

Transform Supported Accommodation Limited

Transform

Inspection report

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Date of inspection visit:
21 September 2022
22 September 2022

Date of publication:
22 December 2022

Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Transform is a supported living accommodation providing the regulated activity of personal care across three supported living settings in South East London. The service provides support to people living with mental health, learning disabilities, visual impairment and autistic people. At the time of this inspection 11 people were using the service.

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

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.

Right Support:

Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life. People were supported by staff to pursue their interests and achieve their aspirations and goals. Staff supported people to take part in activities and pursue their interests in their local area and to interact with people who had shared interests.

Staff supported people with their medicines in a way that promoted their independence and achieved the best possible health outcome.

Right Care

Staff promoted equality and diversity in their support for people. Staff understood how to protect people from poor care and abuse. The service worked well with other agencies.

Right culture

People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff.

However, people said their views were not always taken into consideration and acted upon. Records were not always accurate and complete and did not always include relevant information.

We made a recommendation about infection prevention and control.

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 27 August 2019).

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 remained good based on the findings of this inspection. However, we have found evidence that the provider needs to make improvements. Please see the safe and well led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

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

Enforcement and Recommendations

We have identified breaches in relation to regulation 17 (good governance) at this inspection. We have made recommendation about infection prevention and control.

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 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 safe.

Details are in our safe 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 ●

Transform

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 team on the first day consisted of an inspector and inspection manager. One inspector returned to the service on the second day to visit people in their homes and to gather their views about the service.

Service and service type

This service provides care and support to people living in three '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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission 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 not a registered manager in post. The previous manager resigned from their post in January 2022. A new manager began working at the service in August 2022. They told us they would apply to become the registered manager of the service.

Notice of inspection

We gave the service 24 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 21 September 2022 and ended on 26 October 2022. We visited the location's office on 21 September 2022.

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 professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with four people who used the service and two relatives to gather their views about the service. We spoke with four members of staff including the manager, deputy manager, a care worker 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 four people's care, risk management and medicine records. We looked at four staff files in relation to recruitment and a variety of records relating to the management of the service, including policies and procedures.

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.

Preventing and controlling infection

- We were not always assured about the service's infection prevention and control measures. The provider had an infection control policy and procedures in place which provided guidance to staff on how to minimise and prevent the spread of infections.
- The registered manager informed us, and staff confirmed, they had access to appropriate PPE to keep both people and staff safe from the risk of infections.
- The provider was following current COVID-19 protocols and both people and staff were encouraged to take the COVID-19 vaccination.
- A cleaning schedule was in place and staff completed a cleaning chart to evidence cleaning completed. Management staff also carried out spot checks and the service also had IPC champion who audited the cleanliness of the various schemes.
- However, people told us the cleanliness could be better and that they had greasy kitchen floors, bed bugs and mice in their home. One person said, "It is not great here, it is dirty, some staff use the red mob for the kitchen instead of the toilet."
- Pest control had been contacted to treat the home, however people told us this was not always effective.

We recommend the provider consider current guidance on infection prevention and control and take action to update their practice accordingly.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. People said they felt safe living at the service. One person told us, "I feel safe and the staff are nice to me." A relative informed us, "My [loved one] is happy there."
- The provider had safeguarding adult and whistleblowing policies in place. Staff had completed safeguarding training and knew of their responsibility to report any concerns of abuse. Staff also knew of the provider's whistleblowing policy and how to use it to escalate concerns to senior managers, the local authority and CQC.
- Managers knew of their responsibility to protect people from the risk of harm and abuse and had reported concerns of abuse to the local authority safeguarding team and CQC.
- Where there had been concerns of abuse or neglect, the service had acted to ensure people were supported to remain safe.

Assessing risk, safety monitoring and management

- Risks to people had been identified, assessed and had risk management plans in place. Risk assessments and management plans covered areas including personal care, eating and drinking, medicines, behaviours,

sexuality, access to the local community and COVID-19.

- Individual risks had guidance on actions staff should take to minimise or prevent the risk occurring. For example, for the risk of self-neglect, staff should prompt and encourage a person to have regular showers, have oral care, launder their clothes and change into clean clothes every day. Staff should also support the person to buy their toiletries, make sure they moisturised their skin, and to cut their nails and hair when required.
- Health risks including diabetes and seizures had management plans in place. Also, healthcare professionals such as GPs had provided staff with additional support and guidance to ensure people were protected from the risk of avoidable harm.
- Both staff and some people knew of their individual risks and took actions to prevent risks occurring.

Staffing and recruitment

- There was enough staff available to support people's needs. Despite this, some people told us the staffing ratio could be better. One person said, "There is limited support, there is not enough support for all of us"
- The nominated individual informed us they did not use a dependency tool to calculate staffing levels and these were planned based on people's needs. They said most people were independent and only required prompting, for example, with personal care. They told us that the aim of the service was to improve people's independence. Managers told us they were involved in the everyday care delivery and stepped in to support people when required.
- A staff rota we reviewed was consistent and matched the number of staff on duty. Staff told us staffing levels were adequate and they did not feel rushed when supporting people.
- The provider had an appropriate recruitment policy and procedures in place. Pre-employment checks were completed for staff before they began working at the service. These checks included two references, right to work in the United Kingdom and a criminal record check through 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

- Medicines were managed safely. There was a system in place to acquire, administer, record and store medicines safely. Medicines were stored in a locked cupboard and daily room temperatures were taken to ensure medicines were safe and effective when used.
- Where staff supported people with their medicines, a medicines administration record (MAR) was completed accordingly. To ensure people were receiving their medicines as prescribed by healthcare professionals, we checked and found the number of medicines in stock matched with the number of medicines recorded.
- Staff responsible for supporting people with their medicines had completed medicines training and their competencies assessed to ensure they had the knowledge and skills to safely support people.
- Where people were prescribed 'as required' medicines (PRN) such as antibiotics, there was a PRN protocol in place for staff to guide them on when and how these should be administered.

Learning lessons when things go wrong

- The provider had policies and procedures on reporting, recording and managing accidents and incidents.
- Staff knew how to report and record accident and incidents. However, accident and incident records did not always include enough detail to demonstrate the lessons learnt.
- The manager told us that lessons were learnt from accidents and incidents. For example, where they used to experience high levels of police incidents, these had significantly reduced because lessons learnt were used to improve on the care and support delivered. However, these actions were not always recorded.

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 requires improvement. The rating for this key question has remained the same. This meant the service management and leadership was inconsistent.

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

- People's views were gathered, but these were not always analysed and used to improve on the quality of the service. People and their relatives' views were gathered through surveys, residents' meetings and one to one meetings. The 2022 feedback form had mixed reviews. Comments included, "Homely, but needs improving," Another person said they were not always involved in making decisions, "Get told last minute." Feedback from a relative stated, "I am happy, but the floor needs cleaning." We could not evidence what action the service had taken to address these issues.
- Regular service user meetings took place to discuss topics important to people. For example, people raised the concern of loud music being played in the early hours and late at night in the house. The NI told us all issues raised had been addressed. A meeting minute in May 2022 stated, "Manager (NI) has spoken to the residents and explained what she can and cannot do." There were no recorded details of what these actions were and if people were satisfied with their response.
- People felt staff did not always understand them and they did not find all staff responsive to their needs. One person said, "When we want something, staff will say five minutes and you will have to ask again."
- We had mixed views from people about the service. One person said, "When we complain, they tell us 28 days for response, and we don't hear back again". Another person said, "I don't feel I have a voice." A complaint log we reviewed did not include detailed information.
- Appropriate records were not always maintained, up to date and complete. Information such as feedback forms and service user meetings were not always presented in formats that met people's understanding.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

We raised these issues with the management team, and they told us people had been involved in making decisions. However, they aim to improve on this by ensuring to record any actions taken and people were satisfied with the outcome.

- Staff views were gathered through surveys and team meetings. Results of staff surveys were positive. Staff told us they were happy working at the service, and they did not have any concerns.

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

- There were systems in place to access and monitor the service. However, the provider's own internal audits were not always effective as they did not assess the same things month by month, therefore it was

not always clear how identified issues were addressed.

- Staff interview notes were not maintained to evidence the selection process followed. The provider's statement of purpose did not include all relevant information including the number of schemes and their addresses and accurate information about the responsible person for managing the service.
- The service engaged an external auditor who carried out an audit in August 2022. At the time of this inspection, the provider was working through their recommendations and had taken action to improve. For example, where one person's MAR chart was handwritten and only one member of staff signing it, a double signatory had been implemented for two members of staff to sign handwritten MARs to reduce any inconsistencies.
- The previous registered manager left their post in January 2022. A new manager was in post in August 2022, they were experienced in managing services similar to this one. They were in the process of applying to become the registered manager of the service.
- The new manager had assessed the service and had drawn up a quality improvement plan, which highlighted areas including presenting information in formats that met people's needs, staff training and implementing a robust internal quality assurance system. The service had started working through the improvement plan. However, this had not been fully implemented.

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

- People were empowered to pursue their aspirations including attending college, voluntary work and engaging in activities of leisure.
- People were encouraged to be part of their local community. For example, people took part in a street Jubilee party and this has enabled people, staff and the neighbours to get to know each other. The service also won an award for the best decorated house on the street.
- Managers and staff worked within the principles of the Equality Act and supported people without discrimination. For example, staff supported people with their sexuality or sexual orientation in a caring way.
- People's strengths were identified and used to promote their independence. For example, to manage their finance, access the local community or prepare breakfast and sandwiches and tidy up their own bedrooms.
- Staff told us the culture at the service was positive and they all worked together as a team to ensure people's needs were met.

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 management team was aware of their responsibilities under the Duty of Candour and acted with openness and transparency throughout our inspection. The Duty of Candour is a regulation that all providers must adhere to.

Working in partnership with others

- The service worked in partnership with health and social care professionals to plan and deliver an effective service. The management team liaised with various agencies including charitable organisations and healthcare and social care professionals including, GPs, social workers and the local authorities that commissioned the service to ensure people received care and support that was effective and met their needs.

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 provider failed to always maintain accurate and complete records, and did not always use people's views to improve on the service.