

Cognithan Limited

# Woodside Court Supported Living

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Woodside Court Supported Living is a supported living service providing personal care to up to 17 people. The service provides support to people with mental health needs and younger adults. At the time of our inspection there were 15 people using the service.

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 there were 5 people receiving personal care.

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

Medicines management was not always safe. This put people at risk of potential harm. However, we found no evidence anyone had been harmed and people and their relatives said they felt the service was safe. The provider's quality assurance systems and processes were not always effective. The provider's audits had not identified the issues we found during our inspection and action had not always been taken to resolve issues in a timely manner when issues had been identified.

Risks to people were assessed and there were plans to mitigate and manage risks. There were systems and processes to protect people from abuse and improper treatment. There were enough staff to meet people's needs and new staff were recruited safely. There were infection prevention and control procedures to prevent and control the spread of infection. Staff learned lessons when something went wrong.

There was a positive culture and the care and support people received was inclusive and empowering and achieved good outcomes for them. The provider, managers and staff understood their duty to communicate openly and honestly when something went wrong. The provider engaged people, their relatives, and staff in the development of the service. There were systems and processes to support continuous learning to improve care. Staff worked well in partnership with other services, organisations and agencies to provide people's care and 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.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 10 October 2018).

### Why we inspected

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

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

#### Enforcement and Recommendations

We have identified a breach in relation to safe care and treatment and at this inspection.

Please see the action we have told the provider to take at the end of this report.

We have also recommended the provider reviews their quality assurance systems and audit processes to ensure there are always effective.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Woodside Court Supported Living

## **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 carried out by one inspector and one 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

The service is a supported living service. 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.

#### 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 not a registered manager in post. However, the manager had applied to register with CQC and we are assessing their application.

#### Notice of inspection

We gave the service 36 hours' notice of the inspection. This was because the service is small, and people are often out and we wanted to be sure there would be people at home to speak with us.

Inspection activity started on 19 October 2023 and ended on 26 October 2023. We visited the location's office on 19 October 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 2 people who use the service and 2 relatives of people who use the service. We also spoke with 7 staff, including a director, the area manager, the manager and care workers. We reviewed a range of records. This included 5 people's care records and 3 staff records. A variety of records relating to the management of the service were also reviewed.

Following our visit to the service, we reviewed more 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. At this inspection the rating has changed to requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

- Medicines were not always managed safely.
- There were no instructions for staff about how to give people their 'when required' medicines. This meant the provider was not following NICE (National Institute for Health and Care Excellence) guidelines for managing medicines for adults receiving care in the community and staff had no information about how to give people their 'when required' medicines safely.
- Medicines administration record (MAR) charts were not always completed correctly. Some MAR charts did not contain clear or correct running totals of medicines. This meant the provider was less likely to be able to identify whether a person had received the correct dose of medicine or why something had gone wrong.
- Some MAR charts did not have space for staff to sign for each medicine as soon as it had been given. This had led to staff signing some people's MAR charts once for a whole day's worth of medicines instead of signing for each individual medicine on every occasion it had been given. This meant the provider was not following NICE guidelines for managing medicines for adults receiving care in the community and was less likely to be able to identify whether a person had received all their medicines correctly.
- We found no evidence anyone had been harmed. However, the provider's failure to always manage medicines safely had put some people at risk of potential harm.

The provider's failure to ensure medicines were always managed safely was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- During our inspection the provider put instructions for staff in place for people's 'when required' medicines. They changed MAR charts to ensure staff were able to sign for each individual medicine as soon as it was given. They also carried out further medicines administration training for staff.

### Systems and processes to safeguard people from the risk of abuse

- There were systems and processes to safeguard people from the risk of abuse and improper treatment.
- There was a safeguarding policy and procedures and staff had received safeguarding training and knew how to recognise and report abuse.
- Incidents were reported correctly, in line with regulations.
- People told us they felt safe, and their relatives told us they thought the service was safe.

### Assessing risk, safety monitoring and management

- Risks to people were assessed and there were instructions for staff about how to mitigate the risks.
- Risks were reviewed regularly and instructions for staff were updated when required.
- One person's relative told us staff knew their family member's needs and vulnerabilities well and staff were supportive.

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 Mental Capacity Act (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 found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- The provider carried out mental capacity assessments and best interests meetings for people when required.
- The provider retained copies of Court of Protection orders to restrict a person for their own safety and followed the instructions in the orders.

#### Staffing and recruitment

- There were enough suitable and trained staff to meet people's needs.
- Staff received core training and completed refresher training regularly.
- There was a recruitment policy and recruitment procedures followed safer recruitment practice.

#### Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was supporting people living at the service to minimise the spread of infection.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively.
- We were assured the provider was responding effectively to risks and signs of infection.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.

#### Learning lessons when things go wrong

- There were systems and processes to learn lessons when something went wrong and share learning with staff.
- Staff knew how to report accidents and incidents and they were recorded and audited.
- Lessons learnt were shared with staff to improve the service.



# 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. At this inspection the rating has changed to requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider's quality assurance systems and processes were not always effective.
- The provider's audits had not identified the medicines issues we found during our inspection.
- Action had not always been taken when the provider's monthly medicines audit had identified issues. This had led to the same issues reoccurring the following month. This meant the provider's quality assurance processes had not always led to improvement.
- Managers and staff understood their roles.
- The provider had a statement of purpose and a set of values, and they were given to staff. This informed staff about what was expected of them.
- Managers had an 'open door' policy, which meant staff could discuss anything with managers at any time.

We recommend the provider reviews their quality assurance systems and audit processes to ensure they are always effective in identifying issues and action is taken in a timely manner to improve the service.

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

- There was a positive culture and the care and support people received was inclusive and empowering and achieved good outcomes for them.
- People were encouraged and supported to be independent, were able to make their own choices and were supported to pursue their interests and goals. People told us they were treated with dignity and respect and were well supported. They said they were happy with the service.
- The provider supported people's development and helped them apply for jobs. The provider also supported staff development and flexible working, for example, around childcare.
- There were rewards schemes in place for people and staff.
- One person's relative said staff were, "Friendly and approachable" and another person's relative said staff were, "Caring and helpful". A third person's relative told us, "I'm very pleased with the service".

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider, managers and staff understood their duty of candour.

- They communicated openly and honestly with people, their relatives and other professionals when something went wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider engaged people, their relatives, and staff in the development of the service.
- Questionnaires were used to obtain feedback about the service from people and their relatives.
- Regular residents' meetings were held to discuss things with people, get their views and find out what they wanted.
- The provider also received feedback about the service from people and their relatives via a carers' forum, and events held at the service for people, which relatives could attend.
- Managers had an 'open-door policy', which meant people could discuss anything with staff and managers at any time. Staff were able to discuss things, give feedback and share suggestions in various meetings and informally at any time.
- One person's relative told us they were always kept informed about their family member.

Continuous learning and improving care

- There were systems and processes to support continuous learning to improve care.
- The provider received information and updates about guidance and practice from CQC. They were a member of the local authority provider network and attended learning events. They held leadership team meetings to discuss learning and improvement.
- The provider was also linked into Skills for Care and was National Autistic Society accredited. Skills for Care is an alliance of key organisations that work together to effect positive change through improvement of practice, workforce development and regulation in social care.

Working in partnership with others

- The provider, managers and staff worked in partnership with other services, agencies and organisations to provide people's care and support.
- They worked with GPs and healthcare services, local authorities and community support organisations to ensure people received the right support when they needed it. They worked with the Social Research Association to provide people with daily living skills training. They liaised with leisure centres and colleges to provide people with exercise, activities and education and skills.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

| Regulated activity | Regulation   |
|--------------------|--|
| Personal care      | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment<br><br>The provider failed to ensure medicines were managed safely. |