

Craegmoor Supporting You Limited

Priory Supported Living Whitby & Scarborough

Inspection report

49 West Street
Scarborough
YO11 2QR

Tel: 07947350655
Website: www.priorygroup.com

Date of inspection visit:
21 June 2023

Date of publication:
10 July 2023

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

Priory Supported Living Whitby & Scarborough is a domiciliary care service providing supported living to people with a learning disability or autistic spectrum disorder, mental health, older people, people who may have a physical disability, and younger adults in their own homes. At the time of the inspection, the service was providing regulated activity of personal care to 4 people.

Not everyone using the service receives 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

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

Right support: 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 safely by enough suitably trained and recruited staff. Staff received required induction, training, and supervision to support them in their roles.

People told us they felt safe where they lived and with the staff who supported them. Staff had a clear understanding of how to raise any concerns and were confident these would be robustly investigated in an open and transparent way.

People received an initial assessment of their needs with information used to plan care and support, to manage known risks, and meet people's needs and preferences. Staff were knowledgeable about the level of support people required.

Right care: Care was person-centred and promoted people's dignity, privacy, and human rights.

People participated in planning their care and support with reviews completed to ensure agreed decisions remained effective and outcomes met. Planned improvements to care planning ensured feedback from

people remained meaningful for people with improved records of any actions taken. Staff were respectful, caring and understanding around people's emotional and physical needs. Care was delivered following a robust assessment of needs to ensure people's wishes, preferences and any personal characteristics were recorded and supported.

Right culture: The ethos, values, attitudes and behaviours of leaders and care staff ensured people using services led confident, inclusive, and empowered lives.

Care plans included input from a range of external health professionals which helped people to remain healthy, manage their wellbeing, and improve mobility with access to any required equipment which all helped people to live their best lives.

The culture of the service was open and empowered individuals to express their views and be in control of their lives with the support of staff.

People told us they felt confident to approach the management team and that their suggestions would be heard and responded to.

A range of quality checks with oversight at provider level helped to maintain and improve the service and the lives of people supported.

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

Rating at last inspection and update

This service was registered with us on 10 March 2022, and this is the first inspection.

Why we inspected

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

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 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.

Priory Supported Living Whitby & Scarborough

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

This inspection was completed by 1 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 is a domiciliary care agency. It provides personal care to people living in their own homes and specialist housing.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with CQC to manage the service. 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.

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

Notice of inspection

We gave a short period notice of the inspection because it is a small service and we needed to be sure the provider or registered manager would be in the office to support the inspection. We visited the location's office on 28 June 2023.

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 authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. 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 5 staff members including the registered manager, the operations director, and care staff. We reviewed 2 care plans, medication records and 4 staff files. We spoke with 3 people receiving a service and 3 people's relatives. We reviewed records associated with the management of the service, which included policies, procedures, audits, and checks. We looked at staff recruitment details, training, supervisions, appraisals, and checks to determine staff were competent in their roles.

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 of 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

- People were protected from the risks of abuse. One person said, "Yes. I do like my flat I feel safe; there are staff at night too."
- Staff had received training in safeguarding and understood how to recognise signs of abuse and what actions to take to safeguard people from avoidable harm. Staff told us they felt assured the registered manager would act on any concerns if raised.

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

- People's home environments and any equipment used were checked to ensure they remained safe for people and others.
- Processes were in place to ensure all incidents were documented with systems to record outcomes and actions to help prevent similar events. This meant the provider learnt lessons from incidents to help keep people safe.
- Initial assessments of people's needs recorded known risks, these were reviewed to ensure staff had the required information to provide safe care and support.

Staffing and recruitment

- Staff were safely recruited with appropriate pre-employment checks completed. For example, the provider completed DBS checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The provider had contingency plans to ensure there were always enough staff available to provide care and support to people to meet their assessed needs.

Using medicines safely

- Where people required support to take their medicines people told us this was completed safely.
- Where people were prescribed 'when required' (PRN) medicines, for example, paracetamol, there were protocols in place for staff to ensure manufacturer's instructions were followed.
- Medication administration records (MAR) were completed where people required support. MAR were checked for accuracy and staff understood the importance of comprehensively maintaining these records.
- Staff received required medicines training and checks were completed to ensure staff continued to follow best practice when supporting people to take their medicines.

Preventing and controlling infection

- We were assured that the provider was using personal protective equipment (PPE) effectively and safely. Staff had good access to PPE and understood the latest requirements.
- People and their relatives told us staff followed relevant infection prevention and control guidance.
- We were assured that the provider's infection prevention and control policy was up to date.

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 were happy with how staff supported them with their individual needs. A relative said, "Staff seem to go over and above what they need to do, they do an awful lot more than is required to support [name]."
- People's needs, and preferences were appropriately assessed prior to people using the service for the first time.
- Care records were regularly reviewed and updated ensuring staff had the required information to provide effective care and support.
- Staff followed recorded information to ensure people were treated equally with any diverse needs supported.

Staff support: induction, training, skills and experience

- Staff received appropriate training and support to carry out their roles.
- New staff completed an induction programme to ensure they had enough knowledge and skills before providing people with support. New staff completed probationary review meetings to discuss their performance and any concerns they may have. A staff member said, "The induction to the role is well organised. I had a mentor who guided me through all the processes, the training, and introduced me to the people I support."
- Staff were supported through planned supervisions where they could discuss any issues.

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

- People received care and support as assessed to maintain a healthy diet. One person said, "Staff support me to have a good diet. I can pick what I want to eat and go shopping."
- Where required, people's dietary needs and preferences were documented in their care plans.
- People received support from health professionals if required to manage their weight. Staff understood what to do if they had any concerns.

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

- People received regular annual health checks and their medicines were reviewed and amended. A relative told us, "I suggested [person's] medicines be changed [to help manage their behaviour], and they were. I was included in the medicines review."
- People were supported to live healthier lives and access healthcare when needed.
- Care plans included input from a range of specialist health professionals which helped staff with

information to support people to live their best lives.

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.

- Staff obtained people's consent in line with law and best practice guidance. People confirmed they participated in their care planning.
- The registered manager and staff understood the requirements of the MCA and the importance of supporting people to make their own choices and decisions wherever possible.

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.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity, and independence

- People, and where appropriate their relatives, told us they were actively involved in the planning of their care and were supported to express their views. One relative said, "I have been included twice for medication reviews. I have asked to be included and notified about things, and it has been put in [person's] case notes."
- Staff understood the importance of maintaining people's dignity and supporting them to be as independent as possible.
- People received consistent care from regular staff who they knew. The service was working to reduce the use of agency staff with the recruitment of more permanent staff as this helped to develop trust and promote personal interactions. A relative said, "Staff know [person] and get the best from him. They treat him with respect and understand him."

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff were kind and caring. One person said, "I have no complaints, I am quite happy here."
- Staff discussed how they recognised everyone as individuals and followed person-centred care plans to provide people with a service that adjusted to meet their needs.
- Staff understood the importance of recognising people's diverse needs. Care plans were written with consideration of people's cultural backgrounds and supported any personal choices and preferences. One person said, "I know staff well, I have a lot of friends here."

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

- Care plans we reviewed were personalised with a social history and information about how best to support the individual.
- Care plans included information on people's, interests, likes and dislikes, and their healthcare needs.
- Regular reviews were completed with people to ensure care and support remained personal and care staff told us care plans were regularly updated with any changes.
- The registered manager discussed ongoing improvements including the implementation of electronic care recording. They told us this would help to further streamline information for people and ensure outcomes following people's feedback was effectively recorded.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers' get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Information was available in a variety of formats and different languages to ensure people had access to information they required in a way they could understand.
- People's communication needs were recorded in care plans for staff to follow. Information included alerts for staff to ensure they were aware of any hearing or sight difficulties and how to respond when people were in pain.

Improving care quality in response to complaints or concerns

- Staff supported people to raise concerns or complaints. All feedback was evaluated and responded to.
- Management oversight ensured information from outcomes was used to implement actions which helped to improve the service provided.
- People had clear expectations on the quality of the service they received and understood how to share any concerns. A relative said, "No I have not had cause [to complain]. I would go to [staff name] first if I had a concern."
- Guidance on raising concerns and complaints was available in a variety of formats including pictorial large print, and processes were in place to investigate and respond to any complaints or concerns.

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 supported to enjoy interests and hobbies of their choosing.
- Care plans included details of activities for people with information for staff to use to help people meet their identified needs and outcomes. The provider was working to further evaluate these outcomes to determine any changes to help improve people's experiences.
- Staff supported people in a way that enabled them to stay living as independently as possible in their own homes, avoiding social isolation. One person said, "I go shopping and to the bank. I am going on holiday. I would like to do more gardening. I use a walker to get out and about with carers."

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

- People and their relatives told us the service was managed well with caring staff. One person said, "I would speak with the manager if I had a major concern. I can email him or speak on the phone. He has always been helpful and taken on board what I am saying."
- Staff told us senior staff were approachable which resulted in effective communication and support for the benefit of people receiving a 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

- Processes were in place to ensure any incidents, concerns and complaints were investigated and responded to.
- Staff were confident they would be supported with any enquires and that along with any required actions, they would be included in feedback to help improve the service and reduce further similar events. A staff member said, "We work well as a team to support people; which we do well. We try different things and act on feedback and suggestions to improve people's life experiences."

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

- The registered manager was aware of their responsibility to notify the relevant authorities including the CQC of important events that happen in the service. For example, any safeguarding concerns, service changes and serious incidents.
- Audits and performance checks were used to manage the service, maintain standards, and identify areas for improvement.
- Systems and processes were regularly reviewed with any required improvements implemented in a timely way.

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

- People were given the opportunity to feed back on the service they received and told us the senior staff including the registered manager were approachable and responsive.
- Management and staff discussed their passion for their roles and the supportive team approach to providing people with consistent care. They told us this empowered people to live their best lives.

- Thorough pre-assessments of people's needs ensured care was planned to meet any personal characteristics and preferences. People's views were recorded, and where required, adjustments made to ensure care was tailored to meet their needs.
- The service collaborated closely with other professionals to ensure people received the right care and support to meet their changing needs.
- A range of audits and checks were in place and reviewed at provider level to ensure they remained effective in maintaining, and where required, improving standards of service. The operations director told us, "We use feedback and outcomes to help all our services improve; people's care and support is shaped from the point of delivery upwards. As an organisation we listen and respond to that feedback to improve people's experiences."