

Care Assure Northampton Ltd

# Care Assure Northampton Limited

## Inspection report

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29 April 2019

30 April 2019

01 May 2019

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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?	Requires Improvement ●

# Summary of findings

## Overall summary

About the service: Care Assure Northampton Limited provides care and support to people with mental health needs living in five 'supported living' settings, so that they can live as independently as possible. At the time of the inspection the service was supporting 17 people.

People's experience of using this service:

People developed positive relationships with staff who were friendly and passionate about their work. Staff treated people with respect, kindness, dignity and compassion.

There were systems in place to monitor the quality of the service and drive improvements, however these needed to be embedded for us to assess how effective they were.

People had detailed personalised plans of care to enable staff to provide consistent care and support in line with people's preferences. They were supported to maintain good health and nutrition and access activities within the community. The service focussed on people's recovery and promoting their independence.

Staff knew their responsibilities as defined by the Mental Capacity Act 2005 (MCA 2005). The provider was aware of how to make referrals if people lacked capacity to consent to aspects of their care and support and were being deprived of their liberty.

People were protected from the risk of harm and received their prescribed medicines safely. Staff were appropriately recruited and there were enough staff to provide care and support to people to meet their needs.

Staff had access to the support, supervision and training they required to work effectively in their roles and they liaised closely with other health professionals.

People knew how to raise a concern or make a complaint and the provider had implemented effective systems to manage any complaints received. Information was provided to people in an accessible format to enable them to make decisions about their care and support.

The service had a positive ethos and an open culture. The manager was approachable, understood the needs of people, and listened to staff and relatives.

The service met the characteristics for a rating of "good" in four of the five key questions we inspected and rating of "requires improvement" in one. Therefore, our overall rating for the service after this inspection was "good".

Rating at last inspection: Good (report published 10 October 2016)

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up: We will continue to monitor the service through the information we receive until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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 effective?

Good ●

The service was effective.

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below

### Is the service responsive?

Good ●

The 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.

# Care Assure Northampton Limited

## **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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection was carried out by one inspector and an assistant inspector.

#### Service and service type:

Care Assure Northampton Limited provides care and support to people with mental health needs living in five 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. The Care Quality Commission (CQC) does not regulate premises used for supported living; this inspection looked at people's care and support.

At the time of the inspection the service did not have a manager registered with the Care Quality Commission. Having a registered manager 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. The registered manager had left the service and deregistered on 17 September 2018. A registered manager from another service within the provider organisation was providing managerial support and was going to apply to have this location added to their registration. They were supported by a deputy manager and an area operations manager.

#### Notice of inspection:

We gave the service 24 hours' notice of the inspection visit because the manager is often out of the office supporting staff. We needed to be sure that they would be in.

Inspection site visit activity started on 25 April 2019 and ended on 01 May 2019. We visited the office location on 25 April to see the manager and office staff; and to review care records and policies and procedures. We visited one person and met with staff on 30 April, and telephoned people and staff on 29 April and 1 May 2019.

What we did:

We reviewed the information we had about the service which included any notifications that had been sent to us. A notification is information about important events which the provider is required to send us by law.

We contacted health and social care commissioners who monitor the care and support the people receive from the service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made judgements in this report.

During the inspection, we spoke with four people who used the service. We also had discussions with eight members of staff that included three support workers, two senior support workers, office administrator, the deputy support manager and the manager.

We reviewed three people's care records, three staff files and reviewed records relating to the management of medicines, complaints and how the provider monitored the quality of the service.

# Is the service safe?

## Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

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

- People continued to be cared for safely. One person said, "The staff are nice, always there for you, I feel safe."
- Staff knew what signs to look for to keep people safe from harm or abuse and there were up to date safeguarding procedures in place for them to follow. Staff told us they would report any concerns to a senior member of staff or the manager. One member of staff said, "I did not hesitate to safeguard a situation in relation to someone's finances."
- The provider had reported incidents of abuse to the local authority and notified the Care Quality Commission as required.

Assessing risk, safety monitoring and management:

- People had individual risk assessments in place which provided staff with the information they needed to manage any identified risk.
- Staff said the information was clear and helped them to provide care safely and promote independence.

Staffing and recruitment:

- People told us they felt there was enough staff to meet their needs and they knew the staff who supported them. One person said, "There is always someone to talk to if you need to."
- People were safeguarded against the risk of being cared for by unsuitable staff because there were appropriate recruitment practices in place, which were consistently followed.
- Staff had been checked for any criminal convictions and satisfactory employment references had been obtained before they started to work at the service.

Using medicines safely:

- Medicines were managed safely. Medicine systems were organised, and people received their medicines when they should.
- Staff were trained, and their competencies tested.

Preventing and controlling infection:

- People were protected by the prevention and control of infection.
- Staff were trained in infection control and there was a policy and procedure in place which staff could access.
- Staff had the appropriate personal protective equipment to prevent the spread of infection.

Learning lessons when things go wrong:

- Accidents and Incidents were monitored, and action taken to address any identified concerns.
- Any lessons learnt from incidents were discussed with staff and action plans put in place to ensure similar incidents did not happen again. For example, during a recent refurbishment of all five houses concerns were raised around the safety of people. The provider liaised with the landlord and alternative accommodation was offered to people whilst the refurbishment was completed.



# 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.

Good: 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:

- People's needs were fully assessed before any care and support was agreed. This ensured that there was sufficiently trained staff to provide the care and support required.
- People discussed their needs and preferences with the manager who then liaised with other health and social care professionals to ensure they had a full understanding of people's needs.
- People were involved in developing their care plans. The plans we reviewed recorded people's goals, preferences, their views and comments, any communication needs and their cultural backgrounds.

Staff support: induction, training, skills and experience:

- People continued to receive effective care from staff that had the knowledge and skills to carry out their roles and responsibilities.
- Staff training was based on current legislation and best practice, which ensured staff provided safe care and support to people. This included training in safeguarding, infection control, privacy and dignity, mental capacity and multi-agency public protection arrangements (MAPPA).
- New staff undertook a thorough induction which included classroom-based training, online training and shadowing more experienced staff. One member of staff said, "The training is good, if we need more in-depth knowledge about something, for example diabetes we get the training."
- Staff were supported through supervisions and appraisals. This gave them the opportunity to raise any concerns, share good practice and look at any training needs.

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

- People were supported to maintain a healthy diet. One person said, "I cook for myself, but staff will help me if I ask, they help me to choose healthier options."
- Staff understood the need to support and encourage people to eat a balanced diet. For example, we saw that staff were supporting one person to eat more healthier and develop their cooking skills to improve their overall health.

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

- People's care plans detailed the support they got from other health professionals and organisations to maintain and improve their physical and mental well-being. For example, one person worked with DESMONDS an NHS support group for people with Type 2 diabetes.
- People attended local gyms and were supported to take part in sports such as football and squash. This meant people's overall physical and mental well-being was improved.

- Staff knew the procedure to follow if they found a person needed urgent medical assistance.

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 with appropriate legal authority.

We checked whether the service was working within the principles of the MCA.

- Staff understood their responsibilities in relation to the MCA. One member of staff said, "If people can't make decisions for themselves we would do a capacity assessment, the guys here all have capacity to make their own decisions."
- At the time of the inspection no people using the service lacked capacity and there were no restrictions in place for people.
- One person told us, "The staff are good, they let you live your life independently and are there for support if you need them."

# 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.

Good: 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 continued to be well cared for and supported. One person said, "The staff are nice, they listen to you and are always there."
- People were supported by regular staff who had built up positive relationships with people. One person said, "The staff spend time to get to know, they ask about you."
- Staff told us consideration was given to whether they were best suited to support people considering people's interests and cultural backgrounds.

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

- People were involved in their care plan. People told us they discussed their support and care with the staff and felt in control of their life. One person said, "You can speak to any of the staff, they listen and help you get out and about."
- The manager and staff knew if people needed support to be heard they would need access to an advocate who could help them speak up about their care. An advocate is an independent person who can help someone express their views and wishes and help ensure their voice is heard.

Respecting and promoting people's privacy, dignity and independence:

- People told us that staff respected them and we saw that staff knocked on a person's door and waited to be asked to come in.
- People had their own rooms which they were responsible for and they respected each other's privacy. One person said, "I talk to other tenants, we respect each other's space."
- Staff encouraged people to live independently, supporting them to develop life skills. People had goals set such as, administering their own medicines, preparing and cooking meals for themselves.

# Is the service responsive?

## Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- People had individualised care plans, which detailed the care and support people wanted and needed; this ensured that staff had the information they needed to provide consistent support for people.
- The manager was in the process of developing the care plans further to incorporate people's goals and aspirations which would help staff focus their support more.
- People told us that staff understood their needs. One person said, "The staff help you to sort things out, they know what you need help with."
- People's communication needs, and religious backgrounds were known to ensure people received care and support from staff that could best meet their needs.

Improving care quality in response to complaints or concerns:

- People knew who to speak with if they were unhappy and wished to make a complaint. One person said, "If I have any worries or concerns I would just speak to staff."
- People and staff were confident if they did have a complaint they would be listened to and the issue addressed.
- People were encouraged to talk with each other to resolve any issues around living within a shared house.
- There was a complaints procedure in place. We saw that when complaints had been raised these were appropriately responded to and investigated.

End of life care and support:

- The service did not provide end of life care. People would be supported to access other services if required.

# 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.

Requires Improvement: 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:

- At the time of the inspection there was no registered manager. The registered manager had left the service on 17 September 2018. A manager from another service who was registered with the Care Quality Commission was providing managerial cover. We were advised during the inspection that an application to add this location to the manager's registration would be submitted to the Care Quality Commission.
- The manager had identified the need to have a senior support worker in each of the supported living houses to ensure people and staff had sufficient and effective support on a day to day basis. This change had recently been implemented and needed to be embedded before we could assess how effective this was.
- The systems to quality assure and monitor the service were not fully established at the time of the inspection. These needed to be embedded before we could assess their effectiveness.
- Staff were clear about their roles and responsibilities towards the people they supported and felt listened to by the manager.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility:

- People were at the centre of everything the service did; people were involved with their care and staff understood the need to treat people as individuals and respect their wishes.
- The provider and manager were focussed on providing the support and care people required to promote their independence and choose how they lived their lives. For example, care plans were being developed with people to focus on their goals and recovery.
- The manager and the provider had systems in place to ensure compliance with the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with people's care and treatment.
- Staff knew about how to whistle-blow and knew how to raise any safeguarding concerns with the local authority and the Care Quality Commission (CQC) if they felt they were not being listened to or their concerns were not acted upon.

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

- The manager spent time in each of the supported living houses engaging with people to gain their feedback on the service.
- Staff met regularly to share ideas and look at ways to improve the quality of life for people using the

service.

- Staff were supported to access the training they required in a way which supported their learning and development needs.

Continuous learning and improving care:

- The manager was focussed on developing the service and had introduced new systems and care planning documentation to support the staff so that they were empowered to share their experiences and develop their skills.

Working in partnership with others:

- The service liaised with mental health professionals and other community based professional health care teams. This had helped the service to provide the right level of support for people with mental health needs recently discharged from hospital.
- We read comments from one health professionals such as, 'I am very impressed with the level of support Care Assure has offered my clients who have been difficult to manage in the past,' and 'I have always found the staff at Care Assure Limited to be helpful and responsive, they are good at working together to provide the best outcome for our client.'