

Southdown Housing Association Limited

St Paul's Court

Inspection report

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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

St Paul's Court is a supported living service providing personal care and support for people with a learning disability and/or autistic people. This service supports people to live in self-contained flats with staff on site to provide support when required and scheduled. Staff have an office and facilities on site and provide 24-hour cover. At the time of the inspection the service was providing personal care to three people, although supported other people within the block of flats.

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

People were supported to have busy active lives that they enjoyed. There were enough staff who had been appropriately trained and supervised to meet people's assessed needs. People and relatives told us people felt safe and were happy. One relative said, "They are always happy to go back to their flat after staying with us."

People were protected from the risks of harm, abuse or discrimination because staff knew how to recognise and respond to any possible abuse. Any risks to people were assessed and well managed. Including those risks associated with infections and the management of medicines.

People were encouraged to take control of their own lives and staff worked with them to promote their individual lifestyles. People's health and well-being needs were met. They were supported to have access to healthcare services when they needed them and maintain good mental and physical health.

Staff were very caring, and people felt safe with them. We observed interaction between staff and people, this was pleasant and respectful. Staff spent time finding out what was important to people and ensuring all staff knew how people wanted to be supported.

Staff, people and relatives said the management was good and approachable. Staff had regular meetings to discuss people's needs and any changes to the organisation or the way they worked. Quality systems had been established to monitor and improve the quality of the service.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

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 central to everything and made their own decisions and were in charge of their lives and any support. Staff focused on this principle and promoted independence and self-direction whilst being available to promote people's safety.

Right care:

- Care is person-centred and promotes people's dignity, privacy and human Rights

People were supported as unique individuals with their privacy and dignity being protected. One visiting professional said. "Staff truly understand and provide person centred care. Their model of care is very good."

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, open culture where they were able to share ideas and deliver effective care in a supportive team. People were comfortable with staff and had developed trusting relationships that supported them to fulfil whatever they wanted to do.

The registered manager and staff were committed to supporting people to be independent and not to be restricted unnecessarily. Staff regularly reviewed how they supported people to ensure that the support they provided promoted people's independence and wellbeing as much as possible.

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

Why we inspected

This service was registered with us on 25 November 2019 and this is the first 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?

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.

St Paul's Court

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 team consisted of one inspector.

Service and service type

This service provides care and support to people living 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

We gave the service 48 hours' notice of the inspection. This was because it is a small service and people are often out, and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

We reviewed information we had received about the service since it was registered. We sought feedback from the local authority. We reviewed some information that was requested before the inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

We met and spent time with four people who lived in the supported living location and were able to observe staff interaction with people. We met with three staff who supported people, this included the registered manager. We reviewed a range of people's records which included medication records. We also reviewed records relating to the management of the service.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We contacted three relatives with the consent of people for their view on the service. We also spoke with a member of staff and three visiting health and social care professionals for their feedback. We carried out a visit to the organisations head office to review a selection of recruitment files.

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.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People were protected from the risk of harm and abuse. Staff received training on safeguarding, protecting people and safeguarding procedures. They understood how to recognise signs of abuse or discrimination and how to respond. Staff told us, "We are constantly able to discuss any emerging concerns as a team," "I am familiar with reporting procedures as I have raised a safeguarding concern in the past."
- People told us they felt safe. One said, "Staff are always here, I am glad they are always around." Relatives were confident that people were supported in a way that ensured their safety.
- Staff worked effectively with the local authority when any safeguarding concern was identified. A recent safeguarding referral demonstrated how this promoted a team approach which enabled a safe environment to be established.
- Joint working on safeguarding showed how lessons were learnt and implemented. For example, there was shared learning on the approach needed to support one person to maintain a safe environment.
- Learning was shared between the services of the same provider. Where issues were raised at one, actions taken to address them were shared across other locations.

Assessing risk, safety monitoring and management

- Risks to people were identified, assessed and managed.
- There were generic risk assessment and individual personalised ones used according to people's needs and lifestyle. For example, everyone had a personal emergency evacuation plan that took into account any individual risks. Other people had assessments that took account of their hobbies and pastimes.
- Risks associated with people's health were assessed and consistently monitored. For example, one person had a health condition that needed to be closely managed. Staff had worked with a specialist nurse to ensure the risk assessment was appropriate and supported this person's health and safety. This minimised the risks associated with this health condition.

Using medicines safely

- Medicines were handled safely, and people received their prescribed medicines.
- Staff who administered medicines had been trained and were assessed as competent to do so.
- Individual medicine risk assessment were completed to identify any support people may need, and the best way to provide this.
- When needed medicines were ordered, disposed of and stored safely and staff maintained accurate Medicine Administration Record (MAR) charts. For example, one person had recently been prescribed a different topical cream. There was some delay and difficulty with the supply and staff were seen to follow up

and chase the prescription to ensure it was available for treatment.

Staffing and recruitment

- There were enough staff to support people safely. Staff were available to support people when needed and people received the amount of support hours they were allocated.
- Staffing arrangements were flexible in order to respond to changing support needs. For example, allocated hours were negotiated and changed with people, if they wanted support at different times. This included changing time to allow staff to attend an appointment with people.
- The provider undertook checks on new staff before they started work. This included checking their identity, their eligibility to work in the UK, obtaining at least two references and Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.
- A full employment history, however, was not always sourced. This was raised with the compliance manager who confirmed in writing this was to be rectified.
- People were involved in the recruitment process and met with potential staff. Their views and interaction with prospective staff were considered as part of the process. The registered manager told us, "People asked me some probing questions as part of my selection process".

Preventing and controlling infection

- We were assured people were supported to minimise the risk of catching and spreading the infection.
- We were assured people were supported with safe visits.
- We were assured that staff used personal protective equipment (PPE) effectively to safeguard staff and people using the service.
- We were assured there was adequate access and take up of testing for staff and people using the service.
- We were assured that people were supported to maintain safe levels of hygiene to minimise the risk of infection.
- We were assured that staff training, practices and deployment show the provider can prevent transmission of infection.
- We were assured the provider's infection control policy was up to date and implemented effectively to prevent and control infection.

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

- People's needs and choices were assessed and responded to. Full assessments and support care plans were devised in conjunction with people to guide staff on the individual support required taking account of choices and preferences. For example, support plans recorded the support needed for people to engage in their preferred hobbies. One plan ensured people's choice around finances were respected but reduced the risk of debt.
- Positive Behaviour Support (PBS) plans were developed in line with best practice guidelines. PBS is a person-centred framework for providing support to people with a learning disability or autism who may be expressing emotions that may challenge or distress themselves or others.
- Staff understood PBS and used this to provide a consistent approach, which supported people to have a good quality of life. A relative described how staff used a PBS plan, "Staff know when to back off for a while when he is feeling anxious and how to deal with his moods."
- Visiting professionals were impressed with the individual and person-centred approach staff adopted with people. One said, "They truly understand, and use, person-centred support."

Staff support: induction, training, skills and experience

- Staff received regular training that was specific to people's needs and said they felt they had the skills to support people safely. For example, one person had specific health care needs and staff had received training on these and could recognise and respond to any changing condition.
- Staff told us training was 'good' and they could ask for additional training in areas of interest if they wanted. They confirmed that the induction process and training was full and included training on working with people with a learning disability and autism.
- Staff said they felt well supported in their roles. Staff said they had regular supervision sessions with the registered manager. One told us, "Supervision allows individual time, but I also speak to the manager for advice and support whenever I need to." Another staff member told us, "We are a small and supportive team. We don't have to wait for supervisions or meetings we get support whenever we need it."

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

- When needed staff supported people to eat and drink a healthy balanced diet. They worked with them to choose and prepare their own meals.
- Individual risk assessments and support plans were used to confirm how people wanted to be supported. For example, one person had poor sight and staff were able to attend to safety issues around the use of the cooker while they cooked their meal.

- Staff discussed nutrition and healthy food options and accessed advice from a dietician to inform them. They planned meals with people encouraging healthy choices around their diet. For example, one person told us, "I am going to do more menu planning with staff again, this helps with a good diet." A staff member described how they supported one person to eat a healthy diet and maintain a healthy weight with portion control. "We use a special plate that splits the foods into separate parts, this helps with the portion control and he understands this is the best thing for him."

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

- Staff supported people to access healthcare services and support where needed. This supported and encouraged people to maintain and improve their health. For example, one person had a skin condition that was getting worse. Staff facilitated online consultations with a GP and progressed and attended an in-person appointment. Advice and treatment was then clearly explained to the person along with supporting the correct treatment.
- Staff reminded people and attended health appointments with people as needed. This included GP's, specialist nurse, dentists and chiropodists. A visiting professional told us staff communication with them was very effective. "Staff communicate very well and always respond to advice given."
- Some people had complex health needs and required regular input from health professionals. Staff were pro-active in maintaining contact and working with a variety of health care professionals in order to support people's health and well-being. For example, one person had diabetes and staff worked closely with the diabetic nurse.
- Staff worked as part of a multi-disciplinary team to support people and did whatever they could to ensure consistent and effective care. For example, people had hospital passports which contained important information on how to support each person should they be admitted to hospital. Recently, these had developed further to include overnight bags to cover emergency situations.

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.

- People were being supported in the least restrictive way. Staff understood the importance of gaining consent and upholding people's rights to have choice and control over their lives. One staff member told us. "People are supported to make choices even if we consider the choice to be unwise."
- We saw staff offering choices and making suggestions and allowing time for people to reflect on any options before saying what they wanted. For example, a staff member negotiated with a person regarding an appropriate staff member to attend an appointment with them.
- Most people were able to make decisions about all aspects of their lives. However, when people did not have capacity to make a certain decision appropriate representatives and social care professionals were

involved to ensure any decisions was made in the person's best interest. For example, one person was assessed not to have capacity to handle all their own finances, arrangements were put in place to support them where needed with these.

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, respected as individuals and encouraged to have full and meaningful lives taking account of their diverse needs.
- Staff supported people to maintain and establish friendships and relationships. Staff talked about supporting people to use specific dating sites to meet people in a safe way. One person was carefully supported to see a parent who was receiving end of life care, which was important to them.
- The registered manager described how one person who used the service previously for many years was supported through pregnancy, ensuring they were able to access all appropriate services equally.
- People were relaxed and happy in the company of staff. Staff knew people well, understood them, and had formed positive and caring relationships. People and their relatives spoke highly of the staff. One person said, "The staff are great, they listen and support me well." A relative said, "They totally respect him and listen to what he wants as an individual."

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

- People were central to the care planning and decision-making process, and their representatives were involved as people wanted and needed.
- People's support plans were reviewed regularly, and people's views and experiences were the focus of these reviews. One relative told us, "They have regular care reviews with their social worker. I will go if I am wanted, but he is well able to say for himself."
- People had their own key workers; these were specific members of staff assigned to support that person with agreeing tailored care and support. Staff used different methods sensitive to their individual needs, to ensure people were involved as much as possible. For example, pictures and diagrams were used as part of one person's individual care review.

Respecting and promoting people's privacy, dignity and independence

- Staff were respectful of people's privacy and promoted their independence and dignity.
- People's flats were seen as their own private space, staff only entered with people's consent. One person had a light to indicate when the doorbell was being rung. This ensured they were in control of who entered their flat and when.
- Staff understood the importance of people's confidentiality. Records were kept securely within a locked office.

- Staff were focussed on supporting people to be independent. Personal care was only provided when there was an assessed need, ways to promote independence were always explored. For example, staff had supported one person in sourcing an adapted shower to enable them to continue to wash independently. A relative told us, "They are very good at promoting as much independence as possible. This includes looking after their flat."
- Staff encouraged and celebrated people's independence, this in turn promoted people's dignity. For example, staff had worked with one person to improve storage arrangements in their flat. They were proud of their achievements and staff acknowledged the hard work they had put in.

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

- People received personalised and responsive care and support that met their needs and was adapted to any changing need.
- Individual support plans were developed and regularly reviewed, with people to ensure they were reflective of needs and preferences. Staff talked about being flexible and responding to any changing need. For example, on the day of our inspection visit staff were responding to one person's changing health needs, ensuring they were receiving the best care possible.
- A visiting professional was impressed with the responsive and personalised approach of staff. They described how they continually supported one person through changing situations surrounding their planned move from the service. They said, "Staff really understand this person and are with her, supporting her, when things didn't work out." Staff have ensured through the process of finding another placement that the person's views, wants and wishes were at the centre of any decisions that were made.
- Relatives told us staff were responsive to changes in a person's needs. They recognised the importance of staff knowing people well and having a close bond. One said, "X (a staff member) knows him so well and can respond to him in the right way to get best from him". Another said, "The staff support him with his changing health care needs that he manages but needs monitoring."

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 leading active, fulfilling, and busy lives. Staff encouraged and supported people to develop and maintain individual interests, and meaningful relationships.
- Staff knew people well and could tell us about people's individual goals, choices and preferences that had been discussed with people and then taken forward. For one person it was important for them to work and this was achieved in a local charity shop.
- People were supported to follow their interests and hobbies which provided enjoyment and entertainment. For example, one person loved football and following his favourite team. On the day of the inspection he was going to see his team play with a member of staff. This was not a local team and took time and resources to arrange. They were happy and excited to be going.
- People had control over what they did and when. For example, they chose what staff they wanted to be with them during trips and outings. One relative told us their relative chose a staff member to go to aqua fit with, as they got in the pool with them.
- People had regular contact with family and friends and staff were aware of people's wishes to develop

further meaningful relationships that may be intimate. Staff supported people with maintaining and establishing important relationships.

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.

- People were supported with their communication needs in line with the AIS.
- People using the service had a range of communication needs, and varying levels of verbal communication, some people used pictures to aid communication. One person used some Makaton to aid communication. Makaton uses signs symbols with speech to support communication.
 - Staff were knowledgeable about each person's individual communication needs. Staff discussed the different tools they used and how valuable they were.
 - The team have established an easy read library which provides a resource used to enable people to understand subjects that may need further explanation. For example, this was used when explaining COVID-19.
 - Staff supported a person with a visual impairment to purchase a watch and microwave that can speak to the person letting them know the time and when the door was open or closed. This supported their independence.
 - Additional support was also available to people, with understanding more complex information including benefits or medical conditions, and this would include support from the learning disability team.

Improving care quality in response to complaints or concerns

- The provider used complaints or concerns to learn and improve the quality of care.
- The service had not received any official complaints but had a policy and procedure in place to respond appropriately if received.
- People and relatives told us they felt confident to raise concerns if they needed to. One person said, "I know who to contact if I want to make a complaint, I would go above the manager here."
- Staff encouraged people and their representatives to raise issues and concerns at an early stage so they can be resolved quickly. The registered manager described how concerns from a family member were discussed in an open and honest way. They worked together to resolve the issue and regular contact was maintained to allow positive communication around any concerns.

End of life care and support

- People's needs, and preferences were considered and discussed when planning care and support.
- Staff had sensitively opened conversations with people on death and their wishes. The registered manager explained for some people it was a difficult subject and was approached in a way that suited the individual.
- Staff were aware of people's views and what was important to them. For example, one person held a strong religious faith, another had planned some funeral arrangements that he wanted followed.

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 Good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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 their equality characteristics;

- There was a positive culture in the service, open honest and focused on supporting people to live their lives the way they wanted to. People, their relatives and staff described having meaningful involvement in the service.
- People were central to any support and were empowered to make choices and worked with their key worker to have their wishes heard. Key workers were skilled at understanding what people wanted taking account of their individual communication needs.
- People's relatives were seen as an important part of people's support and were involved as people wanted. Relatives told us they were always kept informed and involved. One relative told us how they were involved in the process of tidying and reorganising a person's flat to make it safer.
- Staff felt an important part of the service and the bigger organisation. One told us, "I feel part of the organisation able to access everyone on the website and talk and receive support and be part of a bigger operation with a vision".
- The registered manager had recognised the need for additional support for staff over the pandemic that included staffing levels, supervisions, team meetings and splitting shifts. In this way she monitored staff well-being providing further support when needed. As a thank you, staff had been given a dishwasher.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 provided clear and effective leadership. People, their relatives, staff and visiting professionals had confidence in the management of the service.
- People and relatives knew the registered manager well and said she was readily available, and easy to talk to. Staff spoke highly of her, one said, "The manager is open to suggestions and listens to us all, she provides good support."
- There were a number of quality monitoring systems in place to ensure the regulatory requirements were met. The provider undertook regular audits and action plans were used to address any shortfall and to make improvements. For example, risk assessments were identified if needing review. One risk assessment around

the PPE donning and doffing area was missing and was addressed immediately.

- People's records were audited by staff, along with individual medicine records. This ensured guidelines for staff were up to date and any irregularities with medicines were picked up and dealt with quickly. For example, gaps in one person's records confirmed concerns around their ongoing compliance, which was responded to with additional support.
- The registered manager was aware of their responsibilities of being open and honest. She held regular meetings with staff and used these to share learning and review practice. One staff member said, "The communication within the team is all positive." The registered manager had open conversations with people and their relatives and understood her responsibilities regarding duty of candour.

Continuous learning and improving care; Working in partnership with others

- Staff were committed to working in partnership with all interested parties for the best outcomes for people who used the service.
- Records confirmed staff worked effectively with a variety of health professionals. For example, health action plans and records of appointments demonstrated a proactive approach to partnership working. People were referred for additional support whenever required. This included nurses, therapists' psychologists, and behavioural support professionals.
- Visiting health and social care professionals confirmed a very positive working relationship with the service. One professional told us, "Staff work well with us and take on any advice." Another said. "The manager is approachable, and staff are always quick to be in contact to discuss and raise issues when needed".
- Staff were constantly looking at ways of improving care for people. They had regular meetings where information and ideas were shared. One person had problems accepting restrictions imposed as result of COVID-19. Staff did not just accept one option to improve his anxieties they discussed and thought of other ways to support them. One staff member told us, "What he really needed was extra support and kindness from staff, time to talk not medication."