

# Cygnet (OE) Limited Supported Living Staffordshire

## **Inspection report**

Unit D Hunters Row shopping Centre Stafford ST16 2AD

Tel: 01785337999 Website: www.cygnethealth.co.uk Date of inspection visit: 27 October 2020 28 October 2020

Good

Date of publication: 11 December 2020

### Ratings

## Overall rating for this service

Is the service safe? Good Is the service well-led? Good O

# Summary of findings

### **Overall summary**

#### About the service

Supported Living Staffordshire is a service offering personal care to 16 people living within their own homes. The service supports adults with learning disabilities and autism. 14 people are supported within a collection of supported living homes and two people live in their own homes within the community. The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People were cared for by staff in a way that kept them safe and protected them from avoidable harm. People received their medicines when they needed them, and systems were in place to ensure that medicines were administered safely and that adequate supplies were available. Accidents and Incidents were investigated, and measures were taken to prevent re-occurrences. The staff knew and followed infection control principles.

The feedback on the leadership of the service and the registered manager from people and staff was positive. There were effective governance systems in place to monitor the quality of service and the health, safety of welfare of people. The service worked effectively with other agencies as partners in care to achieve the best outcomes for people they supported.

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 July 2019)

#### Why we inspected

We undertook this focussed inspection due to complaints we had received that the service was not supporting people safely and that staff did not interact with people using the service in an appropriate manner.

This report only covers our findings in relation to the Key Questions Safe and Well led. The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has remained Good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Supported Living Staffordshire on our website at www.cqc.org.uk.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection 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 well-led?	Good ●
The service was well led Details are in our well led findings below	



# Supported Living Staffordshire

**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 an inspector and an assistant inspector.

#### Service and service type

This service provides care and support to people living in 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.

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 24 hours' notice of the inspection. This was because we needed to be sure the registered manager would be available to talk to us, and documentation would be available to review.

#### What we did before the inspection

Before the inspection we gathered information known about the service. We had received complaints that included; the service was not supporting people safely and that staff did not interact with people using the service in an appropriate manner.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

#### During the inspection

We spoke with the regional manager, registered manager, a service manager, two deputy managers, a senior carer and five carers. We spoke with two people who used the service. We reviewed four people's care record. We reviewed records relating to the management of the service including quality audits. We also reviewed three staff files to check staff had been recruited safely.

#### After the inspection

We reviewed further records relating to the management of the service and staff training records.

## Is the service safe?

# Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Discussions with staff identified they had a good knowledge of how to recognise and respond to risks of abuse. One staff member said, "I know what safeguarding is, like the name it is keeping people safe, making sure our practice is good and no one is put at harm."
- Where the service had received concerns, the registered manager had reported the allegations to the local authority safeguarding team. This ensured appropriate action could be taken to safeguard the individual.
- We saw that the provider asked staff to complete a knowledge test about safeguarding each time they had a supervision.

Assessing risk, safety monitoring and management

- People's needs were clearly documented. This meant staff had detailed guidance on how to keep people safe. This was particularly important as some people had limited communication and could otherwise struggle to have their needs met and relied on staff to meet their care needs and keep them safe.
- The records we looked at were regularly reviewed to ensure that risks were recognised and mitigated.
- We spoke with six staff who demonstrated a good knowledge about the people they supported, and how to support them to remain safe.
- One person using the service told us, "I feel safe at the service."

#### Staffing and recruitment

- Records showed us that staff had received training to support people safely. Staff reported that this training was good quality. One staff member said, "When I started I received a full package of training, it included all the mandatory training, but also some for people with specific needs."
- Staff were safely recruited. For example, references were gathered from previous employers to ensure staff were of good character.

#### Using medicines safely

- We saw People had individual plans outlining how they wished to have their medicines administered and any support they needed.
- The medication administration records we saw showed staff recorded clearly when they supported people to take their prescribed medicines.
- The registered manager told us and the records we looked at showed staff had received training on how to administer medicines and this was followed by competency assessments. There were policies and procedures for staff to follow.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was using personal protective equipment (PPE) effectively and safely. We observed staff wearing PPE
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

Learning lessons when things go wrong

• We saw that the provider investigated accidents and incidents to identify trends and methods to prevent a re-occurrence and took corrective action where appropriate.

## 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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The provider advised us that they were currently changing the organisations management structure to increase supervision of the services it provided.
- There were strong governance systems in place and the registered manager and provider had a good oversight of the daily running of the services.
- The records we looked at showed regular quality assurance checks were carried out by the management team of the services and by personnel from the provider. These covered areas such as the environment, safety measures, infection control and medicines. Any issues identified were shared with the team and action taken to rectify them.
- Discussions with the registered manager confirmed they understood their regulatory requirements. This included displaying their previous inspection rating and submitting notifications to CQC regarding certain incidents and events.

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

- There was a strong, positive person-centred culture in the service. Each person was treated as an individual with their own unique needs. We saw this reflected in people's plans of care and through conversations with staff.
- Records we looked at showed that people were involved in decisions about their care and support. Where appropriate, families and healthcare professionals also had input.

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

- People were given the opportunity to be involved in and influence their support. Surveys were used to gain the views of people using the service, their families and staff supporting them
- Staff told us that they regularly had the opportunity to discuss their performance and any concerns that they had with management. A staff member told us, "I would be happy to go to (the manager) if I needed to, I feel confident they would take what I say seriously

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

•When things went wrong we saw that the provider considered their responsibility under the duty of candour.

• Discussions with the registered manager confirmed they understood their legal responsibility to be open and honest with people when things went wrong.

Working in partnership with others

• The provider worked in partnership with other professionals, including psychologists, physiotherapists, occupational therapists and local GP's.