

West Northamptonshire Council

Specialist Support Services for Younger Adults with Disabilities West

Inspection report

Eleanor Lodge
Camborne Close
Northampton
NN4 8PH

Tel: 01604366881
Website: www.westnorthants.gov.uk

Date of inspection visit:
28 July 2021

Date of publication:
06 September 2021

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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Specialist Support Services for Younger Adults with Disabilities West is registered as a domiciliary care agency. At the time of our inspection, the service was supporting 25 people. People received care and support in their own private single or multiple occupancy accommodation.

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.

Peoples experience of using this service and what we found

The service was providing personal care into seven supported living properties in addition to domiciliary care. We raised this with the provider, who has since applied to CQC to add this service type to their registration.

Risks to people had not been consistently assessed. We identified one person who was at increased risk when in the community, the person's care records did not provide staff with clear direction of how to reduce the risks.

People were supported to keep safe by the provider's systems. Accidents and incidents were reviewed and monitored. People received their prescribed medicine safely from trained and competent staff.

People and their relatives told us staff treated them well. One person told us "[Staff] are respectful, they help me to look after my things, they are very nice and kind." A relative told us "The staff are lovely, friendly, understanding and cooperative."

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.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. The registered manager and staff team promoted a positive culture, they provided personalised care and support to meet Peoples chosen outcomes. People and their relatives where appropriate had been involved in creating and developing their care plans which promoted peoples

choices, preferences and independence.

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

Rating at last inspection

This service was registered with us on 1 April 2021 and this is the first inspection.

Why we inspected

This is the first inspection for this newly registered service.

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?

Good ●

This service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

This service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

This service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

This service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Specialist Support Services for Younger Adults with Disabilities West

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by 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.

The service had a manager 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 24 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 27 July 2021 and ended on 6 August 2021. We visited the provider's office location on 28 July 2021.

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 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 spoke with one person who used the service, and three relatives, about their experience of the care provided. We spoke with five members of staff including the registered manager, care supervisors and care workers.

We reviewed a range of records. This included four peoples care records and multiple 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 infection control policies.

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.

Assessing risk, safety monitoring and management

- Peoples care records reflected the care being delivered, however we identified one person to be at risk when in the community, but the person's care records did not provide staff with clear direction of how to reduce the risks. We raised this with the registered manager who promptly sent us a risk assessment which addressed this.
- Environmental risks had been assessed. This ensured staff were aware of any risks when they were carrying out their visits to people.
- Peoples care plans, and associated records, were regularly monitored and updated. People and their relatives told us they had been involved in this process. One person told us, "It's my care plan, staff go through it with me and I can make any changes."

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Staff had received training in how to safeguard people from abuse. Staff understood how to report any concerns they had to relevant professionals.
- The provider had systems in place to monitor accidents and incidents. This information was analysed by the registered manager and the provider's quality monitoring team. Actions were taken to reduce any further risks.
- Staff understood the provider's whistleblowing procedures. Whistleblowing is when staff report suspected wrongdoing at work. Staff can report things that are not right, are illegal or if anyone is neglecting their duties, including if anyone's health and safety is in danger.

Staffing and recruitment

- Staff were recruited safely. The service followed safe recruitment processes to ensure the people they recruited were suitable for their roles. This included undertaking appropriate pre-employment checks and obtaining suitable references.
- People received consistent care from staff who knew them well. The registered manager ensured staff allocation was organised, so a small group of familiar staff supported each person. One person told us "They send me a rota every week, so I know who is coming. It's always my regulars [staff]."

Using medicines safely

- Peoples prescribed medicines were managed safely. Staff received training in the administration of medicines during their induction and undertook annual refresher training. Staff competence was regularly checked, which included direct observation of their practice, to ensure medicines were administered safely.
- The service worked in partnership with other professionals to ensure people received their prescribed

medicines as required. There was written guidance for staff regarding the safe administration of PRN (as required) medicines. This meant people received their medicines when they needed them.

- The provider had sourced additional training for several staff members to become medicine champions. The medicine champions assessed staff's medicine competency and could be approached as an additional source of support and information.

Preventing and controlling infection

- Staff received training in relation to infection prevention and control. Staff told us how they managed risks in relation to COVID-19; such as how they took part in regular testing and wore personal protective equipment (PPE) when visiting people.

- The registered manager had appointed infection, prevention and control champions. The champions had completed training in infection, prevention and control and PPE. The champions assessed staffs competence in these areas and could be approached as an additional source of information.

- The service had an infection control policy in place which staff followed. The service had a PPE stock, staff confirmed the registered manager always ensured they had an adequate supply of PPE.

Learning lessons when things go wrong

- Accidents and incidents were reported correctly by staff to the registered manager. These were reviewed and actions were taken to reduce any further risks.

Is the service effective?

Our findings

Effective – this means we looked for evidence that peoples 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 Good. This meant peoples outcomes were consistently good, and peoples feedback confirmed this.

Assessing peoples needs and choices; delivering care in line with standards, guidance and the law

- Peoples needs were assessed before they started using the service to ensure these could be met. Relatives told us they had been fully involved in the assessment and care plan process.
- Staff were knowledgeable about peoples individual needs and the peoples care plans supported staff practice.

Staff support: induction, training, skills and experience

- Staff had completed induction training prior to delivering services to people and they had regular refresher courses to maintain their skills and knowledge. One staff member told us, "I completed a week's shadowing, meeting people and getting to know them. I did lots of training. I felt confident at the end of my induction."
- Staff told us they felt supported by the registered manager and care supervisors. Staff had regular supervision's and staff meetings. This meant important information was shared with the staff team, who then had the opportunity to discuss this as a group and suggest any improvements to the service.

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

- Peoples care plans clearly detailed their eating and drinking needs. We saw peoples food and fluid intake were effectively monitored when appropriate.
- Peoples dietary requirements and preferences were documented in their care plans. A relative told us "[person] has always had prunes for breakfast, the staff always make sure prunes are available, they know the little things that are important to [person]". A staff member told us "When I go shopping with [person] I support them to read the labels, we check to make sure products are gluten free."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Peoples records showed they regularly accessed support from healthcare professionals to meet their needs such as GP's, Psychologist's and Podiatrist's. Relatives told us they were kept updated following any appointments the person attended.
- People had up to date health records in place, which detailed their appointments with external professionals. Recommendations from health care professionals had been followed up, added to peoples care plans, and implemented by the staff team.

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.

- People had individualised mental capacity assessments in place, it was clear what decisions people could make for themselves. Where a person was unable to make a specific decision, we saw evidence that a best interest decision had been made with the involvement of the person's family members and learning disability nurse.
- Staff had received training in MCA and understood how to support people in line with the act. Peoples care records evidenced staff were supporting people to make their own decisions and choices.

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

- Peoples individual equality and diversity needs were recorded. For example, care plans contained individualised information on the person's religious preferences and lifestyle choices. Peoples care records evidenced these preferences were supported.
- People and relatives told us staff treated them well. One person told us, "[Staff] are respectful, they help me to look after my things. They are very nice and kind." A relative told us, "The staff are lovely, friendly, understanding and cooperative."

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

- People, and their relatives where appropriate, were involved in their care planning and how they wished to be supported. People were also given the opportunity to regularly review their care plan to see if any changes needed to be made.
- People could express their views about the care they received. Meetings took place for people to share their ideas. People had suggested ideas on events and activities such as barbecue's and days out, and this had been actioned by staff.
- Staff understood the importance of listening to peoples views. One staff member told us, "I am a keyworker for [person]. I have designed their care plan with them, taking into account their wishes and beliefs. Their input is vital to make sure we meet their needs."

Respecting and promoting peoples privacy, dignity and independence

- Staff supported people to be as independent as possible. Peoples care plans detailed things they could do for themselves. A person told us, "Staff know what I can do myself, they don't rush me."
- Peoples records were stored securely which maintained peoples confidentiality. The provider was meeting their responsibilities under the General Data Protection Regulation (GDPR).

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met peoples needs.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant peoples needs were met through good organisation and delivery.

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

- People received personalised care and support. We saw this was promoted in their care plans. For example, one person's care plan detailed their daily routine and how staff supported them with this. We could see from the person's care records that staff ensured this happened.
- Peoples needs were regularly reviewed, and support was adjusted as required. Staff documented peoples achievements in outcome books, which meant progress towards identified goals was monitored and evaluated.

Meeting peoples 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.

- Peoples communication needs were identified and detailed within initial assessments. This information was used to develop their care plans.
- Staff supported people to have access to information in a format they could understand. For example, one person's care plan provided information to staff on how a person likes things to be written down to help their understanding.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to take part in activities that interested them, either individually or as a group. The service had facilitated social events, holidays and days out.
- Staff spoke enthusiastically about supporting people with activities and ensuring people had opportunities to access the community. One staff member told us, "We get to know people and what their interests are, we make things happen for people. Someone wanted to go and see a band, now the restrictions are lifting we are doing this next week."

Improving care quality in response to complaints or concerns

- The service had a complaints policy. The registered manager had a good understanding of this and the actions which would be taken in the event of a concern or complaint being raised.
- People using the service knew how they could complain. Peoples relatives told us they had regular communication with the care supervisor's and keyworkers who were responsive to their queries.

End of life care and support

- People using the service, and their nominated people, were given the opportunity to express their wishes for the care they would like to receive at the end of their life.
- At the time of our inspection, no one using the service was identified as requiring end of life 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.

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

- Systems and processes to identify risks to people needed strengthening to ensure risks were consistently assessed, we identified one person who was at risk when in the community. The person's care records did not provide staff with clear direction of how to reduce the risks, we raised this with the registered manager who promptly sent us a risk assessment which addressed this.
- We identified during the inspection that the service was providing personal care into supported living accommodation in addition to domiciliary care. We raised this with the provider, who has since applied to CQC to add this service type to their registration.
- The registered manager and staff were clear about their roles and responsibilities. The service provided person centred support which focussed on the outcomes people wished to achieve.

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

- Staff felt supported in their roles. Staff told us, "The registered manager makes time for everyone and gets involved. She is very open and approachable."
- There was a positive, person centred approach to the planning and review of peoples care. This was demonstrated by the staff knowledge and understanding of the people they were supporting.
- People told us the staff knew their relatives well, one relative told us, "I can tell [person] is happy and settled. I am really pleased with this service."

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; Continuous learning and improving care

- The registered manager was open and transparent about the improvements that were required to a person's risk assessment. They acted promptly to put measures in place.
- The registered manager had identified areas that required improvement in relation to auditing. We saw evidence that this had been addressed and actioned. Staff told us how the registered manager had implemented a system which identified and addressed any shortfalls in the service in relation to medication, training and staff supervision.

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

- The service gathered regular feedback about the quality of the service through house meetings, discussions and review meetings with people and their relatives.
- The service had a supervision schedule in place to ensure staff had a regular one to one meeting. Staff told us they felt supported by the registered manager and their colleagues.
- Staff told us they attended regular staff meetings where important information is shared, staff told us when they had raised issues, these were promptly addressed.

Working in partnership with others

- The service worked in partnership with other professionals such as GP's, psychologists and learning disability nurses to support people to access healthcare. The relatives we spoke with told us they were kept updated with details about their relative's health and wellbeing.
- The service had acted promptly when there had been a concern about a person's health. The service had contacted the relevant health professional to seek advice and support.