

# Community Integrated Care South West Supported Living

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

South West Supported Living is provided by Community Integrated Care and is a supported living service. Not everyone who uses 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.

At the time of the inspection, the service was providing personal care to 17 people with a learning disability and autistic people across six settings in the Bournemouth area. There was a central office in Wareham.

The supported living settings varied between individual flats with sole occupancy to houses with shared living areas, kitchens and individual bedrooms. Each of the locations had a staff sleep-in room and an office.

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

Improvements had been made by the provider which ensured risks to people's health and safety were effectively managed. Staffing levels had improved with the service employing more permanent members of staff and considerably reducing the reliance on agency staff. When required, a small team of agency staff were employed to help ensure consistency of care for people.

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:

Risks were managed with the least possible restriction and people were supported to maintain and develop an independent lifestyle.

People and relatives told us how they or their family member could choose how they wanted to live and received the support they needed to do this. Staff encouraged and supported people's choice and independence.

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 encouraged and supported to maintain a healthy lifestyle and supported to enjoy a variety of hobbies and interests which maintained their sense of well-being.

### Right Care:

Care and support were provided according to people's individual needs and wishes. Staff ensured people's privacy and dignity were respected. People felt safe with staff and enjoyed spending time with staff who they knew well. Staff had a good understanding of people's care needs and ensured care and support was personalised.

Risk assessments provided up to date guidance and information for staff. They gave information for how staff could ensure people made informed choices and lived their lives.

Robust recruitment practices were followed. Appropriate checks were completed to ensure only suitable staff were employed. There was an ongoing process of staff recruitment to ensure people were supported safely and effectively. Staff received an induction and were well supported through a programme of regular supervision, spot checks and training. There were enough staff on shift to ensure people received safe care and support.

Staff had training on how to recognise and report potential abuse. There were enough staff on each shift to ensure people were supported safely. Staff received an induction and completed specialist training, to ensure their knowledge remained current.

### Right Culture:

People, relatives and staff had confidence in the leadership of the service and felt it was well-led. The manager and provider-maintained oversight of the service through regular conversations with people, relatives and staff, as well as through a programme of quality assurance audits to ensure the service was working to the provider's policies and procedures.

The provider's monitoring processes were effective in helping to ensure people consistently received appropriate care and support. Staff knew and understood people and were responsive to their needs. People and those important to them were involved in planning their care.

The manager demonstrated joint working with health professionals which provided specialist support to people, involving their families and other professionals as appropriate. Staff demonstrated good understanding around providing people with person centred care and spoke knowledgeably about how people preferred their care and support to be given.

People, relatives and staff felt confident in raising any concerns with the manager and told us any concerns would be listened to and acted upon.

Staff and relatives spoke of a supportive and friendly culture within the service, that was open and approachable and provided people with appropriate care and support.

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 requires improvement (published 11 February 2022).

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider had made the required improvements and was no longer in breach of regulations.

Why we inspected.

We carried out an announced inspection of this service on 10 and 15 December 2021. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At our last inspection we found breaches in relation to safe care and treatment, risks to people were not effectively managed, and the high use of agency staff had impacted negatively on people.

We undertook this focused inspection to check the service had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to 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 South West Supported Living on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

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 well-led?**

**Good** ●

The service was well-led.

Details are in our well-led findings below.

# South West 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

The inspection was carried out by 2 inspectors.

#### Service and service type

This service provides care and support to people living in 6 'supported living' settings, so 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. A new manager was in the process of applying to register. We are currently assessing this application.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the

manager would be in the office to support the inspection.

Inspection activity started on 5 July 2023 and ended on 6 July 2023. We visited the location's services on 5 July 2023.

#### What we did before the inspection

We sought feedback from the local authority and 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 4 people and 3 relatives about their experience of the care provided. We spoke with 9 members of staff including the acting manager, the head of operations for the south, the regional manager for the south west and 6 support workers. We spoke with a visiting health and social care professional and requested written feedback from 5 additional health and social care professionals.

We reviewed a range of records. This included 4 people's care and support records and 3 people's medicine administration records. We looked at 3 staff files in relation to recruitment. We also looked at a range of records relating to the management and monitoring of the service. These included staffing rotas, staff spot check observation records, accident and incident records and a range of the providers quality assurance records, 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 requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management;

At our last inspection, we found systems were either not in place or robust enough to ensure risks to people were effectively managed. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improvements had been made at this inspection and the provider was no longer in breach of regulation 12.

- Risks to people were identified and mitigated in order to keep people safe. Risks to people were assessed and clear risk assessments recorded in their care records. These covered areas such as, using public transport, travelling in private cars, specific premises related risks, managing low mood and self-harm.
- Risk assessments provided personalised detail for people to ensure staff could support people safely.
- Summarised information records were completed for people to guide staff on how people preferred their care and support to be delivered. These provided clear information for staff on how people liked to spend their day, what they enjoyed doing and events and incidents that may make them anxious or lower their mood.
- A member of staff told us, "The care records are easy to follow. The one-page summary is really good, it really helps us understand how people like their care to be given. It gives their likes, dislikes what they like to be called, everything, it's all in there."
- People had positive behaviour support plans in place. They gave guidance for staff on what may trigger anxiety or incidents for each person and how to safely de-escalate a situation. Staff knew people well and demonstrated knowledge of what could cause people anxiety or distress. Staff understood what could trigger people's anxieties and how to support people to avoid these triggers.
- Staff were given the opportunity to take part in supportive de-brief sessions following specific incidents where people and/or staff had become anxious and upset.
- There were systems in place to ensure the premises were maintained safely. Emergency plans were in place highlighting the support people would need to evacuate the premises in an emergency situation, such as a fire.

Staffing and recruitment

At our last inspection, we found the effects of a high use of agency staff had resulted in people feeling frustrated and had impacted negatively on their sense of well-being and had potentially placed them at a risk of harm. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improvements had been made at this inspection and the provider was no longer in breach of regulation 18.

- The provider had run an extensive recruitment campaign and had reduced the use of agency staff from over 50% agency usage per week, to an average of under 10% agency use per week. In addition the provider had changed the recruitment agency which meant they were now able to use the same small team of regular agency staff. This meant people received more consistent care and support.
- There was a robust recruitment process in place. The relevant checks such as employment references, health screening and a Disclosure and Barring Service (DBS) check had been completed before staff supported people independently. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were enough staff employed to ensure people were supported and cared for safely. Staff rotas correctly reflected the levels of staff on duty during our inspection visit.
- A relative told us, "Yes there are enough staff. They get to know [person] well. Occasionally there are agency staff on, but there is always at least one member of staff available that knows [person] well."
- All staff we spoke with told us there were enough staff on shift to ensure people were cared for safely. A member of staff said, "I feel there are enough staff here. I have never seen not enough staff on shift. There are enough staff to care for people safely."

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

- Staff were clear about their role in protecting people from abuse and had received training in safeguarding. Staff spoke knowledgeably about reporting potential abuse. A member of staff told us, "I would know how to speak out and anything questionable at all I would raise it. We know how to, and I would go to the manager and discuss it. I feel residents are safe here. We are all very competent and we know them all well."
- Relatives told us they felt people were safe living at the service. A relative told us, "[Person] is really happy there. Yes they are safe, definitely. The staff know [person] well."
- There was a safeguarding and whistleblowing policy in place which gave staff clear guidance to follow in the event they needed to refer any concerns to the local authority.
- Safeguarding incidents had been reported appropriately to the local authority and CQC.

#### Using medicines safely

- People's needs in relation to medicines were assessed prior to the service starting their support. People were supported to take their medicines as prescribed and in ways they preferred.
- People had their medicines administered by staff who had completed safe management of medicines training and had their competencies checked regularly.
- Medicines administration records were completed by staff and returned to the office each month to enable a full audit to be completed on them. This ensured staff were completing them correctly.
- Where people were administered topical creams, body maps and instructions were in place and provided clear guidance for staff.
- Where people were prescribed medicines they only needed to take occasionally (known as PRN), guidance was in place for staff to follow to ensure those medicines were administered safely.

#### Learning lessons when things go wrong; Preventing and controlling infection

- There was a system in place for recording and reviewing accidents and incidents. This meant any emerging themes or trends could be identified and lessons learned. Learning around accidents and incidents was shared through team meetings and supervision.
- Staff were trained in infection control and spoke knowledgeably regarding infection control processes and understood how to protect people from the risk of infection.
- Staff had access to and wore personal protective equipment (PPE) such as masks, disposable gloves and

aprons when required. They had received training in this area.

- The provider had a current infection prevention and control policy and kept up to date with current government guidance for the management of COVID-19.

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 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 MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DOLS)

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.
- Staff had received training in relation to the MCA. Staff understood the principles of the MCA, how to implement this and ensured people had the right to make their own decisions about their care.

# 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. At this inspection the rating has changed to good. 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; Continuous learning and improving care

At our last inspection, we found systems and processes to assess, monitor and improve the safety of the service were not always operating effectively.

This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At that inspection we served a warning notice to the provider. We conducted a targeted inspection in May 2022 to check if the provider had met the requirements of the warning notice. At that inspection enough improvement had been made and the provider was no longer in breach of regulation 17.

- Governance systems had been improved and were now robust. The service was monitored through a range of audits. These provided the management team and manager with clear oversight of the service and ensured effective governance of all areas of service delivery.
- Audits covered areas including, care plans, medicines, finance, health and safety and people's daily records. We reviewed a number of these audits during the inspection, these showed any errors were highlighted, corrective action taken and actions discussed with staff to ensure lessons were learned.
- The provider had a detailed action plan in place that enabled the manager to ensure all shortfalls in delivery were constantly monitored and improvements made. All actions were signed off and dated by staff to ensure completeness and provided a full audit trail.
- Relatives and staff told us communication was good. Staff were confident in the quality of care, support and guidance they were able to offer people. The service gave a focus on person centred, flexible, individualised care.
- People, relatives and health and social care professionals expressed confidence the service was well led. One relative told us, "I absolutely 100% think it is well led. I'm completely well informed, any problems they are on the phone or email."
- Staff were fully informed of any changes to people's health or care needs in a timely way and the systems and processes employed by the service supported the staff to deliver person centred care.
- Staff told us team meetings provided valuable time to discuss lessons learned and different ways of supporting people. Staff viewed team meetings as helpful and supportive. A member of staff told us, "We regularly have meetings with the manager. Discuss any improvements we need and get credit for what we have done well." Another member of staff said, "We have team meetings, they are useful especially when we

are all here. It's good to get together, it's very important. We get action notes and minutes from the meeting, [manager] sorts that out. I feel supported. I feel it has massively improved."

- The manager and management team had a commitment to learning and making improvements to the service people received. Regular spot checks and observations were conducted on staff to ensure they were following their training and meeting people's needs.

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

- There was a friendly, open, positive and supportive culture amongst the management team and the care staff. The service was in the process of implementing some changes within the management team, however people, relatives and staff commented there was a clear management structure in place and they knew who to contact when required.

- A health and social care professional had provided positive feedback which said, "Overall [manager] skills have developed to not only support people but to enable [manager] to support the team to develop skills to ensure everyone is enabled to develop their potential."

- A relative told us, "The enthusiasm the staff show is really good. They are just really good, they support [person] really well and completely how [person] wishes." Another relative said, "I'm absolutely content with the level of care and support they provide."

- Staff told us they felt well supported in their roles. Staff told us they, "Enjoyed and loved working for the service," felt valued and were confident in approaching the management team at any time for support or guidance. They commented they all worked very well as a team for the benefit of the people.

- We asked staff what the strengths of the service were, one member of staff told us, "I love it. It is key supporting people with their independence, it is such a fulfilling job. Getting them to do things for themselves, it's so good to see the positive improvements."

- Another member of staff said, "It's a well led service. I know who to go to if there is a problem. I don't have any concerns. They are amazing, communication is all good, we know what is going on and we are told everything we need to know."

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 manager was aware of their responsibilities under the duty of candour and promoted an open and honest culture. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

- Providers are required to notify CQC of significant incidents and events. The manager understood the requirement to notify CQC of significant incidents and events and appropriate notifications had been submitted as required.

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

- The service regularly asked people, relatives and staff for their views, this was done by a variety of surveys, telephone calls, observed spot checks and care reviews. The service had received a selection of thank you cards and letters. We reviewed some of these during the inspection which showed people and relatives had expressed their thanks with the care and support the service had provided.

- A relative told us, "I'm Kept informed of everything. If an incident happens, they let everyone know. I'm kept in the loop. They are open and honest, I've never had a problem."

- Staff described how they respected and promoted people's rights, choices and differences. Staff demonstrated an understanding of equality issues and valued people as individuals ensuring they received individualised, person-centred care.

- Staff attended regular staff meetings. These ensured information was shared and minutes were made available for all staff. Staff told us they fully understood what their roles and responsibilities were.
- The service had established good working relationships with those they had contact with. This enabled the service to ensure the best possible outcomes for the people they supported.