

# F & A Supported Living Ltd

## Gordon Road

### Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Good</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# 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

Gordon Road is a supported living service providing personal care to people living in their own homes. The provider supported people with a learning disability and/or mental health needs. At the time of our inspection they were supporting three people who lived in one shared house.

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

#### Right Support

- People were supported to live a fulfilling and meaningful life.
- The service worked with people to plan for when they experienced periods of distress so that their freedoms were restricted only if there was no alternative.
- Staff enabled people to access specialist health and social care support in the community.
- Staff supported people to make decisions following best practice in decision-making. Staff 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.
- People received personalised care, meaning staff understood and responded to people's individual needs.
- Staff and people cooperated to assess risks people might face.
- People's care, treatment and support plans reflected their range of needs and this promoted their wellbeing and enjoyment of life.

#### Right Culture

- The provider demonstrated a commitment to creating a culture of continual improvement that provided good quality care to people. However, the success of this approach had been affected by unstable leadership and quality assurance processes not always being effective. Checks to ensure that staff were suitable to work at the service had not always been completed appropriately.
- Staff knew and understood people well and were responsive, supporting their aspirations to live the life they chose.
- Staff placed people's wishes, needs and rights at the heart of everything they did.

Staff were not recruited safely. The provider has made plans to address this.

The provider was not always following Government guidance regarding infection control. We have made a recommendation about this and signposted the provider to current guidance. Some improvements were made at the time of inspection and we received assurances that other concerns we found would be addressed promptly.

There were enough staff to support people safely and staff knew people well. Staff received training to manage risks related to people's care and support. However, we found this could be enhanced to develop a greater and more in depth understanding for staff, by delivering face to face training. We have made a recommendation about this.

Staff had a good understanding of safeguarding people from abuse. People could make choices and had the freedom to live their lives in the way they wanted to.

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.

Quality assurance processes were not always effective in ensuring the safety and quality of the service. The provider was making changes to their quality assurance systems at the time of our inspection.

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 and update:

We carried out a focused inspection in July 2021 (published 7 September 2021) looking at the key questions Safe and Well Led. Both these key questions were rated requires improvement and there were breaches of regulation in relation to safeguarding, safe care and treatment, good governance and a failure to notify CQC of significant events. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

You can read the report from our last inspection, by selecting the 'all reports' link for Gordon Road on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

At this inspection not enough improvement had been made and the provider was still in breach of regulation 17. We also found a new breach of regulation in relation to recruitment.

Why we inspected

The inspection was prompted in part due to concerns received about the leadership, the management of risks to people and quality assurance processes. We also undertook this inspection to assess that the service is applying the principles of Right support, right care, right culture.

We have found evidence that the provider needs to make improvements. Please see the full details of the report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to recruitment and governance.

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

#### 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 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?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** 

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** 

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** 

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** 

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** 

# Gordon Road

## 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 was carried out by two inspectors.

#### 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 did not have a manager registered with the Care Quality Commission. This means the provider is legally responsible for how the service is run and for the quality and safety of the care provided. A manager had been working in the service but was not available at our inspection.

#### Notice of inspection

This inspection was unannounced

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We received feedback from the local authority and professionals who work with the service. 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 reviewed notifications the provider had sent us. Notifications are sent when a significant event has happened in the service. We used all of this information to plan our inspection.

#### During the inspection

We spoke with three people who used the service. We spoke with five members of staff including the deputy manager, care workers and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records. This included two people's care records and two people's medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We received feedback from two professionals.



# 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 requires improvement. At this inspection this key question has remained the same.

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.

### Staffing and recruitment

- Staff had not been safely recruited and had started work at Gordon Road prior to all satisfactory employment checks being completed.
- Disclosure and Barring (DBS) checks had not always been undertaken by the provider. DBS checks help employers make safe recruitment decisions. Information about staff members conduct in previous roles where they had worked with vulnerable adults, had not been sought. We also identified for one staff member, a lack of employment history or assessment to determine if they were fit to carry out their role. This meant staff were working with vulnerable people without the necessary checks to ensure they were safe to carry out the job they were employed for.

This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The nominated individual told us they had not applied for DBS's for staff if they already had one within the last year as they thought this was acceptable. We signposted them to current guidance. They told us they would ensure relevant checks would be undertaken for current staff and would ensure staff were safely recruited going forwards.
- The service had enough staff, including for one-to-one support for people to take part in activities and going out how and when they wanted.
- The numbers and skills of staff matched the needs of people using the service.

### Preventing and controlling infection

- We were not assured personal protective equipment (PPE) was used effectively to safeguard people. Staff were not wearing masks in accordance with current Government guidance.
- We were somewhat assured the infection control policy was implemented effectively to prevent and control infection. Due to the provider changing systems, the infection control policy could not be located at the time of our inspection. Some information to guide staff was available. Infection control audits were in place, but these did not identify the concern we found with PPE.

We recommend the provider seeks guidance from a reputable source to ensure they effectively prevent and control the spread of infection.



- During our inspection, the provider began making improvements to ensure the safe management of infection control. For example, staff wore appropriate PPE. The nominated individual also told us of their plans to further improve their infection control processes. We have also signposted the provider to resources to develop their approach to ensure infection control processes are managed safely and in line with Government guidance.
- We were assured that the provider was accessing testing for staff and people.
- We were assured people were supported to maintain safe levels of hygiene.
- We were assured staff training, practices and deployment minimised the transmission of infection and manage outbreaks.

#### Assessing risk, safety monitoring and management

At our last inspection a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was identified. This was because staff had not received sufficient training to manage risks related to people's care and support.

At this inspection, some improvement had been made and the provider was no longer in breach of this regulation. However, further improvement was still required.

- The provider told us of the difficulty in getting face to face training during the pandemic and had arranged for staff to receive a variety of training using an online system instead. However, some training is required to be delivered to staff face to face, due to the physical aspect. An external professional told us they had raised concerns about the lack of face to face training with the provider for many months. They felt it was required, "To keep all safe and [ensure] support needs [were] met." We identified that face to face training would provide staff with a more robust understanding of how to manage risks to people and therefore improve outcomes.
- The provider told us some face to face training to manage risks associated with people's needs had been organised. They assured us they were in consultation with a training company to deliver further training relating to the support needs of people.
- Although staff had not completed all necessary face to face training, they had gained some awareness through the online training and were knowledgeable about the risks relating to individual people's care and support needs. Staff demonstrated they knew how to act in an emergency.

We recommend the provider seeks reputable guidance to ensure staff have the skills and knowledge to manage risks related to people's care and support.

- People had risk management plans in place regarding their care and support needs. Risk management plans guided staff in the steps they should take to keep people safe. One person's risk assessment required clearer guidance for staff, and this was completed following the inspection.

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

At our last inspection a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was identified. This was because people's choice and freedoms were not always promoted including the use of restrictive practices.

At this inspection, improvement had been made and the provider was no longer in breach of this regulation.

- The provider had worked with people and their supporters to ensure people could make choices about

how they wanted to live their lives. Decisions to balance people's right to freedom with their rights to be free from harm, were taken in consultation with people and other external professionals.

- People told us that staff in the service supported them to feel safe. People knew how to raise safeguarding concerns with staff, the nominated individual, their social workers and CQC. Records also demonstrated this.
- Staff had training on how to recognise and report abuse and they knew how to apply it. They were confident the leadership team would deal with safeguarding concerns appropriately.
- The nominated individual understood their responsibilities for reporting safeguarding concerns to the relevant authorities.

#### Using medicines safely

- People were supported by staff who followed systems and processes to prescribe, administer, record and store medicines safely.
- People received support from staff to make their own decisions about medicines wherever possible. One person described how they were supported to be independent with their medicines, whilst staff checked to ensure safety.
- Staff reviewed each person's medicines regularly to monitor the effects on their health and wellbeing. If they felt any changes were necessary external health professionals were contacted.
- Some people had been prescribed medicines to be taken 'as required' (PRN). These medicines need PRN protocols to explain their use, how much to give and when to use the medicine. PRN protocols were not in place. However, only staff who knew people well administered these medicines, which mitigated the risks of people not receiving medicines in the most effective way. Following the inspection, the deputy manager provided us with evidence that PRN protocols were in place for people.

#### Learning lessons when things go wrong

- Staff raised concerns and recorded incidents and near misses and this helped keep people safe.
- The provider investigated incidents and had identified some patterns and trends with people. This demonstrated action was taken where required, to reduce the likelihood of them reoccurring.
- Information was shared with staff following any accident or incidents. This meant staff understood any risks and how to mitigate them in future.

# 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.

At the last inspection this key question was not rated. At this inspection this key question has been rated as good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- The provider had arranged for staff to complete a variety of online training. Staff told us this was useful, and they felt they had enough to effectively support people. However, we have made a recommendation about ensuring staff have the skills and knowledge to manage risks relating to people's care and support. More detail about this is in the safe domain of the report.
- Staff could describe how their training related to the people they supported. For example, when a person's needs had changed, staff undertook training relevant to the need to increase their knowledge.
- An induction programme was provided to staff when they first commenced employment to ensure they understood what was required within their roles. Staff who had not worked in care previously also completed courses which were aligned to the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. The nominated individual told us they were considering changing their training structure, so staff were able to complete the Care Certificate and receive a recognised qualification.
- Staff had received supervision. This provided opportunities to check performance and ensure they were being appropriately supported. Staff were positive about the process and the support they received.
- The service had clear procedures for team working and peer support that promoted good quality care and support.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The nominated individual told us they completed a comprehensive assessment of each person's physical and mental health prior to admission. When we asked to view one person's assessment, they were unable to show us this record. This meant we could not be assured of the quality of assessments that were carried out prior to people receiving a service. Despite this, one person did tell us they had been involved with their assessment, prior to being supported by the service. The nominated individual told us they would send us the assessment following the inspection.
- People had support plans that were personalised, holistic and reflected their needs and aspirations, including physical and mental health needs. People and staff reviewed plans regularly together.

Supporting people to eat and drink enough to maintain a balanced diet: Supporting people to live healthier lives, access healthcare services and support

- People played an active role in maintaining their own health and wellbeing.
- People were referred to health care professionals to support their wellbeing and help them to live healthy

lives. Staff were available to support people to attend appointments if they wished.

- Where people required support with maintaining a balanced diet, support was provided in line with people's needs and preferences. For example, one staff member told us about the arrangements in place to support one person with planning their meals and going shopping.
- One person had recently been diagnosed with a health condition and had been advised by a health professional to adapt their diet. A care plan had been developed about this and staff told us how they encouraged the person with this. Another person told us how staff respected their decisions in relation to their food preferences.

### 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.

- Staff empowered people to make their own decisions about their care and support. 'Shared agreements' were in place between people and staff and this gave people choice about the support they received.
- Staff ensured that people with capacity gave their consent to various aspects regarding their support needs. For example, with medicines.
- Staff had received training in the MCA and understood the importance of involving people in decisions about their care.

# 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.

At the last inspection this key question was not rated. At this inspection this key question has been rated as 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 received kind and compassionate care from staff who used positive, respectful language which people understood and responded well to. One person described the staff as, 'kind', 'helpful' and 'friendly'.
- We observed people and staff had positive relationships and people were comfortable in the company of staff. There was a calm and relaxed atmosphere in the service and staff and people chatted and laughed with each other.
- Staff had received training in equality and diversity and knew how to support people in a way that took account of their abilities and lifestyle choices. Staff respected people's diversity and treated them as individuals. One person provided us with positive feedback about this.

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

- People were involved in their care and were enabled to make choices for themselves.
- People were supported to make decisions and plan their care and risk assessments. Care records reflected their life histories as well as how they wished to be supported. Records showed that people were consulted as part of the care plan review process.
- People were supported to maintain the relationships they wanted to have with friends, family, and others important to them.

Respecting and promoting people's privacy, dignity and independence

- There was an emphasis on encouraging people to be as independent as possible in all areas of their lives. Staff understood people's individual wishes in terms of becoming more independent and told us how they supported each person.
- Staff were aware of the importance of ensuring people's privacy and dignity was maintained and staff provided us with examples of how they did this.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was not rated. At this inspection this key question has been rated as 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's care and support was tailored to their individual needs and preferences. People told us they felt staff understood them and how to support them. For example, one person said, "Staff understand what I need."
- Care plans had been written and reviewed with the involvement of people. They were person centred, detailed and specific to the individual and their needs. One person's care plan was not as detailed because they were new to the service. Plans were in place to add detail as time went on.
- People's care plans were reviewed on a weekly basis and any changes were made to ensure they were reflective of people's current needs.
- Staff demonstrated a detailed knowledge of people as individuals.
- People were supported with their needs relating to a protected characteristic without feeling discriminated against.

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 participate in their chosen social and leisure interests on a regular basis. For example, one person told us about a hobby that was important to them. Staff had a good knowledge about this, knew how important it was to the person and explained how they encouraged them.
- People were supported by staff to try new things and to develop their skills. A professional told us, "They (provider) even had one of their carers attend our sessions alongside [Person's name] so that they could then teach other staff the skills that [Person's name] was being taught."
- People chose who they wanted to maintain relationships with, and staff supported them appropriately to do so.

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's communication needs were documented in their care plan
- Staff ensured people had access to information in formats they could understand.

#### Improving care quality in response to complaints or concerns

- People could raise concerns and complaints easily and staff supported them to do so. One person told us that although they had not needed to complain, they knew how to and felt it would be appropriately responded to and resolved.
- The nominated individual told us they had not received any formal complaints since the last inspection. However, when people provided feedback, it was taken seriously and used as an opportunity to learn and improve.

#### End of life care and support

- The nature of the service meant that it did not usually provide people with end of life care and no one was receiving end of life care at the time of our visit. The deputy manager told us they would support people at the end of their lives if necessary and would arrange appropriate training for staff and seek support from external health care professionals to manage this.

# 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 requires improvement. At this inspection this key question has remained the same.

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: Continuous learning and improving care

At our last inspection a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was identified. This was because there were not effective systems in place to assess, monitor and improve the quality and safety of the service.

At this inspection not enough improvement had been made and the provider was still in breach of this regulation.

- Following the last inspection, the provider sent us an action plan detailing the improvements they would make. At this inspection we found the provider had made some improvements. However, we found additional areas of meeting regulation fell short. This has been detailed in the safe domain of the report.
- There were quality assurance processes in place consisting of a range of audits, including: medicines management, infection control and care planning. However, these systems had not always been used effectively to identify the concerns we found at this inspection. For example, the medicines audit had not identified the lack of PRN protocols.
- Additionally, the provider had not ensured Government guidance in relation to infection control was being followed.

The failure to have effective systems in place to assess, monitor and improve the quality and safety of the service was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The service had not had a manager registered with CQC for over a year and there had been some instability with leadership. We discussed our concerns about this with the nominated individual who told us of their plans to address this. This included, ensuring the service had a stable manager to lead the team and making the necessary improvements in the service going forwards.
- The nominated individual had recognised the providers quality assurance systems did not meet the needs of the service and they were in the process of changing to a new system at the time of our inspection. They felt this would ensure the quality and safety of the service.



- The nominated individual and deputy manager were responsive to our feedback throughout the inspection. They either acted promptly to make improvements or told us of their plans to address the concerns we found following the inspection. They were also keen to gain support from a local authority team to drive improvement.
- Staff were supported to understand their roles and responsibilities through staff meetings and supervisions.

At our last inspection a breach of Regulation 18 of Care Quality Commission (Registration) Regulations 2009 was identified. This was because the provider had not notified CQC of all significant events that occurred in the service.

At this inspection, enough improvement had been made and the provider was no longer in breach of this regulation.

- The provider was aware of their regulatory responsibilities and had notified us of incidents they were required to do so by law.

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

- The provider had worked hard to instil a culture of care in which staff truly valued and promoted people's individuality, protected their rights and enabled them to live their lives in the way they wanted to.
- Leaders and staff put people's needs and wishes at the heart of everything they did. One member of staff told us, "It's really rewarding helping people to live the lives they want to."
- The provider promoted equality and diversity in all aspects of the running of the service.
- Leaders were visible in the service, approachable and took a genuine interest in what people, staff, and other stakeholders had to say.
- Staff felt respected, supported and valued by senior staff which supported a positive and improvement-driven culture.
- Staff felt able to raise concerns with managers without fear of what might happen as a result. One staff member told us, "We [managers and staff] respect each other's opinion."

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 had a duty of candour policy that required staff to act in an open and transparent way when accidents occurred. When there is a duty of candour event the provider must act in an open and transparent way and apologise for the incident.
- There had been no incidents that met the Duty of Candour regulation, so we were unable to assess their compliance with this regulation.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics: Working in partnership with others

- The provider sought feedback from people to develop the service. We were told of examples of changes the provider had made in response to people's feedback.
- Staff were encouraged to contribute to the development of the service through meetings. Staff told us they felt valued and listened to. They told us they could voice their views during staff meetings, supervisions and any time in between.
- The staff worked with other professionals to monitor and meet people's needs. One professional told us that communication between them had been variable but had improved since the deputy manager had started working at Gordon Road.

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 17 HSCA RA Regulations 2014 Good governance  The failure to have effective systems in place to assess, monitor and improve the quality and safety of the service.
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  The failure to operate recruitment procedures to ensure fit and proper persons were employed.