Northumberland County Council

Wansbeck Supported Living Service

Inspection report

2 Hatfield Chase
Bedlington
Northumberland
NE22 5LB

Tel: 01670823831

Date of inspection visit:
01 March 2016

Date of publication:
01 April 2016

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

This inspection took place on 1 March 2016 and was announced. A previous inspection undertaken in January 2014 found there were no breaches of legal requirements.

Wansbeck Supported Living Service provides support to nine people with a learning disability. The service supports people to live independent lives as part of the local community in their own, self-contained, bungalows. The bungalows are situated within a residential area of Bedlington, Northumberland. At the time of the inspection there were nine people using the service.

The home had a registered manager who had been registered since October 2014. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff were aware of safeguarding issues, had undertaken training in the area and told us they would report any concerns around potential abuse. There was one current safeguarding issue being investigated. The provider was following appropriate processes and procedures. People rented their accommodation from a housing association. They were supported by staff to report any problems with the premises directly to the association.

Staffing levels were maintained to support the changing needs of people who used the service. The staff were able to support people to access the community and support them with their personal care needs. Proper recruitment procedures and checks were in place to ensure staff employed by the service had the correct skills and experience. Medicines were stored and handled correctly and safely.

Staff had access to regular training and updating of skills. Records indicated most staff had completed all mandatory training and systems were in place to monitor that training remained up to date. Staff said they were able to access the training they required. Visiting professionals told us staff had the right skills to support people. Staff told us, and records confirmed there were regular supervision sessions for all staff members and each staff member had an annual appraisal.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) including the Deprivation of Liberty Safeguards (DoLS), and to report on what we find. MCA is a law that protects and supports people who do not have ability to make their own decisions and to ensure decisions are made in their 'best interests' it also ensures unlawful restrictions are not placed on people in care homes and hospitals. Some people's capacity was being assessed in advance of applications to the Court of Protection. The Court of Protection is a court established under the MCA and makes decisions on financial or welfare matters for people who can't make decisions at the time they need to be made, because they may lack capacity to do so. Staff were aware of the need for best interests decisions to be made where

people did not have capacity to make their own decisions. We saw appropriate action had been taken in certain circumstances.

People had access to health care services to help maintain their wellbeing. There were regular visits and checks by general practitioners and other health and social care professionals. Advice from such interventions was incorporated into people's care records.

People were supported to access adequate levels of food and drink. Most people were supported to undertake their own shopping and, where possible, cook their own meals. Specialist advice on nutrition had been sought and guidance was followed.

People's independence was supported and they were helped to maintain their own accommodation in a way that was safe but personal to them. We observed there to be good relationships between people and staff and people told us they were happy with the staff at the service.

Staff advocated on behalf of people using the service and described how they had supported a person to make a complaint to a retailer. Staff understood about treating people with dignity and respected people's personal space in their own homes.

People's needs had been fully assessed and individualised care plans and risk assessments were developed that addressed all their identified needs. Care plans had detailed information for both care staff and visiting professionals to follow. Changes to care delivery were effectively reviewed. People were supported to attend various events and activities in the local community. They told us they could also visit friends elsewhere in the service for coffee and a chat. The manager told us there had been no formal complaints in the last year and most people came to the main office for support or advice if they had a problem.

Records confirmed regular checks and audits were carried out by the service. Staff were positive about the leadership of the service and the support they got from the manager. They said there was a good staff team and felt well supported by colleagues. Questionnaires completed by people who used the service where overwhelmingly positive about the support they received. Records at the home were completed and contained good detail.

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.

Staff had undertaken training on safeguarding issues and recognising potential abuse. They said they would report any concerns. One potentially safeguarding matter was being investigated appropriately.

Risk assessments had been undertaken in relation to people's individual needs. People were supported to report concerns about their home to the housing association. Accidents and incidents were recorded and monitored.

Proper recruitment processes were in place to ensure appropriately experienced staff worked in the service. Workers said staffing levels were maintained to ensure individualised care. Medicines were managed and stored appropriately and safely.

Is the service effective?

Good

The service was effective.

Records confirmed a range of training had been provided and completed. Staff said they could access additional training, if necessary. Regular supervision and annual appraisals were undertaken.

Staff worked to ensure people had choices and understood the concept of best interests decisions. The manager told us some people were being assessed in consideration of applications being made to the Court of Protection.

People were supported to maintain adequate levels of food and drinks. Most people were supported to do their own food shopping. Specialist advice on diets was sought and followed.

Is the service caring?

Good

The service was caring.

Staff were always available for people using the service and there

were good relationships between people and staff. People said they were happy with how the staff helped them.

People were actively involved in determining and reviewing their care needs and care plans.

Staff were able to demonstrate they had actively advocated on behalf of people using the service. People's dignity was protected and they were treated with respect.

Is the service responsive?

Good

The service was responsive.

People had detailed and wide ranging assessments of their needs and detailed care plans. Professional advice and guidance was incorporated into plans and actively put into practice. Care plans were regularly reviewed and updated, where necessary.

People were encouraged to be as independent as possible and engage in a range of activities and events in the local community. People were also supported to maintain appropriate friendships.

People were supported and encouraged to make choices. There had been no complaints in the last 12 months but people could contact the office at any time, if they had concerns.

Is the service well-led?

Good

The service was well-led.

A range of checks and audits were undertaken to ensure people's care was effectively monitored. Quality monitoring by the provider's quality department showed the service was compliant with a number of quality indicators.

Staff talked positively about the support and leadership of the manager. They said they were happy working at the service and there was a good staff team there.

Regular staff meetings took place and staff told us they could actively participate in these. People using the service had completed questionnaires about their experiences. The results were overwhelmingly positive. Records were up to date and contained good detail.

Wansbeck Supported Living Service

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 1 March 2016 and was announced. The provider was given 48 hours' notice because the service supported people with a learning disability in the community and we wanted to ensure there would be someone at home.

The inspection team consisted of two inspectors.

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. We reviewed information we held about the provider, in particular notifications about incidents, accidents, safeguarding matters and any deaths. We contacted the local Healthwatch group, the local authority contracts team, the local authority safeguarding adults team and the local Clinical Commissioning Group. We used their comments to support our planning of the inspection.

We visited three people in their bungalows. People who used the service were not always able to speak with us in detail but indicated they were happy at the home. Additionally, we spoke with a health and social care professional who was visiting the service on the day of the inspection. We spoke with two members of staff, the registered manager and the operations manager.

We observed the interaction between people and staff when we visited people in their bungalows and were shown around the accommodation by the people who lived there. We reviewed a range of documents and records including; three care records for people who used the service, three medicine administration

records, three records of staff employed at the home, complaints and compliment records, accidents and incident records, minutes of meetings, communication documents and a range of other quality audits and management records.

Good

Is the service safe?

Our findings

The provider had safeguarding policy in place. The manager told us there was one current potential safeguarding matter being considered at the time of the inspection. We saw this was being investigated appropriately and the provider had taken the correct action to deal with the issue so far. Staff told us they had received training in relation to safeguarding vulnerable adults and records confirmed this. They told us they would speak to the manager if they had any concerns. This meant appropriate safeguarding systems were in place and the provider followed them to ensure people were protected from harm.

The service was a supported living service, located within a dedicated area of the town, although people rented their own individual bungalows from a housing association. The housing association was responsible for the maintenance of the properties and ensuring the safety of the building and equipment. The manager told us that whilst they do not have a direct responsibility for the upkeep of the buildings they supported people to report any issues or defects and kept of note of those items reported. She said people would usually contact the office to let them know a maintenance man had arrived at their home. This meant people were supported to ensure the environment they lived in was safe and secure.

People's individual care plans had risk assessments related to the care and support they received. Individual assessments identified the area of risk, whether the risk was high, medium or low and what action had been taken to limit the danger from the identified risks. For example, one person was identified as becoming breathless if they became restless. It was identified that to continue in this way could have a detrimental effect on the person's health. Actions that staff should take were identified including; asking the person to sit next to them and rest or supporting the person to take slow breaths to calm themselves down. Risk assessments were reviewed as part of care plan reviews. People had personal emergency evacuation plans (PEEPs). PEEPs are plans that detail how people should be supported in the event of a fire or other emergency. For example, one person was noted to be a heavy sleeper and may need extra prompting to wake up. PEEPs had been reviewed yearly to ensure they were up to date. This meant risks had been considered in relation to the care people received and action taken to limit any hazards associated with these risks.

The provider had in place a system for recording and monitoring accidents and incidents. Any accidents were fully recorded with a note made of the circumstances and the action taken by staff to prevent a re-occurrence. Where an incident may have involved staff having to hold a person or direct them to prevent them for hurting themselves, staff followed the provider's restraint policy and this was also recorded and reviewed. The manager said they had recently introduced the use of body maps in these circumstances. This was a learning point from a previous event, introduced to protect both staff members and people who used the service. This meant incidents and accidents were recorded and monitored and changes were made to procedures in the light of these.

The manager told us there were 35 staff employed in the service overall, including herself. This was broken down into four care supervisors, seven staff working 37 hours a week, eight staff working 30 hours a week, ten staff working 22.5 hours a week and four bank staff, who provided cover as and when necessary. She

said there were five staff on a morning shift and five staff on an afternoon shift. There was also a middle shift of one care worker, covering 11.30am until 7.30pm to assist the covering of staff breaks. Three staff worked overnight, all of whom were waking staff. Most people were independent for a significant part of the day and only required visits at certain times. Other people required more intensive support and there were detailed plans allocating named staff to provide this. At the time of the inspection there were nine people using the service, five of whom were out in the community for a significant part of the day. Staff told us there were enough staff to provide the required care and support and people we spoke with indicated they received appropriate help with their daily living needs. His meant there were enough staff to support people and meet their needs.

Staff personal files indicated an appropriate recruitment procedure had been followed. We saw evidence of an application being made, references being taken up, one of which was from the previous employer, and Disclosure and Barring Service (DBS) checks being made. DBS checks ensure staff working at the service have not been subject to any actions that would bar them from working with elderly or vulnerable people. Where necessary we saw the provider had followed their own disciplinary process to deal with any minor incidents regarding staff approaches. This meant proper recruitment procedures had been followed to ensure appropriately skilled and qualified staff were appointed.

People were supported to manage and take their medicines safely. Each bungalow had a lockable cupboard for people to store their medicines. The manager told us some people managed their own medicines and staff merely checked they had taken them as and when necessary. Other people required staff to fully support them in taking their medicines. People had individual medicines profiles as part of their care records, which detailed how people were to be supported. The profile detailed what action staff should take if people refused to take their medicines on a regular basis. There were also plans to support people with "as required" medicines. "As required" medicines are those taken only when needed, such as for pain relief. We saw medicines administration records were up to date with no gaps in recording. Staff confirmed they had received medicine training and their competency to deal with medicines was reviewed regularly through observation. Records confirmed this. A weekly medicines audit was undertaken to check there were no omissions or errors. This meant the provider had appropriate system in the place to safely manage and support people with their medicines.

Good

Is the service effective?

Our findings

Staff told us they had access to a range of training and support. They said most of the training they received was through an online system. They often used the night shift as a period to update or expand on their training, as a way of using the time when direct support was not required productively. A visiting professional told us staff had the right skills and training to support people who used the service. They said staff would contact them for advice if they were unsure about how best to help people.

The provider had a training matrix, which detailed all the training staff had undertaken and when it required to be updated. We saw a range of topic areas were covered including confidentiality, food hygiene, moving and handling, safeguarding and deprivation of liberty. In addition each member of staff had an individual training record, which the manager was able to review in order to ensure all staff were up to date with required training. Some staff had undertaken additional courses regarding managing and supporting people with their behaviour and epilepsy awareness. The manager told us staff had recently received training on learning disability and dementia, which they had found particularly helpful. This meant staff were supported to maintain and develop the right skills to support people they cared for.

Staff told us they had regular supervision and appraisals. Supervision is a process whereby staff and managers have specific time to discuss matters that are important to care delivery, including any concerns the staff member may have or any other issues they wished to discuss. Staff records showed workers had agreed a supervision contract and meetings with managers or supervisors took place approximately every six weeks. Annual appraisals had recently been undertaken.

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. 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 were being met. The manager told us a number of people were currently being assessed regarding possible application to the Court of Protection. She told us some people had deputyship orders in place and their finances were overseen by the local authority. This meant the provider had in place appropriate measures to ensure they met the legal requirements of the MCA.

The manager told us the majority of people being supported by the service were able to make decisions about their day to day life. Staff told us they were guided by what the individual person wanted. One staff member told us, "It all goes off what they suggest. The client will tell you what they want and if they are not happy." Staff also told us some people were not always able to communicate verbally, so they looked for non-verbal signs to check they were happy with what they were doing. Where possible people had signed

their care records and care plans to say they were happy with the plans or agreed to certain actions, such as the sharing of information with other professionals. We saw that where people could not make decisions for themselves then best interest decisions were made, involving consultation with care managers and other professionals. For example, one person wanted to spend money on erecting a summer house in their garden. This was being considered by the local authority, which looked after their finances. Another person was not able to purchase food in a particular packaging as this could prove harmful. This meant people were supported to give their consent to the care and support they received. Where this was not possible appropriate legal processes were put in place.

People were supported to maintain their health and wellbeing. There was evidence in people's care records that they had regular contact with general practitioners and other healthcare professionals. People were also supported to maintain good psychological care through regular contact with psychiatrists, psychologists and other mental health workers. People were also supported to attend dentists and optician appointments, as necessary. This meant people's health and wellbeing were supported and maintained as part of their care support.

People were supported to eat and drink adequately. The majority of people supported by the service were able to go shopping for themselves, supported by care staff. The manager said they encouraged people to eat as healthily as possible, although this could only be through advice, as people had capacity to make their own decisions. She said they would do this through suggestions such as, people bought smaller chocolate bars or low fat versions of products, but ultimately it was the choice of the person. People's care records contained information about the type of food they liked to eat and any particular issues related to food and drinks. For example, one person had expressed a desire to lose weight and advice had been sought from a dietician. Another person was noted to get migraines from eating certain foods. This meant people were supported to maintain an adequate and appropriate dietary intake.

Good

Is the service caring?

Our findings

People told us they were happy living in the service. Comments from people included, "I love living here" and "Its champion living here." Another person told us they got the help they needed when they needed it. They said the support worker called around and kept them company. We visited people in their bungalows accompanied by a support worker and saw there was a good relationship between people and the staff member.

A professional, who was visiting the service on the day of our inspection told us the person they were visiting was well cared for and supported. They said the person had previously lived independently, but this had not worked out as well as hoped. Since the person had moved to the service they said their overall wellbeing had improved. The person was independent, but liked the staff popping in to see them and this was a great protective factor for them. She told us the person had previously had regular trips to hospital for minor concerns. Since living at the service these visits had reduced considerably, due to the support of the staff. This meant people were supported in a way that met their needs and improved their life experiences.

The manager told us no one being supported by the service had any significant requirements related to equality and diversity. People were supported to be part of the local community and were generally well known and accepted within the locality, including local shops and businesses.

Care records indicated people were involved in determining their care needs and the support they received. Records showed that, where possible, people were included in care reviews with their care managers and the service. People told us the staff supported them in a way that suited them. This included support with taking baths or showers, support with medicines or help with preparing meals. The manager told us one person had chosen not to have a support worker call directly at the home, put preferred staff to call them on the intercom, to check they were safe This meant people were involved in determining how they were supported on a day to day basis.

The office for the service was located amongst the crescent of bungalows that made up the service. People were able to call at the office at any time to ask questions, speak with staff or to report any concerns or problems. The manager told us people sometimes just popped by to chat to staff. During the inspection a number of people called at the office to seek advice from staff. Additionally, all the bungalows were linked to the office by an intercom system. This meant people could call for help or seek advice from staff, without having to leave their homes. Any information provided for people, such as questionnaires, was produced in an easy read format to help support people. The manager said written information was made available to people about local services, but they often preferred to call at the office to get up to date information. This meant there were various methods employed to ensure effective communication with people and provide information to support them.

The manager told us no one using the service was being formally supported by an advocate. An advocate is an independent person who supports people to make decisions about their life or represents their views at meetings, when they are unable to do so themselves. She described how she had recently been supporting

two people to raise complaints with outside companies about good and services they had received. She explained how she had spoken to the companies on their behalf to try and help resolve the matters. This demonstrated the manager acted as an advocate for people using the service and supported them to express their views about issues.

Staff explained how they supported people's privacy and dignity. The talked about how everyone had their own bungalow and this was their own home, which they were invited into to provide care. They explained they always knocked when entering people's bungalows, even when using a key provided for them by the person. This meant staff respected people homes as their own personal space and respected their right to privacy.

People were supported to be as independent as possible. The manager said people could go out when they wished, sometimes supported by staff, but other times on their own. She said people went shopping or to visit friends or family. She described how people also went to local churches or local clubs, including a local disco. She described how one person enjoyed helping out at a local event, including tidying up afterwards and often came home late, but let staff know they were safe. A visiting professional told us how the service supported a person to be independent, but also provided a safety net to ensure they were safe. This meant people were supported to maintain an independent lifestyle.

Good

Is the service responsive?

Our findings

People's care plans were person centred and contained good detail about the type of care and support they required. People's needs had been assessed using an activities of daily living model. Assessed areas included communication, personal care requirements, access to food and drink, mobility and support with medicines. Based on these assessed needs each area was risk assessed to identify any potential hazards, risks or barriers to care delivery. For example, one person was noted to have tremors and therefore had potential difficulties with handling hot drinks. The risk assessment and plan indicated that staff should be aware of this and consider slightly cooling hot beverages to reduce the potential risk of scalding. Records also contained details of people's history, family life and likes and dislikes. Information detailed people's preferred activities and routines. One person was noted to find loud environments difficult to deal with. It also detailed that they liked to have an evening bath and be in bed by around 9.00pm.

People were consulted about their care needs. Each assessment of need considered what the person could do "to support themselves", what "additional support staff would need to offer" and "how this support would be provided." For example one person used a sign system, in addition to verbal communication. Their plan identified one of the things they could do themselves was use a "stop" sign to indicate they were unhappy or wanted to stop a particular activity. Staff were to support the person using the visual prompts and the service was to provide staff with identified training around these issues. Another person was able to undertake their own personal care but needed help from staff to run a bath and deal with toiletries appropriately. This meant care was based around people's individual needs and supported them to undertake tasks for themselves, where possible.

Care plans were based on the risk assessments and the identified support contained good details specific to the individual. For example, one person was noted to become easily distracted. The person's care plan detailed that staff had to be very precise with communication; not asking multiple questions and not to talk whilst the person was completing a specific task. This helped the person concentrate on the task in hand and allowed them to complete it. Care plans also contained information for visiting professionals to follow. This detailed how visiting professionals should approach the person and the language they should use when attending them.

Care plans also took note of professional advice and guidance. For example, one person had been assessed by an occupational therapist as to how they should be supported to have a bath. We saw this advice had been incorporated into the person's care plan, with detailed instructions for staff to follow.

Care plans were reviewed at monthly intervals or more frequently if people's needs changed. We noted some of the more detailed instructions, which had been written as separate documents, were reviewed but only with a date recorded on the reverse and saying still appropriate. This meant it was not always clear a full review had taken place and any necessary changes considered. We spoke with the manager about this. She said she would ensure that future reviews were more fully recorded. This meant care plans contained sufficient details for staff to deliver care effectively and were regularly reviewed to ensure they were up to date.

Staff told us the majority of people using the service were independent and followed their own interests and activities. At the time of the inspection five people were out in the community undertaking a variety of visits or activities. People told us they were free to do what they liked and were supported by staff. They told us they enjoyed visiting other people's bungalows for coffee and a chat. The manager said some people had events or parties in their homes to celebrate key events. She told us one person had helped to organise a vegetable growing competition over the summer. Everyone had been supported to be involved and the person had ensured that everyone got a small prize to celebrate all their efforts, including the staff. People were also supported to attend local clubs or activities, as they wished. Some people had personal and intimate friendships which the staff helped people maintain safely. One member of staff told us, "They have their own routine. They do what they want to do, with support." This meant people's independence, choices and individuality was supported and they were encouraged to take part in a range of activities.

The provider had a complaints policy in place. The manager told us there had been no formal complaints in the previous 12 months. She said people tended to visit to office if they had any concerns and these could then be dealt with straight away by staff.

Good

Is the service well-led?

Our findings

At the time of our inspection there was a registered manager in place. Our records showed she had been formally registered with the Commission since October 2014. The registered manager was present and assisted us with the inspection.

The manager told us the philosophy of the service was to support people to be as independent as possible and to live within the community. She said ideally she would like to see people moving on to live outside in the wider community. She said it could take many years to build their confidence to get to this level and then there was the dilemma of reducing the support and how this would affect their ability to manage individually. She said the service always went at the person's pace. She told us about one person who when first starting with the service had required up to 25 hours of regular support. This had now reduced to ten hours, which in itself was mainly just checking calls or observation of medicines. This meant the service was working to its original vision and values.

Staff told us they were happy working in the service and they enjoyed supporting the people they cared for. They said they were well supported by the manager and were able to go to her with any work related issues or personal matters that potentially impacted on their work. They said the overall staff team was very supportive and worked together well. Holidays and vacant shifts were easily covered and they were all willing to help out as much as they could.

Staff told us there were regular team meetings and records confirmed this. Senior staff said there was a weekly seniors' meeting to discuss the running of the service and then a monthly team meeting when wider issues could be raised and considered. Seniors told us they had flexidays as part of the normal working pattern. These were days when they were not on direct care duties, but were free to review care records and undertake other administrative tasks. This meant there was an open and transparent management which supported staff to be involved in the running of the service.

There was evidence that regular checks and audits were undertaken to monitor the service delivery. There were regular reviews of people's care records and care plans, to ensure they were up to date and audits of medicines to check they were being managed safely. The manager told us she was required to complete regular reports for the provider's quality improvement team and received quarterly updates on the performance of the service. This gave information on training completion for staff, supervision and appraisals undertaken, sickness levels and details of any accidents or incidents formally recorded. Any items that required addressing would be noted, although there were no current outstanding items. There was also a system of "peer review" visits across the provider organisation where managers from another service would review and spot check sister services to highlight any issues, in the style of a mock inspection. The operations manager confirmed she visited the location regularly and also kept oversight of the operation of the service. This meant there were a range of audit processes in place to monitor and improve the quality of the service.

The manager told us the service also undertook an annual questionnaire with people who used the service.

We saw copies of the most recent form completed, which were in an easy read format. The manager said some people did require staff support to complete the questionnaires, whilst others undertook them independently. The questionnaires asked if people found staff polite, if they felt staff listened to them, did they know how to complain, were they happy with staff support and were they able to keep in contact with friends. Six out of the nine people had returned the questionnaires and the responses received were overwhelmingly positive, with only one negative comment, which was not about the service directly and related to a GP appointment. Where issues were raised then these were addressed. For example, one person had requested to go swimming more often. Discussions had taken place with the person about how to manage their time overall and replace a current shopping session for a swimming session. This meant people were asked for their views about the service and action was taken where any issues were raised.

Records, including care plans, daily records and other documents related to the day to day running of the service were up to date, completed in good detail and stored securely.