

Cumbria County Council

South Supported Living Service

Inspection report

Marsh House
Victoria Road
Ulverston
Cumbria
LA12 0ER

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02 February 2023
05 February 2023
08 February 2023

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

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.

About the service

South Supported Living Service provides support and personal care to people with a learning disability and/or autism living in 9 shared houses in Barrow, Ulverston and the surrounding areas. People had their own bedrooms and shared facilities such as communal areas, bathrooms and kitchens.

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. At the time of our inspection the service supported 21 people with their personal care.

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

Right Support:

People had a fulfilling and meaningful everyday life because staff focused on their strengths and promoted what they could do. People told us they were supported to gain skills and independence and were proud of their achievements.

People were supported by staff to pursue their interests in their homes and in the community. People told us they enjoyed a variety of activities in the local community. A relative told us, "[Relative] has got more independence and the staff are good at making sure they get activities and lead as 'normal' a life as they can with plenty of input."

Staff supported people to identify and achieve their aspirations and goals. People were active members of their community and staff valued their achievements.

People had a choice about their living environment and were able to personalise their rooms. The service gave people care and support in a safe, clean, well equipped, well-furnished and well-maintained environment that met their sensory and physical needs.

Staff enabled people to access routine and specialist health and social care support to ensure their health and wellbeing. They supported people with their medicines in a way that promoted their independence and achieved the best possible health outcomes.

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. Staff supported people to make decisions following best practice in decision-making. They communicated with people in ways that met their needs.

Right Care:

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs.

People were safe and protected from abuse. Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

The service had enough appropriately skilled staff to meet people's needs and keep them safe. People liked the staff who supported them. One person said, "[Staff member] is nice, she helps me."

People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs. People who had individual ways of communicating, using body language, sounds, Makaton (a form of sign language), pictures and symbols could interact comfortably with staff and others involved in their care and support because staff had the necessary skills to understand them.

People's care and support plans reflected their range of needs and gave good guidance for staff on how to support them. This promoted their wellbeing and enjoyment of life.

Staff and people cooperated to assess risks people might face. A relative told us, "[Staff] are aware of what dangers and difficulties [relative] faces and they deal with them." Where appropriate, staff encouraged and enabled people to take positive risks.

Right Culture:

People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff. Staff ensured risks of a closed culture were minimised so that people received support based on transparency, respect and inclusivity.

People were supported by staff who understood best practice in relation to the wide range of strengths, impairments or sensitivities people with a learning disability and/or autistic people may have. This meant people received compassionate and empowering care that was tailored to their needs.

Staff placed people's wishes, needs and rights at the heart of everything they did. They knew people well and were responsive, supporting their aspirations to live a quality life of their choosing.

People and those important to them were involved in planning their care. Staff knew how to give people choices about their lives and respected the decisions they made.

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

Rating at last inspection

The last rating for this service was good (published 28 September 2017).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

The service had not been subject to any formal regulatory review since the inspection in 2017. We undertook a focused inspection to seek assurance people continued to receive safe, high-quality care. 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 remained good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for South 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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

South 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 one inspector 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.

Service and service type

This service provides care and support to people living in 8 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was 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.

Inspection activity started on 2 February 2023 and ended on 8 February 2023. We visited the location's office on 2 February 2023. We visited people in 3 supported living settings, with their consent, on 5 and 8 February 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 11 people who used the service and 9 people's relatives about their experience of the care provided. We observed how staff interacted with people. We spoke with the registered manager and 7 members of the support team.

We reviewed a range of records. This included 3 people's care and medication records. We looked at records related to the recruitment and training for 3 staff. We also looked at a variety of records relating to the management of the service.

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 good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from harm because staff understood how to protect them from abuse. The service worked well with other agencies to do so. People told us they felt safe and a relative said, "[Relative] could not be in a better, safer place."
- Staff knew people well. They said they would be able to tell by a person's mood and behaviour if they felt scared or unsafe with another person or staff member. Staff had training on how to recognise and report abuse and knew how to apply it. They told us they would report any concerns to a manager in the service or to the local safeguarding authority.
- Staff respected and advocated for people they supported. They told us they would not tolerate any form of abuse. They said, if they observed anything that caused them concern, they would intervene immediately to protect the person and report their concerns.

Assessing risk, safety monitoring and management

- People, including those unable to make decisions for themselves, had as much freedom, choice and control over their lives as possible because staff managed risks to minimise restrictions. A relative told us, "[Staff] are aware of what dangers and difficulties [relative] faces and they deal with them."
- Staff understood when people needed structure and routines to support their wellbeing. They followed detailed care plans and strategies to create an atmosphere and environment which enhanced people's mood. We saw people looked relaxed and content in their homes. A relative told us, "[Relative] has been so 'chilled' recently and their behaviour is very calm now they have got this routine."
- Staff managed the safety of the living environment and equipment in it well through checks and action to minimise risk. They ensured people were safe in their homes. A relative said, "[Relative] is very safe I know that. There's somebody there all the time, it's the little things. The bedroom where the carer [care worker] sleeps is right opposite [relative's] door, so I know they are safe because the staff are there."

Staffing and recruitment

- People were well cared for because the numbers and skills of staff matched the needs of people using the service. People told us they liked the staff who supported them and said staff gave them the support they needed. One person said, "[Staff member] is nice, she helps me."
- Staff recruitment and induction training processes promoted safety. Staff induction included spending time in people's homes getting to know them, their individual needs, wishes and goals. A relative told us the staff were "1st class" and said, "[Relative] is happy and healthy, it's completely ideal." Another relative told us, "I'm confident they [staff] know what they're doing."
- The provider carried out robust checks on new staff to ensure they were suitable to work in people's homes. New staff had to provide evidence of their good character and were checked against records held by

the Disclosure and Barring Service (DBS). 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 the support they needed from staff to take their medicines safely and as their doctors had prescribed. One person told us, "[Staff member] gives me my tablets when I need them." A relative said, "[Relative] has a number of medicines that they take and it's all very well organised." Another relative told us, "Medicines are all fine, no problems with that."
- Staff had been trained to manage medicines safely. They reviewed each person's medicines regularly to monitor the effects on their health and wellbeing and provided advice to people and carers about their medicines.
- People were supported by staff who followed systems and processes to administer, record and store medicines safely.

Preventing and controlling infection

- People were protected against the risk of infection because the service used effective infection prevention and control measures to keep people safe.
- Staff supported people to follow infection control measures such as washing their hands and using face masks as required during the COVID19 pandemic. People told us staff had given them advice about staying safe from "the virus". A relative told us, "When [relative] had COVID they [staff] were really good and looked after people really well. They were washing hands and wearing masks, we all had to test, and the staff tested every day."
- The service had good arrangements for keeping premises clean and hygienic. People were supported to clean their own rooms and communal areas with staff assistance. People were proud of their rooms and their homes and of their contribution to keeping them clean. One person said, "I cleaned my room, I hoovered my floor and changed my bed."

Learning lessons when things go wrong

- People received safe care because staff learned from safety alerts and incidents. The service managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned.

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 good. The rating for this key question has remained 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

- The registered manager worked hard to instil a culture of care in which staff truly valued and promoted people's individuality. Staff protected people's rights and enabled them to live full lives, achieve good outcomes and to flourish. Management and staff put people's needs and wishes at the heart of everything they did.
- Staff supported people to gain skills and independence and people were proud of their achievements. One person told us, "I helped [staff member] make tea. I helped with the spuds and carrots, I like cooking." A relative told us, "[Relative] has got more independence and the staff are good at making sure they get activities and lead as a 'normal' life as they can with plenty of input."
- Staff felt respected, supported and valued by senior staff which supported a positive and improvement-driven culture. They told us they could make suggestions about how the service could be improved or raise concerns with the registered manager without fear of what might happen as a result

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 had the skills, knowledge and experience to perform their role. They had a clear understanding of people's needs and maintained oversight of the quality of the service.
- Staff knew people well. They delivered good quality support consistently and were able to explain their role in respect of individual people without having to refer to documentation.
- Governance processes were effective and helped to hold staff to account, keep people safe, protect people's rights and provide good quality care and support.
- The provider, registered manager and staff understood their responsibilities under the duty of candour. They were open with people when incidents happened and gave honest information and applied the duty of candour where appropriate.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- Staff encouraged people to be involved in the development of the service. People had personalised their own rooms and had helped to choose how their homes were decorated and furnished. A relative told us, "[Relative] loves helping round the house, washing up, baking, cooking, washing, mopping. They [staff] get [relative] involved because that's what [relative] wants. It gives [relative] a sense of purpose really, so that's

good."

- Staff worked with people to identify new activities they may enjoy. They gave people the support they needed to try new activities. One person told us, "I go to club [activities club], I go to Barrow Raiders [rugby club], I'm going on holiday." A relative said, "[Relative] goes to the rugby league. They go all over playing rugby! [Relative] has been on holidays to Blackpool, they are never short of things to do."
- The provider sought feedback from people and those important to them and used the feedback to develop the service. A relative said, "We had loads of meetings before [relative] moved in with everyone involved in their care and I know I can phone them anytime." Another relative told us, "I work closely with them [staff] and we're 'on the same page' to give [relative] the best life."
- The registered manager and staff had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible. They were committed to the continuous improvement of the service to ensure people received the best care and lived full and fulfilling lives.

Working in partnership with others

- The service worked well in partnership with other health and social care organisations, which helped to improve people's wellbeing and promote their good health. A relative told us, "[Relative] had recently been unwell and they were straight up to the doctor, they take things very seriously and don't take risks with [relative's] health."