

Nottingham Community Housing Association Limited

Patrick Court

Inspection report

37 Duke Street
Burton Latimer
Kettering
NN15 5UZ

Tel: 01536726386

Date of inspection visit:

05 January 2023

06 January 2023

Date of publication:

03 February 2023

Ratings

Overall rating for this service	Good ●
---------------------------------	--------

Is the service safe?	Good ●
----------------------	--------

Is the service responsive?	Good ●
----------------------------	--------

Is the service well-led?	Requires Improvement ●
--------------------------	------------------------

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Patrick Court is a supported living service that can accommodate 7 people living in their own homes on one site. 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. There were 2 people receiving personal care at the time of our inspection.

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

Right Support

There was enough staff to meet people's needs, however there was a reliance on the use of agency staff which meant that people did not always receive their care from staff that knew them well.

People were supported to maintain contact with their relatives. Staff enabled and encouraged people to take part in activities, which they enjoyed doing and helped them to experience new recreational activities. People were encouraged to develop new skills and have active and fulfilling lives.

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.

Periods of anxiety or emotional distress were recorded, which included the action taken by staff to support people. The registered manager considered these as part of the review process of people's needs.

Right Care:

Care plans had not always been updated to reflect people's current needs, however staff were aware of the support people required to meet their needs.

Staff understood how to protect people from poor care and potential harm. The service worked with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

Staff supported people to access health and social care support, which included a regular review of their prescribed medicines. Staff supported people with their medicines safely. Positive relationships had developed with local health care providers, who provided timely support, considering people's emotional

and sensory needs for planned appointments.

Right Culture:

There were systems in place to monitor the quality and standards of the service, however these had not always been effective at identifying areas for improvement.

Peoples care was regularly reviewed to ensure the care provided met their current needs. People's dignity and human rights were promoted, and people were encouraged to make decisions about their day to day routines.

Staff felt well supported and said communication was effective and the management team were visible and always available to discuss any concerns. However, a relative told us that they did not feel management were responsive and did not always address concerns raised.

Staff were safely recruited. All staff received an induction and ongoing training to ensure they could meet people's needs. Staff received training and information relation to the management and best practice guidance for infection prevention and control.

The staff worked well with external agencies and health and social care professionals, in supporting people with their ongoing care and support needs.

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

Rating at last inspection

The last rating for this service was Requires Improvement published 04 April 2020.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 13 February 2020. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Responsive and Well-led.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Patrick Court on our website at www.cqc.org.uk.

Follow up

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

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 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.

Patrick Court

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 1 inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service provides care and support to people living in 7 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.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

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 5 January 2023 and ended on 6 January 2023. We visited the location's service on 5 January 2023.

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.

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

We used all this information to plan our inspection.

During the inspection

We visited 1 person in their home and had a telephone discussion with their relative to gain their view of the service.

We spoke with 4 staff members that included the registered manager, two assistant managers and the contract manager. We sought feedback via email from 20 staff members and received 3 responses.

We reviewed a range of records. This included 2 people's care records and medication records. We looked at 3 staff files in relation to recruitment. A variety of records relating to the management of the service, including quality assurance audits, training records, key policies and meeting minutes were reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people were safe and protected from avoidable harm

At our last inspection the provider had failed to robustly assess the risks relating to the health, safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

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

- Improvements had been made to the risk management systems and we saw risk assessments in place for all known risks, for example, support needed for people to attend their chosen activities safely. One relative told us they were happy with how risks were managed by staff. They commented, "They are aware of [family members] risks and [family member] is safely cared for."
- There were detailed positive behaviour support plans in place for people who showed distressed behaviours. This meant staff had access to clear guidance on what behaviour a person may show, how this could be positively de-escalated and how to provide safe care and support when a person became distressed.
- Following an accident or incident, risk assessments had been reviewed and updated. Changes were discussed with staff at team meetings so that any lessons learned were shared with staff.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of potential harm. A relative told us, "Yes [family member] is safe. The staff do everything to keep them safe."
- Systems and processes were in place to help identify and report abuse to help keep people safe. For example, staff received training in safeguarding and were knowledgeable on how to identify the signs of abuse and how to report concerns. One staff member commented, 'As an alerter I would raise issues concerning, any forms of abuse to my line manager or the registered manager.'
- The registered manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised.

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 MCA 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 found that assessments showed where a person was unable to make a specific decision, any decisions made were in line with the person's best interests and was the least restrictive way. Records we looked at confirmed people were supported with their best interests and safety.

Staffing and recruitment

- There were enough staff to meet people's needs, however there was a reliance on the use of agency staff. A relative said, "They use agency staff a lot which means [family member] does not always have consistency and staff that know them." This did not appear to have an impact on people's care.
- Staff we spoke with felt there was sufficient numbers of staff to meet people's needs. They commented, 'No care is rushed, everyone is treated with dignity and respect and they receive appropriate care and support.' Another informed us, 'When we have the full quota of staff we have plenty of time with service users and I have rarely felt rushed or feel we need more time.'
- Rota's showed that staffing numbers were consistent.
- Appropriate DBS checks and other recruitment checks were carried out as standard practice. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People received their prescribed medicines safely from trained staff. Safe processes were in place for all areas of medicines practice including ordering, administration, storage and disposal.
- Staff received training in the safe management of medicines and their competencies had been checked.
- We saw evidence that regular auditing of medicines was carried out to ensure any errors could be rectified and dealt with in a timely manner.

Preventing and controlling infection

- Policies and procedures were in place to provide staff with guidance in relation to the prevention and control of the spread of infections. These were reviewed regularly and updated as necessary.
- People were helped to keep safe by staff who followed safe infection control practices. They received appropriate training in this, including how to use PPE to reduce the risk of COVID-19 infections.
- The registered manager regularly checked infection control practices to ensure staff followed current guidance and had access to a regular supply of PPE.
- The staff completed food hygiene training and followed correct procedures for preparing and storing food.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to 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

- Improvements had been made to the care planning process to ensure it was more person centred. A relative told us, "Overall [family member] is well looked after and is very happy." However, they expressed concerns that their family member often had male staff which the relative felt was inappropriate. We queried this with the registered manager who informed us that in the daytime the person concerned was supported by at least one female staff member who would be responsible for all of their personal care. They commented, 'We do not advocate male staff perform personal care.'
- The assessment and care planning process ensured people's identified needs could be met. Care plans provided guidance for staff to follow which included information about people's likes, dislikes, lifestyle and interests.
- People had? regular reviews of their care and their relatives or representatives were involved in this process. A relative said, "Family member has been having an ongoing review about their funding and I have been involved."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were considered as part of their assessment and their care plans described the level of support required. For example, the best way for staff to present information and any communication tools they may need to communicate effectively.
- Most records were held electronically and we saw care plans had been developed on the electronic system in a pictorial format so people could have a better understanding of what was in their care plan.

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 spend time with people who were important to them. This included visits to their family homes as well as relatives visiting the service. A relative said, "[Family member] comes home and I also visit them in their home."
- People were helped to pursue their hobbies and take part in new experiences which enhanced their lives and their well-being. We saw people attended activities of their choice such as walks, attending a day centre, shopping and drives out to country parks.

Improving care quality in response to complaints or concerns

- A complaints policy was available for people to access which could be made available in a different format if people required it.
- The provider had a system in place for complaints called FIX (Feedback, Improve, eXcel) which enabled monitoring of complaints in terms of management, trend analysis and identification of service improvements.
- Complaints were recorded and monitored to identify lessons learned and how the service could further improve.

End of life care and support

- At the time of the inspection, nobody was receiving end of life care. However, the registered manager told us that they could support someone at the end of their life with support from other health professionals and with specific training for staff.

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.

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has remained Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There was a registered manager in place who was supported by two assistant managers. A relative told us, "There doesn't seem to be a leader/manager. It's seems to be haphazard. You never know who is in the office."
- There were systems in place to monitor the quality and standards of the service, however these had not always been effective at identifying areas for improvement. For example, care plans had not always updated as people's needs changed. In one person's care plan it was recorded that they used a specific communication tool or a voice output aid. In addition, it was also recorded that the person used Makaton (a form of sign language) to communicate. However, when we enquired about these, we were informed the person did not use these communication systems. The assistant manager updated the care plans straight away.
- Systems to ensure staff including agency staff had access to accurate care plans was not effective. For example, there were separate paper care plans for agency staff to use as they did not have access to the electronic care plans. One person had been identified as at risk of choking, but this information had not been included in the agency staff care plan. The assistant manager informed us that agency staff would not work on their own and the assistant manager added this information to the care plan straight away.
- The provider asked relatives to complete satisfaction surveys so they could gain relatives views about the service. A relative told us that they had completed a satisfaction survey last year. They said, "I did put down what I thought but I had no feedback. Concerns are not addressed. I don't have confidence that if I raised concerns they would be followed through."
- Staff felt well supported and said that communication was effective. One staff member commented, 'We have lots of good communication and information. We get emailed with any updates and we have a Newsletter which we receive Monthly. We also have regular meetings.' Another informed us, 'Communication at Patrick Court has definitely improved over the last few months. When I first started, communication wasn't great, and I felt the only time I would hear of changes was by chance in overhearing conversations.'

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

- The registered manager was keen to ensure staff felt valued. One staff member commented, 'I feel very

supported. The registered manager is very supportive, friendly and approachable. We have an open-door policy and they are also available via telephone outside of their working hours to help with queries and concerns.'

- Staff informed us the culture of the service had significantly improved. The management team were visible, and staff felt able to raise concerns with the registered manager. One staff member commented, 'I've been here for 5 1/2 years and this is the best management team we have had.'
- The provider invested in the learning and development of its staff, which benefited people through the maintenance of a stable, motivated and skilled staff team. Staff told us this made them feel valued and appreciated.

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; Working in partnership with others

- The registered manager worked in an open and transparent way when incidents occurred at the service in line with their responsibilities under the duty of candour.
- People living in the service had access to advocacy services when needed to ensure their views and wishes were heard and made known.
- The service worked in partnership with the Speech and Language Therapy (SALT) for input with communication needs related to eating and drinking.
- There was collaborative working with specialist services such as consultant psychiatrists, the eating disorder team, neurology and specialist epilepsy nurse, diabetic nurse and dermatology services.