

The Northam Care Trust

TNCT Supported Living

Inspection report

Rosehill
Heywood Road
Bideford
Devon
EX39 3PG

Tel: 01237477238

Website: www.northamcaretrust.co.uk

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Ratings

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

Summary of findings

Overall summary

About the service

TNCT Supported living service provides care and support to people in their own homes. There are two arms to this service. One part provides 24-hour care and support to people in their own tenancies. This service has been set up for people with learning disabilities and autism. The other part of the service provides care in people's own homes. Packages of care vary and are tailored to meet individual's needs. This domiciliary arm of the service provides care and support for people of all needs, including frail elderly, physical disabilities and covers Bideford and the surrounding area. Each of these services have a separate registered manager and separate staff team.

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.

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

People and their relatives were extremely positive about the care and support provided by this service. Comments included "Very happy with service, staff very helpful and kind, really top notch."

People who received shared hours and 24-hour care said their staff team knew them well and helped them in ways which supported their independence. For example, one person said "Staff help me with getting drinks and meals. I don't like housework, but staff help me with this."

Care and support were planned to ensure people's needs and wishes were taken into account. Risks were assessed and carefully monitored to ensure individuals and staffs safety.

People were supported to take their medicines when required. Staff received training and support to ensure the medicine records were accurate and up to date.

Staff were knowledgeable about people's needs wishes and preferred routines. Staff said they had been given a comprehensive induction, ongoing training and support which enabled them to do their job safely and effectively.

People's healthcare, nutritional and mobility needs were fully considered and where needed monitored. Staff ensured people were supported to maintain a healthy balanced diet and to attend any healthcare appointments when needed.

Systems were in place to ensure quality monitoring was embedded and this included seeking the views of people, staff and other professionals.

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.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

This service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right support:

- Model of care and setting maximises people's choice, control and independence.

People had individual tenancies in their own home or small home with a few others. Care and support had been developed around individual assessed needs. Staff worked in a way which promoted people's independence. For example, one person said "Sometimes I do things with (name of person sharing their tenancy), but sometimes I do my own thing. Staff help me to choose what I would like to do and then we do it. I love shopping and I am hoping to go back to college."

Right care:

- Care is person-centred and promotes people's dignity, privacy and human rights

People said their privacy and dignity was always respected. For example, staff always knocked on their door. Staff did not just enter the person's home. Plans were person centred and ensured the individual was fully involved in the development and review of their plan as far as possible. Training and support for staff ensured human rights was at the heart of the delivery of care and support.

Right culture:

- Ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives

The ethos of the supported living service was to develop support packages which suited individuals and helped them live the best life possible in an area they wished to live. The organisation have taken time to develop their plans, ethos and staff teams so that they can ensure they are fulfilling what people actually want and need. They were working with housing providers to develop the service further but at a pace which ensured as new projects came on line they had the right staff with effective training and leadership. To this end they have employed two registered managers and used a consultant to help develop the service over the last year. Although this service had been registered for over a year, they have taken a planned slow approach to make sure they had the right support in place.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

This service was registered with us on 14 April 2020 and this is the first inspection.

Why we inspected

This was a planned inspection as we had not inspected or rated them before.

We looked at infection prevention and control measures under the Safe key question. We look at this in all inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service until we 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 safe.

Details are in our safe findings below.

Good ●

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 well-led.

Details are in our well-Led findings below.

Good ●

TNCT 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was completed by one inspector

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

This service also 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.

The service had two managers registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 19 April 2021 and ended on 4 May 2021. We visited the office location on 19 April 2021.

What we did before the inspection

We reviewed information we had received about the service since they registered with CQC. 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 prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection-

We visited the registered office to review records and speak with the two registered managers. We looked at five care plans and risk assessments, three recruitment records and staff training files. We also looked at a range of other documents such as policies and procedures, complaints, staff supervisions, quality audits and staff training.

We visited two people who lived in one of the supported living services. We spoke in detail to one of these people. We spoke with two staff during this visit.

We spoke with four staff via video call and we also spoke to two further staff via phone calls and had feedback via email from one further staff member. We spoke by phone to four people who received domiciliary care in their own homes and to two relatives.

After the inspection –

We sought feedback from two healthcare professionals.

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 good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People in receipt of care and support said they felt safe and well supported. People confirmed they were always made aware of which staff would be supporting them. If there were any changes or staff were running late for visits, people received a call to let them know. One person said, "They are very good, I feel I am in safe hands."
- Staff had received training on understanding abuse and knew who they should report any concerns to and knew this could and should be followed up.
- The service had clear policies on safeguarding and discussed these as part of team meetings and ongoing supervisions.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Plans had clear details about how individuals' risks had been assessed, mitigated and monitored.
- Staff understood people's individual risks and what actions were needed to reduce or mitigate risks. For example, one person could become agitated if they did not have the staff they were expecting. The staff team who supported this person remained consistent to help manage this risk.
- The service worked closely with specialist professionals to help develop risk assessments and strategies to reduce behaviours which may be harmful for an individual or to others.
- Where staff were providing domiciliary visits to people's own homes risks around the environment had been assessed to ensure everyone's safety.
- Regular team meetings, handovers and emails ensure staff were kept up to date with any new or evolving risks and any lessons learnt from accidents and incidents.

Staffing and recruitment

- There were sufficient staff with the right skills in each arm of the service. Staff for supported living services tended to work within one house so people had a small core of staff who knew their needs well.
- Staff who worked within the domiciliary arm of the service had been recruited to provide personal care within people's own home. Currently there were nine staff working in this area.
- Recruitment processes ensured people were protected from the risk of unsuitable staff being employed.

Using medicines safely

- In the supported living houses, people had their own medicines in a locked cabinet in their own rooms.
- Staff had training and support to enable them to support people to take their medicines at the prescribed times. Care plans clearly set out when and how to support each person with their medicines. Records were used to record when people had taken their medicines, and these were audited weekly.

- People said they were supported to take their medicines if they needed support with this.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections within the supported living houses. People had been using the garden and conservatory for visits from their family members.

- Staff said they had received good training in COVID-19 infection control and the use of PPE. On our visit to one supported living house we saw staff were using PPE effectively and safely.

- The registered managers said that regular testing was taking place for staff in line with government guidance.

- The provider's infection prevention and control policy were up to date. They also had a COVID-19 contingency plan. We were assured there was plenty of PPE. Senior staff did spot checks to ensure staff were wearing this consistently.

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

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

- As a new service the provider had been mindful to develop services at a pace that would allow them to ensure robust systems were in place that enabled people's needs to be fully assessed before providing a service.
- Commissioning teams were very positive about this measured and detailed approach to supported living and domiciliary care services. One professional commented on how impressed they had been by the providers approach to ensuring packages were ensuring people's choice as well as needs were being catered for.

Staff support: induction, training, skills and experience

- One family member of someone in receipt of personal care in their own home said "Staff are top notch, they seem to be very level-headed, well trained. We are very happy with them."
- Staff confirmed they had received a comprehensive induction. Those staff who were new to care were completed the Care Certificate (national standard training on the principles of care). One staff member said "I hadn't done care work before, I was a bit apprehensive, but here they go through everything really well. I worked with more experienced staff until I felt confident to work on my own. Now I love it."
- Staff undertook a range of training online and face to face to enable them to do their job safely and effectively.
- The registered managers confirmed all staff were offered regular opportunities to have one to one sessions with them to talk through their role, any training needs and any issues. These supervision sessions were documented and signed by care workers.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People said they were supported to have meals and drinks of their choice. In the supported living house, we visited one person who said, "We plan our menus weekly and then staff help us cook them." In the domiciliary care side, one person commented "Yes, they help to get my breakfast and leave me a drink and snack. It works very well."
- Care plans detailed where people may need support to monitor health conditions and where they may require support to attend any healthcare appointments.
- Where people were being supported with complex needs due to their learning disability, there had been close and continuing liaison with local learning disability healthcare specialists. One said "They are working well with people and taking on board any recommendations."

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff had received some training in understanding MCA, best interest decisions and DoLS. At the time of the inspection there was one person who was subject to the court of protection.

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 said staff treated them well. Comments included "They are very helpful and kind." "All of the girls are lovely; they will do anything." "I think they treat my relative with the greatest respect."

- People's individual plans were developed and reviewed with the person and their family, if appropriate. The plans contained detailed information to assist staff to understand people's diverse needs, wishes and preferred routines.

- Equality and diversity were key areas for training for staff and it was clear from their discussions about how they worked with people that this was embedded in their everyday practice. For example, one staff member said "X needs support and encouragement to get out and about but when they are feeling low or insecure the thing, they like best is to be in their room watching their favourite TV programme. We respect that. It's a balancing act in this job, trying to ensure we are encouraging people to their full potential but also respecting their wishes."

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

- People said they had been fully involved in making decisions about how care workers were going to help them when support was required.

- People said they felt comfortable to talk with their care workers if they had an issue or wanted an aspect of the care package changing.

- Where some people may struggle to express their views in words, staff had detailed knowledge and understanding of the cues which would indicate someone was unhappy with something.

Respecting and promoting people's privacy, dignity and independence

- People said staff respected their privacy and dignity at all times.

- Staff spoke about their role in enabling people to develop their independence, particularly in the supported living settings. Some staff spoke about ideas they had to provide more opportunities as lockdown eases.

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 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

- The service had developed care plans which ensured the person in receipt of care was at the heart of the plan. This including ensuring staff understood what was most important to the person and how best to deliver individualised care. For example, detailing people's preferred morning routines.
- Staff made good use of these detailed plans and clearly knew people well and shared best practice in how to deliver personalised care. This was done via detailed handovers, daily records and staff meetings.

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.

- Plans clearly detailed where an individual had communication needs and what staff should do to ensure people understood them. This included whether someone needed glasses, hearing aids or due to a cognition difficulty, required staff to keep to a few short sentences.

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

- In the supported living arm of the service, people were supported to stay in touch with family and friends. This had been more difficult during national lockdown, but during the good weather people had been able to see their close family in the garden.
- One person was being assisted to plan a holiday once lockdown rules eased, which would enable them to see a family member who lived some distance away.
- Where a package of care had been agreed for enabling people to take part in activities, staff were working with people to look at a range of options to suit their individual needs. This included local college, work placements and attended local social groups. This would all be set in motion once lockdown rules had eased and people were able to socialise more.

Improving care quality in response to complaints or concerns

- The service had a complaint process that was also in easy read format and people had access to this. People confirmed they had received this and would be confident to make any issues or concerns known to the service.
- The complaints log showed all complaints were taken seriously and responded to appropriately.

End of life care and support

- Where appropriate end of life plans would be put in place and staff would have appropriate training.

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 good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People and staff said their views and opinions mattered.
- People and families said they could ring and speak with managers about their care and support. One said, "Very helpful people, they have been a bit short and the manager even came out to help with the care."
- Staff said their views and suggestions were listened to and they felt valued by the management team.
- There were regular team meetings where outcomes for people were discussed, sharing best practice and reviewing how the team worked together.
- There was a clear person centred and inclusive approach throughout the organisation with people who use the service being fully consulted and part of development.

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

- Each arm of the service had their own registered manager and individual teams of staff. Both registered managers were clear about their roles and had been supported to develop services by the CEO and a consultant.
- Audit and quality checks were regularly carried out to monitor the quality of care delivery, records and that staff were following the right guidance in respect of PPE.
- Both registered managers understood their responsibilities to keep CQC informed of events which may affect people and the care delivery. They were open and honest about what had worked well and what had gone wrong and where improvements might be needed.
- Duty of candour was understood, and it was clear in the way complaints were responded to that people were listened to and their concerns and worries were fully followed up.

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

- Systems and processes were being developed to ensure people who used the service were fully engaged via phone calls, reviews and surveys to be sent.
- Staff said they were kept up to date and involved in the running of the service via meetings and emails as well as regular one to one meetings. One staff member said, "Communication is really good here, it's the best I have known in my time in working in care,"

Continuous learning and improving care; Working in partnership with others

- Ongoing learning and development were seen as key to ensuring staff had the right skills and motivation to ensure quality care was being delivered.
- Registered managers ensured staff had ongoing training and support. They had recruited several staff who were new to care and had been keen to foster and develop their skills.
- There was partnership working with health and social care professionals to assist with individualised care and to develop the service further in line with the needs of the local community. One professional said, "It is great to have a provider who wants to develop services which are bespoke and what people really need."