

Autism East Midlands

# Northamptonshire Supported Living

## Inspection report

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## Ratings

Overall rating for this service	Requires Improvement ●
Is the service safe?	Requires Improvement ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Good ●
Is the service responsive?	Requires Improvement ●
Is the service well-led?	Requires Improvement ●

# 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

Northamptonshire Supported Living Service is a domiciliary care agency. They provide personal care to people living in their own individual flats within a supported living setting. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of the inspection two people were receiving personal care.

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

#### Right Support

People were not always supported by staff who had the skills and training to meet their needs. Not all staff had training in health conditions, medicines, learning disabilities or mental health.

Restrictive practices were not always evidenced as best practice. Debriefs did not always happen. Although staff told us restrictive practice was a last resort.

Staff supported people with their medicines in a way that promoted their independence. However, records were not consistently kept, and risk assessments were not in place when a person regularly refused their medicines.

Staff supported people to take part in activities and pursue their interests in their local area. People were supported to maintain contact with significant people. However, records did not always evidence this.

People were supported with their communication. Staff understood and supported people with their identified communication styles and formats. Information was made accessible in different formats, such as, easy read and pictorial.

Staff supported people to make decisions following best practice in decision-making. People were offered daily choices and staff respected people's views.

#### Right Care

People were not supported by a consistent staff team. Due to a high turnover of staff. Staff and relatives told us this impacted people and their anxieties.

Staff promoted equality and diversity in their support for people. They understood people's cultural needs and provided culturally appropriate care.

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs.

People who had individual ways of communicating, using body language, sounds, pictures and symbols could interact comfortably with staff and others involved in their care and support. Records clearly documented people's communication needs.

People's care, treatment and support plans reflected their range of needs and this promoted their wellbeing and enjoyment of life.

#### Right culture

The service did not consistently enable people and those important to them to develop the service. Staff did not always feel valued. People, relatives and staff had not been asked to feedback on the service offered.

People did not always receive person centred care due to the ineffectiveness of the oversight of the service. People and those important to them, including advocates, were involved in planning their care. including how to reduce the likelihood of the person becoming distressed, for example by removing sensory triggers

The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both).

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

This service was registered with us on 13 May 2021 and this is the first inspection.

#### Why we inspected

We undertook this inspection to assess that the service is applying the principles of right support right care right culture.

The inspection was prompted in part due to concerns received about staffing levels, risk assessments, medicine management and oversight. A decision was made for us to inspect and examine those risks.

Please see the safe, effective and well led sections of this full report.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

#### 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 discharge our regulatory enforcement functions required 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 staff training, restrictive practice, risk assessment and oversight at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

## 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 not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well led.

Details are in our well led findings below.

**Requires Improvement** ●

# Northamptonshire 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 Care Act 2014.

#### Inspection team

One inspector completed this inspection.

#### Service and service type

This service provides care and support to people living '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 did not have a manager registered with the Care Quality Commission. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced

Inspection activity started on 14 February 2022 and ended on 22 February 2022. We visited the office location on 14 February 2022.

#### What we did before inspection

We reviewed information we had received about the service since they registered. We sought feedback from

the local authority 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.

#### During the inspection

We were unable to talk directly to people during the inspection. However, we spoke to two relatives about their experience of the care provided. We spoke with five members of staff including the manager, director and care staff.

We reviewed a range of records. This included two people's care records and medication records. We looked at two 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 looked at training data and quality assurance records. We spoke to local authority and health commissioners who work with the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management Systems and processes to safeguard people from the risk of abuse; Using medicines safely

- Records evidenced on two occasions staff had completed 'unauthorised' restrictive interventions on two people. This put people at risk of inappropriate or disproportionate use of restrictive practices.
- When a restrictive intervention was completed, the manager and staff did not always complete a post incident review. Records were not consistently completed to identify what technique was used during the intervention. A staff member told us, "Debriefs do not always occur, and sometimes they are weeks after the event happened." This meant consideration on what could be done to avoid the need for its use in similar circumstances was not always completed.
- Not all known risks had been fully assessed. For example, when a person regularly refused medicines, there had not been a risk assessment completed to identify and mitigate the associated risks of not taking the prescribed medicine. People at higher risk of COVID-19 due to their health or ethnicity did not have a risk assessment in place.
- Records of people's health conditions had not always been fully completed. For example, when a person had a seizure the record did not contain type or duration of that seizure. This meant that health professionals would not have all the information required to monitor and assess the risks associated with epilepsy.
- Medicine management required improvement. We found people's medicine administration records had gaps in the recording of administration, codes had been used that had no reference or details recorded, when 'as required' medicine had been given staff had not always recorded the reason for giving the person this prescribed medicine. This meant we could not be assured that people received medicines as prescribed. The manager was implementing new practices to prevent this issues reoccurring. However, this had not been embedded.

The provider had failed to assess the risks to the health and safety of people using the service or take action to mitigate risks, and to ensure the safe administration of medicines had been completed. These are a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People had detailed plans in place, to identify if a person may need a restrictive intervention from staff to keep them or others safe. Staff made every attempt to avoid using restrictive interventions, and only did so only when de-escalation techniques had failed.
- People had a personal emergency evacuation plan (PEEP) in place which detailed the support required in

case of an emergency.

- People were protected from abuse. Systems and processes were in place to identify and report any concerns. Staff received safeguarding training and understood how to recognise the signs of abuse.
- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were only given as prescribed and not used to manage behaviours.
- People received support from staff to make their own decisions about medicines wherever possible. A staff member told us, "[Person's name] is able to refuse their medicines, we honour this decision but will offer encouragement."

#### Staffing and recruitment

- Not all staff or relatives we spoke to felt there were sufficient numbers of staff on each shift. The provider had enough staff for each person to be supported one to one during the day and had three members of staff at night. One staff member told us, "Sometimes we need two people to support a person, especially during periods of anxiety. This means staff are removed from working with another person." Another staff member said, "One to one time does not always happen if we are needed to help another staff member with a person. This impacts on the quality of care we offer and can put staff at risk." The commissioning authority had commissioned aspects of two to one support for some people. This meant people were always not always supported by sufficient number of staff to keep them safe.
- The provider did not always have a consistent staff team available and used agency staff to cover any vacancies. Some people found this unsettling. One staff member told us, "There is no continuity for people, lots of staff left and we trying to recruit. In the meantime, we use agency and staff have to fill in gaps. This means people do not always have the staff they know and trust."
- When staff had gaps evidenced in their employment history the provider had not always investigated the reasons.

The provider had failed to ensure sufficient number of suitably qualified, competent and skilled staff were deployed. This is a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- When staff were recruited the provider completed checks to ensure the staff member was suitable to work within the care sector. The provider requested references from previous employment and the employees' Disclosure and Barring Service (DBS) status had been checked. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with vulnerable adults, to help employers make safer recruitment decisions

#### Learning lessons when things go wrong

- Records of physical interventions were monitored and reported. The provider reviewed use of restrictions to look for ways to reduce them. However, due to how some restrictive interventions had been recorded these records had not been fully reviewed.
- The provider reviewed and monitored incident and accidents and identified any trends or patterns. However, staff told us this information was not always shared with them.

#### Preventing and controlling infection

- The service used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them. The service had arrangements for keep premises clean and hygienic.
- The service prevented visitors from catching and spreading infections.

- Staff used personal protective equipment (PPE) effectively and safely.
- The service tested for infection in people using the service and staff.
- The service's infection prevention and control policy was up to date.

# 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.

This is the first inspection for this newly registered service. This key question has been rated requires Improvement: This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Not all staff had the required training to support people with their individual needs. For example, some staff and all night staff did not have epilepsy training or training in the administration of rescue medicines for one person. A staff member told us of a situation when a person had to wait for 40 minutes before being able to have their medication as the staff on shift were not trained to administer it. This put people at risk of harm due to staff not having the skills or competency to support them.
- Staff also did not have training on mental health and learning disabilities.
- Staff told us they had not received adequate support from the provider. One staff member said, "We (staff) don't have regular supervision and I don't feel listened to and nothing is acted upon." Another staff member said, "We (staff) have no support."

The provider had failed to assess the risks to the health and safety of people using the service or take action to mitigate risks. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff received training on understanding autism, communication tools, positive behaviour support, and restrictive interventions.
- New staff received an induction and completed shadow shifts before completing any lone working.

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

- People had care and support plans that were personalised and reflected their needs, including their physical and mental health needs. For example, people's likes, dislikes, routines and choices. Care plans held specific information within them detailing how a person wanted to be supported. However, due to staffing this was not always completed.
- People's holistic needs had been assessed before they were offered a care package. This ensured staff could meet people's needs.
- People, relatives and staff were involved in care planning. A relative told us, "[Staff name] asked me for my thoughts and ideas on how best to support [person]. They continually checked if I agreed with the documents."

Supporting people to eat and drink enough to maintain a balanced diet

- People were involved in choosing their food, shopping, and planning their meals.
- People with complex needs received support to eat and drink in a way that met their personal preferences

as far as possible. We saw evidence of how staff supported a person with very specific needs associated with food.

- Staff supported people to be involved in preparing and cooking their own meals in their preferred way.
- Staff encouraged people to eat a healthy and varied diet to help them to stay at a healthy weight. A relative told us, "Staff help [person] with healthy choices."
- People were able to eat and drink in line with their cultural preferences and beliefs.

Supporting people to live healthier lives, access healthcare services and support

- People had health actions plans, health passports and emergency grab sheets which were used by health and social care professionals to support them in the way they needed.
- Multi- disciplinary team professionals were involved in and made aware of support plans to improve a person's care

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.
- Staff knew about people's capacity to make decisions through verbal or non-verbal means and this was documented.
- For people that the service assessed as lacking mental capacity for certain decisions, staff clearly recorded assessments and any best interest decisions.
- Staff demonstrated best practice around assessing mental capacity, supporting decision-making and best interest decision-making.
- Staff respected the rights of people with capacity to refuse their medicines.

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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. A relative told us, "Staff are professional and respectful to [person]. They (staff) are amazing." Another relative said, "Staff are respectful and kind."
- Staff were patient and used appropriate styles of interaction with people. We observed staff responding and communicating with a person, this was completed in line with how the person liked to be interacted with. A staff member told us, "The staff that work with [person] can read the signs, such as facial expressions and body movement. We then know how to support [person] depending on their mood."
- Staff ensured people were protected from exposure to any environmental factors they would find stressful. People's sensory sensitivities were considered.
- A relative told us, "[Person] seems to feel valued by staff. They (staff) show real interest in [person] and adapt the support to meet this."

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

- Staff supported people to express their views using their preferred method of communication. Records evidenced how a person communicated and how the person wanted to be communicated with.
- Staff took the time to understand people's individual communication styles and develop a rapport with them. A staff member told us, "I work with [person] I have got to know them well." A relative said, "Staff know [person] well and are always learning new things about [person]."
- People were enabled to make choices for themselves and staff ensured they had the information they needed.
- People, and their relatives, took part in making decisions and planning of their care and risk assessments when appropriate.

Respecting and promoting people's privacy, dignity and independence

- Staff knew when people needed their space and privacy and respected this. However, care plans did not include details of how and when a person required privacy. The manager agreed to add this information to care plans and risk assessments.
- The provider followed best practice standards which ensured they received privacy, dignity, choice and independence in their tenancy.
- People were supported to learn new skills to promote independence.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement: This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were not always supported by a consistent staff team which meant not all support was personalised, in line with their communication plans, sensory assessment and support plans. For example, some people required a consistent staff team to help reduce their anxieties or required staff to wear specific clothing.
- People were supported to make choices and decisions when required. A relative told us, "[Person] is always given choices, food, clothes, activities and at times which staff can support [person]." Staff told us, "We always offer choice to people. We (staff) have just been discussing more options of activities."
- The service met the needs people using the service, including those with needs related to protected characteristics.

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

- Records did not always evidence that people had been supported to participate in social and leisure interests. However, a staff member told us, "We (staff) have been exploring college options for [person]." A relative told us, "Staff take [person] out to places [person] enjoys, they (staff) also encourage [person] to go to new places and do new things."
- Staff provided support with self-care and everyday living skills to people. People had flexible timetables in place, to support staff to understand and support the skills people already have, and skills people may want to learn.
- People were supported to stay in contact with friends and family.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place. Any complaints recorded had been dealt with appropriately and within the providers timeframes. However, staff and relatives told us of other issues they had raised that had not been recorded as complaints and had not always been addressed in a timely manner. The manager agreed to investigate these concerns and feedback to the relevant people.

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.

- Staff ensured people had access to information in formats they could understand. Including objects of reference, pictures and symbols which helped people know what was likely to happen during the day and who would be supporting them. Information was also available in easy read and large print as required.
- Staff had good awareness, skills and understanding of individual communication needs, they knew how to facilitate communication and when people were trying to tell them something using nonverbal cues, such as behaviour or body language.

#### End of life care and support

- At the time of the inspection, the service was not supporting anyone who required end of life support.
- The manager told us that if anyone required end of life support, they would ensure all staff had the appropriate training and support and they would liaise with the appropriate health care professionals.

# 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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service did not have a registered manager. However, a manager had recently been recruited and was in the process of implementing changes and making improvements. The changes had not been embedded into practice at the time of our inspection.
- Systems and processes were not always effective in ensuring restrictive practice was recorded, reviewed and monitored effectively. We found two records which documented 'unapproved' restraint. Post incident recording (debriefs) had not always been completed in a timely manner. This put people at risk of disproportionate or unnecessary restraint.
- Systems and processes in place to ensure medicines were administered as prescribed were not always effective. Audits completed had identified when medicine administration records (MAR) were not appropriately recorded. The provider implemented a new system of two staff were required to sign medicine records. However, this had not been embedded and two staff did not always complete medicine records.
- Systems and processes were not effective in ensuring information was consistently recorded to ensure accurate and complete records were kept. Handover records, daily notes and medicine records did not always correlate. For example, we found records that stated medicines had been administered, however the MAR stated the person refused medicines.
- Systems and processes were not effective in ensuring staff had the skills and training to work with individuals. Records evidenced gaps in staff training which had impacted people.
- Systems and processes to ensure staff followed the government guidance on testing for COVID-19, had not identified gaps the records.
- People and relatives had not been asked to feedback on the service they received to support improvements and development.
- Staff did not always feel listened to. Staff told us they had raised concerns previously but had not received any feedback or seen any actions taken.

The provider had failed to have robust systems and processes to assess, monitor and improve the service. This is a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Continuous learning and improving care; Working in partnership with others

- The provider kept up to date with national policy to inform improvements to the service.
- The provider had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible.

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 service apologised to people, and those important to them, when things went wrong
- Staff gave honest information and suitable support, and applied duty of candour where appropriate.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider had failed to assess the risks to the health and safety of people using the service or take action to mitigate risks. The provider had failed to ensure the safe administration of medicines had been completed.

**The enforcement action we took:**

Warning Notice

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider had failed to have robust systems and processes to assess, monitor and improve the service.

**The enforcement action we took:**

Warning Notice

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  The provider had failed to ensure sufficient number of suitably qualified, competent and skilled staff were deployed.

**The enforcement action we took:**

Warning Notice