supported by the staff. They got up and carried on." They described how much the person had enjoyed the experience and acknowledged the importance of giving people opportunities to try new things and challenges.
- Relatives told us they had been included in the development of plans to support people and encourage their independence. One relative said, "The manager is proactive and has asked for our input in helping to solve issues when they arise."

Using medicines safely

- Medicines were managed safely. People were receiving support with their medicines. Only staff who had been trained and were assessed as competent were able to administer medicines to people. Records were completed consistently. We observed how a staff member supported a person to take their medicine in the way they preferred.
- Some people were prescribed PRN (as needed) medicines. There was clear guidance for staff in when to administer PRN medicines.

Learning lessons when things go wrong

- There were systems to record incidents and accidents. Staff understood the importance of recording events and records were consistent.

- The registered manager had oversight of incidents and accidents and completed analyses to identify patterns including possible triggers for people's distressed behaviour.
- Staff told us how incidents were discussed to identify possible triggers for behaviour and to develop support strategies. Notes from staff meetings showed how staff were included in the analysis of events.

Staffing and recruitment

- There were enough staff to care for people safely. One staff member said, "Staffing levels are good, there is always enough staff. We never rush, people have the time they need." Staff described taking on extra shifts to ensure the staff rota was covered and said, "It's never been a problem even when some staff are off self-isolating."
- Systems for recruitment were robust and ensured that staff were safe to work with people. The required employment checks had been carried out and references had been obtained.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Systems and processes to safeguard people from the risk of abuse

- Staff demonstrated a clear understanding of their responsibilities for safeguarding people from abuse. They were able to describe different types of abuse and the signs and indicators which might identify abuse was taking place. Staff explained how they would report any concerns.
- Where concerns had been identified the registered manager had made appropriate referrals to the local authority in line with their safeguarding policy and local arrangements.
- People told us they felt safe living at Princes Crescent. One person said, "I love it here." Relatives told us they were confident that people were safe. One relative said, "I would know if something was wrong, it has happened in the past. I am very confident that they are safe and happy and that the staff know them well."

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

- People's needs were assessed in a holistic way, taking account of their physical health, mental health and their social needs. People's strengths and challenges were identified and included in the assessment. Care plans included positive behaviour support techniques, with a strong emphasis on giving people choice and control and encouraging involvement. Staff had received training in these evidence-based techniques and understood the importance of this approach. During the inspection we observed staff were following care plans and supporting people to make choices.
- Where appropriate, referrals had been made to health and social care professionals to support people's needs. Care plans were updated regularly and included guidance and advice from professionals. One health care professional described how staff had contacted them promptly for advice. They explained staff acted swiftly and had followed the guidance given.
- People were supported to access the health care services they needed. Care passports ensured that key information about people's needs were available to health care professionals. One relative spoke positively about how staff had supported their relation when they were admitted to hospital. Another relative told us they were confident that staff would recognise signs or symptoms of illness and would contact health professionals promptly.
- Records confirmed that staff had recognised changes in people's needs. For example, one person's mental health had deteriorated and staff had observed the changes and raised their concerns with mental health professionals to ensure the person received the treatment they needed.

Staff support: induction, training, skills and experience

- Training ensured staff had the knowledge and skills they needed to care for people safely. The registered manager explained that some training had been delayed due to the pandemic, but this had not impacted on the care or support people received. The registered manager showed us a training plan for the coming year and said staff would receive refresher training to update their knowledge and skills.
- Staff spoke positively about the induction process for new staff. One staff member described how new staff were supported to get to know people and their routines. They explained that a new member of staff shadowed them during their shift and could ask questions and seek advice when needed.
- Some people found it difficult to adjust to new staff members. New staff were introduced using an online meeting to give the person a gentle introduction and allow them to have some control over the introduction process. Staff spoke positively about people's involvement in the induction process.
- Staff told us they received the support they needed. One staff member said, "I have regular supervision

meetings and can raise any issues." Another staff member told us that there had been a period between managers when support was less available. They confirmed that this had improved with the new manager, saying, "It was tough, but it is good now." They said they now received regular support and that any issues raised were dealt with by the registered manager.

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

- People were supported to have enough to eat and drink. Some people needed support to maintain a healthy weight and care plans identified how staff should support them.
- We observed staff encouraged people to make healthy choices for food and drinks and supported people to prepare their meals where appropriate.
- Recommendations from a Speech and Language Therapy (SALT) assessment were included in one person's care plan. Staff were knowledgeable about the person's needs and the risks associated with nutrition and hydration.

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.

- Staff understood their responsibilities with regard to the MCA. They had received training and understood the importance of checking with people before providing care and support. We observed staff were talking with people and asking for their consent, staff were familiar with people's methods of communication and could interpret sign and body language to understand people's wishes.
- Where people lacked capacity to make certain decisions, staff had included relevant people in making decisions that were in the person's best interests. Assessments included details of how any best interest decisions were made. This included consideration of the least restrictive options and identified who had been involved in the best interest decision making process.

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 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 treated with kindness and respect. One person told us the staff were, "All nice." A relative said, "The staff are very kind, they couldn't do more." Another relative described the "close bond" that had developed between their relation and particular staff members.
- A health care professional told us they had observed staff treat people well and described how a person had appeared comfortable and reassured by the presence of a staff member.
- Staff spoke positively about the people they were supporting with empathy and respect. One staff member described a person as "adventurous," another spoke about a person being "cheerful and fun-loving." We observed that staff had developed positive relationships with people and knew them well.

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

- Staff were knowledgeable about people's individual needs and demonstrated a clear understanding of how to include and involve them in decisions about their care. For example, one staff member explained the importance of having a clear plan for one person who needed to know what they would be doing throughout the day. The person showed us a list they had made to identify activities that they wanted to complete that day with staff support.
- Staff supported people to express their views and to make choices. We observed staff supporting one person to make their own meal, they used key words, gentle prompts and encouragement, allowing the person to manage the task independently.

Respecting and promoting people's privacy, dignity and independence

- People were supported to be as independent as possible. One person told us, "I do my own shopping." Staff described how they supported people to maintain and improve their independence and this was reflected in care plans.
- We observed staff respected people's privacy and systems were in place to ensure confidentiality was maintained.
- People's dignity was respected and staff described the importance of supporting people in a discreet way. One staff member told us they supported a person who had behaviour that could cause distress to themselves and others when out in the community. They described the importance of remaining calm and reassuring saying, "It's important to try and de-escalate the situation early on to protect their dignity."

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; 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 and their relatives had been involved in developing care plans. One relative gave us examples of when staff involved them and told us, "We have been included, we are invited to reviews and meetings and the staff ask our opinion."
- Care and support plans were detailed, personalised and guided staff to support people in the way they preferred. When people's needs had changed care plans had been reviewed and amended to ensure that people's needs continued to be met.
- A staff member described how they ensured that people's views were sought and how they would recognise if someone did not want to do something. They explained, "They know their own mind and will not participate if they don't like something."
- A relative told us their relation liked to choose their activities every day. They said, "He is very clear and direct. Staff respect his views and choices."
- We observed staff supporting people throughout the day with activities of their choice. The registered manager told us that people's usual range of activities had been changed in recent months due to the pandemic. They described how staff had supported people to adapt to a different way of life and they had tried out different activities with people to see what they might be interested in. For example, one person had tried yoga for the first time and had enjoyed it. They continued to have regular yoga sessions at home with a staff member.
- Staff knew people well and were focussed on supporting them to lead full and active lives. People were able to access the local community and staff supported them to maintain links. For example, one person usually enjoyed visiting a local pub regularly but the snacks available were not suitable and could have increased the risk of choking. Staff had worked with the pub to provide a variety of snack that was suitable and safe for the person to order when they visited the pub. A staff member explained this supported the person's dignity and enabled them to maintain the social links they had made.

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.

- Some people had communication needs. Staff were skilled in identifying non-verbal signs and signals and in supporting people to communicate using Makaton sign language and other individual communication techniques that were unique to the person. Some staff had received specialist training in communication

techniques for people with audio and visual sensory needs.

- Disability distress assessment tools were in place for some people who had communication needs. These identified signs and behaviours that people may display if they were in pain or distress and unable to communicate this verbally. There was clear guidance for staff in how to identify distress and how to support people with swift action to reduce their distress if this occurred.

Improving care quality in response to complaints or concerns

- Systems were in place to record any complaints or concerns. Relatives told us they knew how to complain and would feel comfortable to raise any concerns with staff and the registered manager. One relative told us they had raised a complaint in the past and would feel confident to do so again. They said, "I am sure that if we raised a complaint it would be addressed straight away."
- The registered manager told us they worked to resolve any complaints when they arose. They described using complaints as an opportunity to learn and make improvements at the service.

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 requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Some systems did not support the registered manager to have clear oversight of risks. Risk assessments identified that some people may need restrictive physical intervention to keep them safe in some circumstances. Care plans were clear and detailed and such interventions were only used as a last resort. Staff were clear about their responsibilities for reporting incidents and accidents, including if restraint had been used.
- The registered manager did not have clear records of when, how often, and the duration of physical interventions that had been used. This meant that the registered manager could not assure themselves that restrictive physical interventions were being used as a last resort, and were proportionate in line with people's care plans. They explained that records of these incidents were sent directly to the provider's Positive Behavioural Support (PBS) team for analysis. They would then advise the registered manager on any changes that should be made to the care plan. The registered manager said they would need to ask the PBS team for information to confirm when and how often staff had used restrictive physical interventions with people but that it was something that happened only on rare occasions. Maintaining clear records and having management oversight of the use of physical restraint is an area of practice that needs to improve.
- Two people living at the service had previously been subject to Deprivation of Liberty Safeguards (DoLS) but the authorisations were no longer valid. The local authority had made applications to the Court of Protection to renew the DoLS but care plans did not contain information about this process, and neither the registered manager or the provider were clear about the status of the application. The provider's quality assurance system had not identified these shortfalls. This was an area of practice that needed to improve.
- Staff were clear about their roles and described feeling well supported. Staff spoke positively about the registered manager. One staff member told us, "The new manager has been brilliant." Another staff member said, "They will make positive changes here." Relatives also commented positively on the leadership of the service. One relative described having a "very positive relationship," with the registered manager.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care; 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 described a positive and open culture where they felt able to express their views. One staff member said, "We are able to bring ideas and they will be listened to." Staff told us that they were able to discuss practice and received constructive feedback to help them to improve. One staff member said, "We have a lot

of opportunities to analyse things and work out what we could do differently and improvements we could make."

- Staff demonstrated a consistent understanding of person-centred care and spoke positively about people's achievements. Staff described being happy in their roles and motivated to help people achieve their goals. One staff member told us, "I love working here, the team work is good."
- The registered manager demonstrated their understanding of their responsibilities under the duty of candour. They explained that they monitored the service by regularly working on shift alongside staff members.

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

- People, their relatives and staff were involved in developments at the service in a meaningful way. People and their relatives told us that staff were proactive in seeking their views. The registered manager gave examples of how people, relatives and staff had been engaged in identifying different ways to support people with meaningful opportunities and activities during the lockdown due to the pandemic. They told us, "It has been challenging but there have been a lot of creative ideas and new experiences for people to try."
- Staff had developed positive working relationships with health and social care professionals. One health care professional told us, "The staff are always switched on and engaged with the care." They described how staff were enthusiastic and knowledgeable and supported communication with a person's family to encourage a consistent approach to their care.
- Staff supported people to maintain links within the local community and described how this supported people to remain connected. For example, staff had supported a person to manage their finances with regular visits to their local bank. They had developed positive relationships with staff at the bank which meant that the person's needs were better understood when in the community.