

Bournemouth, Christchurch & Poole Council
(BCP)

BCP Supported Living Service

Inspection report

Dorset House Bungalow
Coles Avenue
Poole
BH15 4HL

Tel: 01202128887

Date of inspection visit:
19 June 2023
20 June 2023

Date of publication:
07 July 2023

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

BCP Supported Living Service is a domiciliary care and supported living provider delivering person care and support to people in their own houses and flats. At the time of our inspection there were 29 people receiving personal care and support.

Not everyone who used the service received personal care. 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.

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.

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

Right Culture

Improvements had been made to the governance systems and oversight of the service. The registered manager and provider had implemented various audits and checks to ensure the service was monitored, safe and continually improved. The registered manager and staff understood their role and responsibilities.

The provider sought feedback on the service it provided, this information and outcomes were used to drive improvement. People felt involved in the service and this supported them to have opportunities in their local community and services. Leadership was visible and the feedback was positive about the management of the service. Staff felt appreciated in their role and were proud to work at the service. The service had made good links with the local and wider community.

Right Support

There were enough staff to meet the needs of the service. Recruitment processes were in place to ensure staff had the necessary checks before starting work with the service. There was a significant and sustained improvement with staff training. The service offered a wide range of subjects, ensuring staff had the necessary information they needed to support people. Competency assessments meant staff applied their training safely. People were protected from avoidable harm by a staff team who knew how to raise safeguarding concerns, both within the service and outside. Staff told us they were confident their concerns would be acted upon by the registered manager.

Risks to people had been identified, assessed and actions taken to reduce them, this included environmental risks. Staff knew people well and risk assessments covered all aspects of their daily care,

support and outside of their home. 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. People were supported to access environmental improvements and the registered manager and provider were in continual communication with the housing provider.

Right Care

People, relatives, and staff told us people were safe in the care and support provided by BCP Supported Living Service. Staff knew how to recognise and report concerns, they were confident they would be followed up by the registered manager. Medicines were managed safely, and infection, prevention and control procedures were robust. Recruitment procedures were in place and the necessary checks on staff had been made.

People had access to healthcare services as required. People were supported and encouraged to live full lives and staff ensured their rights were fully respected. Consent was obtained from people and their loved ones involved in supporting them, to make decisions about their lives. Accidents and incidents were recorded, analysed for themes and trends. People and relatives were complimentary about staff support and we observed many kind interactions.

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 requires improvement (published 26 May 2022).

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 the provider had made the required improvements and was no longer in breach of regulations.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 3 May 2022. A breach of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At our last inspection we found a breach in relation to the governance systems within the service.

We undertook this focused inspection to check the service had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for BCP Supported Living Service on our website at 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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

BCP Supported Living Service

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

The inspection was carried out by 2 inspectors.

Service and service type

This service provides care and support to people living in two 'supported living' settings, so that they can live as independently as possible. It also provides domiciliary care to people in the own homes. 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 was a registered manager in post. However, they were not present for the site visit. We have included references to the registered manager within this report as this was information gained during meetings outside of the site visit.

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, registered manager, or member of senior staff would be in the office to support the inspection.

What we did before inspection

We reviewed information we had received about the service since it was registered with us. We sought feedback from a local authority service improvement and safeguarding teams. The provider completed a Provider Information Return (PIR) prior to this inspection. A PIR is information providers 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 and spent time with 9 people who used the service and 4 relatives about their experience of the care provided. We spoke with and received feedback from 14 members of staff including, senior care officers, business support officer, head of service and support workers. We spent time observing staff interactions with people. We received feedback from 1 health and social care professional who gave their view of working with the service.

We reviewed a range of records. This included 5 people's care records and 3 medication records. We looked at 3 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.

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.

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

- Accidents and incidents were recorded. Developments had been made and there was a clear process in place for analysis and review. This meant the service was able to identify trends and themes. We saw examples of this, such as, supporting a person who was experiencing emotional distress.
- The registered manager and provider were working on behalf of the people they support and with an external landlord to make improvements to people's living conditions. Progress had been made since our last inspection and further actions were required. Communications between the service and the external landlord were ongoing.
- People had personal emergency evacuation plans (PEEP) in place. These detailed the support a person needed to leave their home in an emergency situation. The PEEP considered people's needs such as mobility and equipment used to support them.
- People were supported by staff who fully understood the risks they faced in their lives. Staff were knowledgeable and knew the people they supported well. The daily handover ensured important messages were communicated with the staff team. This contributed to the safety of the service.
- Risk assessments were detailed, and person centred, they did not restrict a person from living a full life. This included making unwise decisions.

Preventing and controlling infection

- Improvements had been made and infection prevention and control procedures were in place and robust. Staff had received training in safe practice and how to prevent avoidable infections.
- There were enough supplies of personal protective equipment (PPE). Staff wore the necessary PPE to keep themselves and others safe during personal care and support. We observed staff compliance with PPE.
- The service had an infection prevention and control policy in place and kept up to date with changes and best practice guidance.

Systems and processes to safeguard people from the risk of abuse

- BCP Supported Living Service was providing safe care and support. We received positive feedback from people, their relatives, and staff. Some of the comments were: "They [staff] have always been safe, they are really good, lovely people", "My loved one [name] is safe, because such care is taken to ensure that safety", "Staff take care of things, I don't have to worry", "It is great here, I have no concerns", "Yes, people are safe, receiving high quality care."
- Staff told us they knew how to recognise the signs that someone may be at risk of harm or abuse. They knew who to report their concerns to both within the service and outside.
- There were clear communication channels for raising concerns within the service. A member of staff told

us, "I can report concerns to the senior team, or the registered manager [name] in confidence. Then the safeguarding team or police outside of the service."

- Staff had received training in safeguarding and were confident any concerns they raised would be taken seriously and acted upon by the registered manager.
- Safeguarding concerns were reviewed monthly; records showed all necessary actions and referrals to the local authority had been made.

Staffing and recruitment

- There were enough staff on duty. Recruitment of staff was ongoing; the service had employed a good number of staff since the last inspection. The service had faced the same challenges as other providers due to the national shortage of care workers.
- Recruitment processes were in place and included values-based interviews and a thorough induction. This included a blended approach which included, theory learning, care practices and shadowing. Staff were supported to increase their confidence and get to know the people they were supporting.
- Staff files contained appropriate checks, such as references and a Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People received their medicines as prescribed. There were safe procedures in place to ensure people received the correct level of support to take their medicines.
- Medicine administration records (MAR) were completed correctly and checked. Improvements had been made to MAR since our last inspection and they were included within the care records for each person in their home.
- Staff responsible for giving medicines had been trained and had their competency assessed. Regular checks ensured safe practice was carried out.
- Where people were prescribed medicines, they only needed to take occasionally, guidance was in place for staff to follow to ensure those medicines were administered in a consistent way.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills, and experience

At our last inspection we recommended the provide introduce a system to ensure staff training was effectively managed, their training policy was followed, and that staff receive the necessary training to meet people's needs. The provider had made improvements.

- Staff training procedures were structured, and clear oversight of the process meant people were supported by staff who had the right skills to meet their needs. A member of staff said, "BCP has given me the training and knowledge to truly understand the concepts of person-centred care and apply this to a range of individuals with very different abilities."
- Staff received a thorough induction which included, for those new to care, the opportunity to achieve the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff who were new to the service were assigned a 'buddy'. This was a member of experienced staff they could go to for support and guidance. The service had recognised the importance of this relationship and had adapted the process so the new staff member could choose their buddy. Staff told us this was working well.
- Staff had access to a wide range of training subjects which included: Safeguarding, Dementia, Medicines, Positive Behaviour Support, Autism awareness, Learning Disability training and Diabetes. A member of staff said, "All of our training is up to date. The registered manager [name] always offers us lots of opportunities to complete something new, interesting, or helpful for our job."

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

- People had their needs assessed before receiving support from BCP Supported Living Service. Where possible the service worked with the person and those involved to support the transition from their family home or another service and then on to a new life out of the supported living setting.
- People's outcomes were identified and guidance on how staff met them was recorded within their care and support plans. Records demonstrated plans had been created using evidence-based practices. This was in relation to individual health conditions such as epilepsy, diabetes and supporting emotional expression.

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

- People enjoyed the foods they liked. Staff supported people to menu plan, shop and prepare meals. We

noted many took trips out to restaurants and communal dining with their flat mates and friends. Plans were being made for a party and BBQ to celebrate a person's birthday.

- Where people required support around eating and drinking the relevant health professionals had been consulted and guidance was in people's support plans.
- Documentation around eating and drinking was detailed. These were reviewed to ensure intake contributed to people's health.

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

- People had access to health and medical care when they needed it. We saw various records of medical intervention, for example, for changes to a person's medicines.
- Annual health checks were in place including input from other professionals such as specialist epilepsy nurses and occupational therapists.
- People had hospital passports in place. These documents supported their transfer between services by giving a snapshot view of the person's needs.
- People were supported to live healthy, full lives and keep active. We observed a lot of activity for people, many people going out for therapeutic activities and social occasions. These contributed positively to their mental health and wellbeing.

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.

- Staff understood about the importance of asking for consent before they attended to any care tasks for people. The staff team at BCP Supported Living Service were strong advocates for the people using the service and put their rights and wishes first. A member of staff said, "Respecting people's rights is crucial. By seeking their consent, I acknowledge their right to make decisions about their own care."
- Where people lacked the mental capacity or needed support to make certain decisions, the necessary assessments had been carried out. We found the service was acting in accordance with the MCA. This meant people rights were fully respected.
- We observed staff asking people's consent throughout our inspection, often offering choices and alternatives, and seeking approval from people first. Staff used the person's preferred communication method. A member of staff told us, "When seeking consent from individuals, it's important to consider their communication abilities and adapt the approach to suit the specific needs."

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.

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

At our last inspection the provider had failed to ensure governance systems were established and operating effectively to ensure risks were managed and learning shared, oversight was robust, and the service improved. This was a breach of regulation 17 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.

- Improvements had been made to the oversight of the service. Quality assurance processes had been introduced and sustained. This meant they were robust and operating effectively to monitor the standard of care and support provided.
- Oversight of the service was now multi-layered. Audits and checks were introduced and in place within the service and at provider level. Additional staff were in place to support with compliance.
- Staff understood their role and had clear responsibilities. Staff had job descriptions and told us they were clear on the expectations of the registered manager and the service. A member of staff said, "Since the last inspection the areas I have seen the greatest improvements in is training, senior staff involvement in care and people having more opportunities."
- The registered manager was committed, passionate in their vision for the service and empowered the staff team. Since our last inspection, senior staff had received additional responsibilities which they had adapted to and managed well.
- Improvements made within the service were part of an overall service improvement plan which was an ongoing document.

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

- Improvements had been made and the provider actively sought feedback on the service it provided. Results from surveys and questionnaires were used to drive continual improvements and change within the service.
- The registered manager told us they have a good working partnership with outside agencies.
- People's views were listened to and used to shape their service. Staff felt involved and included, their

opinion mattered. An open culture was encouraged, and all staff and management had committed to this way of working.

- Links were made in the community at various services and places. Staff were proud to support people outside of their home.

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

- Staff felt appreciated in their role, they felt the management team was visible and approachable.
- Staff were proud to work at BCP Supported Living Service, their comments included: "People receiving a service from BCP Supported Living live a very good life. Our service is an amazing place to work", "All the people we care for, their smile and a simple thank you is priceless and heart-warming", "I feel proud because I believe I have made a noticeable difference in many people's lives", "When I am in the community with the people we care for I feel proud to be a part of BCP Supported Living Service", "It's a really good place to work, safe, friendly and homely."
- People, professionals, and staff were complimentary about the leadership of BCP Supported Living Service. Some of their comments included: "The management team is very supportive. The registered manager [name] is a person with lots of patience, with a clear vision on how to improve the service", "Management is visible, approachable, and communicative", "The registered manager [name] has done an excellent job in the past year. I feel the management style from the senior team has changed due to their direction, and this has had a positive effect on the service as a whole", "I have really been supported by the registered manager [name] and the senior team", "The registered manager [name], they are lovely."

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 registered manager understood the requirements of the duty of candour, that is, their duty to be honest, open and apologise for any accident or incident that had caused or placed a person at risk of harm.
- The registered manager understood CQC requirements to notify us, and where appropriate the local safeguarding team, of incidents including potential safeguarding issues, disruption to the service and serious injury. This is a legal requirement.