

Trafford Council

Waterside House

Inspection report

Sale Waterside
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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

Waterside House is a supported living service providing personal care to people aged 18 and over with learning disabilities and/or autism provided by Trafford Metropolitan Borough Council. The supported living service provides supported accommodation to 22 people in seven supported living accommodation properties.

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

We received positive feedback from people and their families and staff who were enthusiastic about the value of the service in people's lives. We found the provider had addressed the areas of negative feedback which were raised during our last inspection.

Significant improvements had been made following the previous inspection in October 2020, this included improvements to promote the safety and wellbeing of people and the staff who supported them. They had enhanced their quality assurance processes, drawing from best practice guidance to provide better oversight. There was a positive focus on learning from mistakes and ensuring action was taken.

New and improved systems and processes had been introduced for the reporting and recording of issues related to safeguarding and accidents and incidents. The management team and wider staff group fully understood their individual and collective responsibilities in this area.

Staff training and the quality of risk assessments and care plans had improved. In particular, the provider had invested in developing skills and resources to ensure the staff team were equipped to provide compassionate care to people.

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.

Medicines were managed safely, and greater oversight was introduced with new medicines auditing tools.

Improvements had been made to Infection prevention control (IPC) practices. Personal Protective Equipment (PPE), hand sanitisers and posters with key messages were at the entrance to the two supported living settings we visited. Any visitors to the service had to show a negative COVID-19 test 30 minutes prior to visiting. Staff were responsible for daily cleaning of all areas of the service including frequently touched and high reach areas. All staff had completed training in infection prevention and control.

Further work was still ongoing in respect to changing the culture at the service and the provider adopted the key principles of 'Right support, Right care, Right culture'. However, a small number of staff we spoke with were not familiar with this key guidance. We have made a recommendation within the well-led section of

this report.

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.

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

Significant work had commended to ensure the support people received was outcome based, to allow people to focus on goals and priorities within their life and what they would want to achieve. People are treated as individuals and care were provided flexibly in line with their preferences. The management team and staff of Waterside House shared a renewed passion for supporting people which shapes the culture across the service.

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

Rating at last inspection and update

The last rating for this service was inadequate (published 7 December 2020). The provider completed a detailed service improvement 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

A decision was made for us to inspect, examine and follow up what improvements had been made since the last inspection. Due to the COVID-19 pandemic, we undertook a focused inspection to only review the key questions of Safe and Well-led. Our report is only based on the findings in those areas reviewed at this inspection. The rating from the previous comprehensive inspection for the Effective, Caring and Responsive key questions were not looked at on this occasion. Ratings from the previous comprehensive inspection for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from inadequate to good. This is based on the findings at this inspection.

This service has been in Special Measures since October 2020. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection 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.

Waterside House

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 two inspectors 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 care service. The Expert by Experience telephoned people who received a service from Waterside House and their relatives on 10 June 2021.

Service and service type

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

The service had 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. However, at the time of inspection the registered manager was not available for work.

Notice of inspection

We gave 24-hour notice so we could clarify the services COVID-19 Personal Protective Equipment (PPE) practice for visiting professionals and identify persons who were shielding so we could respond accordingly.

Inspection activity started on 8 June 2021 and ended on 11 June 2021. We visited two supported living properties on the 8 June 2021. From 8 June 2021 to 11 June 2021 we continued to review evidence remotely and spoke with people who use the service and staff.

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 authorities with whom the service works. On this occasion 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 five people at the two supported living properties we visited. We spoke by telephone with two people who used the service and nine people's relatives. During the inspection we spoke with the interim manager, the strategic lead, programme manager for quality assurance, two team leaders and eight support workers.

We reviewed a range of records. We reviewed some of the documentation remotely by asking the provider to send us key information prior to meeting with them. We reviewed two people's risk assessments and multiple health and safety records. 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 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.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved 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 did not ensure systems and processes were working effectively to prevent potential abuse, placing people at risk of harm. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvements had been made and the service was no longer in breach of regulation.

- The provider has made vast improvements in relation to safeguarding processes and has implemented several new initiatives. The management team used detailed logs to check all necessary actions had been taken following a safeguarding concern, such as communicating with key staff, organisations and family members.
- There were systems in place to safeguard people and staff knew what they had to do if they were concerned about people's safety. A locked box was also introduced to each property to allow staff to raise concerns anonymously, this was then acted upon if any concerns were received.
- Newly devised training was implemented for staff; this included a safeguarding adult's workbook that assessed the staff members knowledge.
- There was now an improved open culture at the service, where staff felt able to speak out. Staff we spoke with told us, "I feel confident to speak out now. In the past it was pointless, nothing changed. But credit to the managers, they want to hear what we have to say" and "Some staff have moved on and this has not been a bad thing at all. At the end of the day we are here for the clients and everyone has to work together."
- People looked at ease and comfortable with staff during our visit. People consistently told us they felt safe. One person said, "I am happy, very happy."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong, Preventing and controlling infection

At our last inspection the provider did not ensure risks connected to people's and staff health and safety had been monitored or assessed. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvements had been made and the service was no longer in breach of regulation.

- We found the provider responded effectively to mitigating the risks found at our previous inspection. This

included the provider increasing staffing levels at a supported living setting and escalating outstanding remedial works with a housing association.

- The service was better organised and had introduced effective systems to identify risks connected to the service. Risk assessments covered several essential areas connected to people's health.
- People who used the service had COVID-19 risk assessments in place and these were regularly reviewed.
- Monthly senior management health and safety checks were undertaken for the supported living services, where any outstanding works were tracked and addressed.

Learning lessons when things go wrong

- Improvements were made to the providers approach when accidents and incidents had been recorded. The provider introduced a service monitoring database, which ensured any type of incident was reviewed and signed off by the manager to ensure there was greater oversight.
- Staff were now involved in detailed discussions with senior staff after incidents had taken place, where they reflected on how best to manage risk or respond in the future.
- Lessons learned meetings were now a regular occurrence at the service in order to improve standards.

Staffing and recruitment

- There were enough staff to meet people's needs. Recent investigations and learning had led to improved staff deployment and recruitment to ensure people were being supported by staff who knew how to support them safely.
- Two newly appointed team leaders had been recruited on fix terms contracts and the staff team we spoke with were positive about the team leaders' approach. Comments included, "[Team leader name] has been a breath of fresh air. Always eager to try new things and always approachable" and "A cloud has been lifted with some of the changes, such as the team leaders. This change was overdue."
- Due to the service not recruiting any permanent staff since our last inspection, we have been unable to comprehensively review the providers recruitment systems. However, the provider has worked closely with an agency to ensure any staffing shortfalls were fulfilled by experienced staff, who had also gone through safe recruitments checks.

Using medicines safely

- At our last inspection we identified medicines discrepancies had not always been reported to the safeguarding authority or CQC. At this inspection oversight of people's medicines had improved.
- Medicines systems were now well-organised, and people received their medicines as prescribed. Clear information was recorded within risk assessments and medication plans as to the support people required.
- Medicines audits were completed regularly to check they had been given correctly. When errors were identified action was taken by the manager to prevent a re-occurrence. Staff checked the stock levels each time they administered medicines to check they were correct.
- Staff received training in medicines management and had their competency to give medicines regularly assessed.

Preventing and controlling infection

- We were assured the provider was facilitating visits for people in accordance with current guidance and 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 using PPE effectively and safely. The provider was accessing testing for people using the service and staff in line with current guidance.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed. The provider's infection prevention and control policy were up to date.

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 inadequate. At this inspection this key question has now improved to requires improvement. Whilst improvements had been made, the service was not yet able to demonstrate over a sustained period of time that management and leadership was consistent and that the culture supported the delivery of high quality and person-centred care.

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

At the last inspection, there was a lack of oversight of the service, auditing and checking processes were not sufficiently robust. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvements had been made and the service was no longer in breach of regulation.

- The provider invested in additional resources into the service following the last inspection. The provider made improvements to the management structure, with additional support offered to the management team, with the introduction of programme manager for quality assurance.
- Since our last inspection the interim manager has remained and they were in the process of registering with CQC. The existing registered manager was still not available.
- The management team worked collaboratively to improve the culture within the service. For example, records showed the management team introduced more observational spot checks and there was greater management oversight to provide leadership to the staff team.
- Oversight improved in many key areas such as training, health and safety checks, audits and reviews. Information was arranged on trackers to help ensure the management team knew when reviews, spot checks and training was due. A review of each area of concern had been undertaken. For example, safeguarding training was much improved with a re-organisation of how training was delivered resulting in improved quality and content of induction and ongoing training.
- It was clear that this new governance process had identified new ways of working and the provider had implemented new systems to ensure there was better scrutiny and oversight of accidents and incidents. Staff told us they felt the service was a better place to work and felt people received a much better service than before. One staff member told us, "It's just a nicer place to work. People seem happier and I actually feel this service is going from strength to strength."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering

- The culture previously at Waterside House did not always create an environment where staff felt able speak up, to challenge and report poor practice. The provider had made significant steps to ensure the service

provided at Waterside House was transparent and inclusive.

- People and relatives were satisfied with the quality of care they received from the service. One person said, "I like my home and its better here." One person's relative commented, "After the safeguarding issues were resolved, there was a big shift to move the focus from the procedural running of the business to a more person centred approach to meeting people's needs, as a consequence we've seen changes to the way they conduct business and make the people using the service a focus."
- Staff spoke positively about the service and the journey of changes they had been on.
- The provider implemented a new quality assurance framework, which reflected the importance of the key principles of 'Right support, Right care, Right culture'. However, a small number of staff we spoke with were not familiar with this key guidance or how it could make a difference.

We recommend the provider consults national guidance around closed cultures; and also, guidance regarding developing 'speak up' champions within the service.

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,

- Shortly after our last inspection we found the senior management team had taken seriously the areas of concern noted in the inspection report. They had examined their processes and acted where they had found improvements were required.
- The management team worked cooperatively throughout the inspection and provided information promptly upon request.
- At the last inspection we issued a fixed penalty notice, due to the provider failing to fulfil their legal obligations in relation to notifying CQC of important events. At this inspection we were assured by the providers newly develop governance systems, this meant there was greater oversight at the service with clear lines of accountability.

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

- People and their relatives provided consistently good feedback about the service. This matched feedback the service had gained which showed people were very happy with care and support. Feedback was gained through various mechanisms including surveys, care reviews, telephone monitoring and informal contact with staff and the management team. New surveys were due to take place and we were informed they would be analysed.
- Staff views were also regularly sought through supervisions and informal contact. All staff said the level of communication and support was good from the management team.
- Management and staff worked in partnership with other agencies including commissioning teams and health and social care professionals. This enabled safe, effective, coordinated care and support for people.
- The management team had sought advice and guidance from the local learning disability team. This had helped to drive improvements at the service.
- Family members were engaged and involved in people's care and updates about the service through telephone discussions and emails during the COVID-19 pandemic.