Nottingham Community Housing Association Limited

Personalised Support Team - North Nottinghamshire

Inspection report

Unit 3, The Point
Coach Road, Shireoaks
Worksop
Nottinghamshire
S81 8BW

Tel: 01158443540
Website: www.personalisedsupport.org.uk

Date of inspection visit:
17 April 2018
18 April 2018

Date of publication:
25 May 2018

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 was announced and was completed on the 18 April 2018. This service provides care and support to people living in three supported living' settings, so that they can live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support

The provider also included some domiciliary care provision. This is defined as providing personal care to people living in their own houses and flats in the community. Not everyone using the service receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of our inspection 27 people were being supported under the regulated activity of personal care.

There was a registered manager in post. 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.

At the last inspection we asked the provider to make improvements to some areas of the service and we saw these improvements had been made. People felt safe and staff understood how to report any concerns. Risk assessments had been completed and staff provided guidance in relation to equipment and the environment. There were sufficient staff to meet the needs of people and the service was developing systems to improve consistency. The appropriate checks had been made to ensure staff were suitable to work with people. When open recruitment days had been completed people using the service had been part of this process. Medicines were managed safety and the risk of infection was managed. The service learnt from events and used this to develop new systems.

Staff received training to support their role. This ensured the staff were able to support people. New staff received an induction prior to commencing their role. When people required support with their diet, guidance was provided to consider the requirements of people's needs. Choices were made available in relation to meals and daily living. When people required support from health care professionals referrals had been made. People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

People had established relationships with staff and these showed a caring and individual connection. People felt their dignity was respected and their needs considered. This was reflected in encouraging people's independence.

Care plans were person centred and reflected the needs of the person. When needs changed these had been

reviewed and the changes made. Details in the care plans reflected equality characteristics and communication needs. The provider had considered how information was shared with people and offered it in a range of formats. When part of the care package some people were supported with going out and accessing community services. Complaints were responded to and concerns addressed in line with the policy.

There was a registered manager in post who understood their role in relation to the regulations. Audits had been completed to ensure that the required measures had been done and any areas of concern were addressed. People were able to provide feedback on the service and this information was used to drive the service improvements. Partnerships had been developed with linked services and those in the community or health care sector. Staff felt supported in their role by the registered manager and the provider.

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

People felt safe and staff understood how to protect people from harm.
Risk assessments had been completed in relation to the environment and aspects of care.
People received support staff and there was an initiative to develop more consistency in this area.
When people required support with medicines this was managed safely. Measures were taken to protect people from the risk of cross infection.
Lessons were learnt when incidents occurred to drive changes.

Is the service effective?

Good

The service was effective

When people lacked the capacity to make decisions these had been made through best interest meetings and were decision specific.
When required people received support with their diet and meal choices.
Specialist advice was sought promptly when people needed additional support to maintain their health and well-being.
Staff had received training and an induction which gave them the skills they needed to care for people effectively.

Is the service caring?

Good

The service was caring

People had established relationships with the staff and were encouraged to be independent.
Care was provided in a responsive and respectful to ensure people retained their dignity.

Is the service responsive?

Good

The service was responsive

People received care which reflected their needs and

preferences.
Staff had a good understanding of equality requirements and information and communication was provided to suit people's level of understanding.
There were opportunities for people to choose how they spent their leisure time.
There was a complaints procedure available and responses had been responded to in line with the policy and concerns addressed.

Is the service well-led?

Good

The service was well-led

Regular audits had been completed to reflect changes required and to drive improvements.
People's views had been obtained and their voice used to develop the services strategy. The registered managers understood their registration requirements.
Staff felt supported by the registered mange and provider in developing their role.

Personalised Support Team - North Nottinghamshire

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 comprehensive inspection took place on 18 April 2018 and was announced. We gave the service five working days' notice of the inspection site visit so that we could organise to speak with and visit people who used the service. It was completed by one 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. The inspection site visit activity started on 17 April 2018 when the expert by experience called people on the telephone for their feedback. They spoke with eight relatives. It ended on 18 April 2018 when the inspector visited the office location to see the manager and office staff; and to review care records and policies and procedures.

The provider completed a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used this and information we received from the provider through statutory notifications to plan the inspection visit.

We spoke with the registered manager, one care manager, one quality supervisor, the system coordinator and two support workers. [We have referred to staff except the registered manager as care staff throughout the report.] We reviewed care plans for four people to check that they were accurate and up to date. We also looked at the systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement. We reviewed audits and quality checks for medicines management, reviews of calls, quality feedback and complaints. We also looked at three staff recruitment

files.

Good

Is the service safe?

Our findings

At our last inspection in May 2017 we found that the provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not ensured that medicines were managed safety. At this inspection we found that the required improvements have been made.

We saw when people required support with their medicine, systems were in place to ensure the process was safe. One relative said, "The staff carry [name's] inhaler and support when this is needed." People's medicines were stored within their own home and a risk assessment completed to record how the medicine was stored and the support required for administration. We saw some people had medicine on an 'as required' basis; there was a protocol which provided staff with guidance on when these should be given and the expected outcome. All administrations of medicine were recorded on a medicine administration sheet and these were reviewed on a monthly basis. This showed that medicines were managed safely

People were protected from abuse by staff who understood how to identify signs and report in line with procedures. One relative said, "[Name's] care is safely delivered." Another relative said "Excellent staff; they work very patiently and gently with [name's] needs. They talk through how they are going to wash and dress them in a very sympathetic manner." Staff told us how they would report any concerns to their line manager or the local authority. We reviewed safeguarding with the manager and saw that safeguarding notifications had been raised when required. When safeguarding concerns had been raised they were investigated and learning used to improve practice. For example, in one of the supported houses, there had been an issue with the water temperature; measures had now been put in place to ensure the temperatures were regulated to safeguard people from risk of harm.

We saw that risks to people's safety had been assessed. Where the person required equipment this was assessed and guidance provided. One relative said, "[Name] cannot verbally communicate and has to be transferred using a hoist from a chair, wheelchair and onto the toilet." They added, "I think the staff are very well-trained. They are extremely patient in the way they communicate. They use the hoist very professionally and follow my instructions to the letter, because [name] likes being moved in a particular way." Other assessments covered aspects of the environment. For example, access into the property.

There was a mixed of opinion on there being sufficient staff. The concerns mainly related to the consistency of staff. People and relatives told us when established staff were in place the outcome was positive. One relative said, "When the staffing rota works properly the support provided is very good." Another relative said, "I find the carers to be very reliable and [name] gets on extremely well with the staff." We discussed the issues relating to consistency with the registered manager. They were aware of the issues and we saw that action had already been taken to address these concerns. These included an ongoing recruitment drive which included social networks and local advertising. The registered manager was also reconfiguring the way people's calls had been planned. These were being rearranged to improve the geographical arrangements and reduce the travel time. When these arrangements had an impact on a person's call time or staff member they had been consulted. Information was provided to people about any changes or delays

in the service. We saw that people had been involved in the recruitment process, when the service had open days at the library. We reviewed the programme used for planning the care and spoke with staff. One staff member said, "We are struggling to recruit, but we do get he calls covered. It's not always the consistent staff, which causes problems for people." Another staff member said, "Staffing has been an issue, but we have some methods and changes which should make things better for people." This meant there was a planned approach to develop the staffing requirements for people's needs.

We saw that checks had been carried out to ensure that the staff who worked at the home were suitable to work with people. These included references and the person's identity through the disclosure and barring service (DBS). The DBS is a national agency that keeps records of criminal convictions. If any concerns are reflected in these checks we saw that risk assessments had been completed and reviewed. One member of staff told us that they had to wait for their DBS check to come through before they started working. This demonstrated that the provider had safe recruitment practices in place.

People were protected from the risk of infection. One relative told us, "The carers use gloves and aprons where appropriate and they carry out their duties in a clean and hygienic manner as required by the care plan. We also have shoe protectors to respect people's homes." Staff we spoke with told us they had access to gloves and aprons. One staff member said, "We have supplies in people's homes, I have some in my car and you can always restock at the office."

Good

Is the service effective?

Our findings

Staff had received training in different aspects to support their role. One staff member told us how they had received training in Autism. They said, "It was really interesting, we watched a video which reflected the same scene for a person with and without Autism. It showed how some person with Autism were risk of increased sensitivity to smells and noise." They added, "It has made me more aware when considering where we are going and the risk assessments." Other people had received training which was specific to people's health conditions. A relative said, "Some of the staff have received training with regard to the support for [name's] stoma." A staff member said, "The training is good and you can ask for additional training in areas of interest or in relation to the people you are supporting."

Staff told us how they were supported at their induction. Staff with no care experience completed the care certificate. Other staff with some care experience were supported with aspects of the care certificate following a competency assessment. The care certificate sets out common induction standards for social care staff. In addition to training new staff received shadowing opportunities so they could become familiar with the role before commencing on their own. This was provided for both care staff and those working in the office.

When people required support with their meals this was provided. Staff told us they gave people a choice of the meals available in their home. The care plans contained detailed information about each person's dietary needs. For example, when a person is on a reduced sugar diet or their meal needs to be prepared to a specific texture to avoid the person choking. One staff member told us, "We check people's blood sugars and we have information in the care plan of what to do if it's too high or too low." Staff we spoke with were able to explain the different support they would provide in this situation. Within the supported living homes, the meals were planned with the people, so that they could reflect on their choices and preferences. This meant people were supported with their nutritional needs and provided with choices.

People were supported with their health care when required. For example, if people were unwell support was given to contact the appropriate health care professional. We saw within the supported living homes the staff made referrals to support their wellbeing. For example, doctors and dentist. When required people were accompanied to these appointments and any guidance or follow up information was recorded. People had also been referred to health professionals when their care needs changed. For example, when a person's mobility was reduced, they were referred to an occupational therapist (OT) so that the correct equipment could be obtained. Some people had detailed plans from the OT to provide guidance on the equipment and its usage. These were available within the care plans and staff we spoke with were aware of them.

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. The application procedures for people living in their own homes is through the Court of Protection [CoP]. On this inspection we checked whether the provider was working within the principles of the MCA.

We saw that when people were no longer able to make decisions about their safety or support needs, capacity assessments had been completed. These were focused around the specific decisions and described how capacity had been assessed and a best interest decision had been recorded. Staff we spoke with understood the need and importance of following the MCA. Staff knew to obtain consent before they provided the care required. Some people had been referred to the Court of Protection and this had been authorised. For other people we saw the necessary referral documentation had been completed and it was awaiting the local authority's processes to be completed.

Good

Is the service caring?

Our findings

Relationships had been developed and relatives reflected on the care that had been provided. One relative said, "[Name] has been really well cared for. Over the last three years they have developed really close friendships with some of the carers. Another relative said, "The carers work very well to make [name] happy. In turn this makes me very happy. Over the last four years I think the service has improved and the managers are doing a very good job." One staff member said, "I like building the relationship. You can find things to like about people and then bond with them and the team"

People had been supported to be independent. One relative said, "Staff have worked very hard to make their life as easy as possible." We saw within the care plans and through conversations with the staff that people were encouraged to be as independent as possible. For example, care plans identified the areas of the care people could do, 'able to wash the upper part of their body.' Or the plans identified the initial steps of a task so the person could complete it, like cleaning their teeth. One staff member said, "I always check with the person their level of independence, as even if it says it in the care plan the person may not be feeling well or want to do a little more."

We saw how one person's journey had been mapped using a scrap book. The registered manager told us the person had previously had limited social aspects or independence due to their behaviour placing them and others at risk. Staff had worked with the person to reduce these. The manager said, "This book details the achievements, it shows the persons transition and all the new experiences they had been able to experience."

People were supported to make their own decisions, however for larger decisions people could access an advocate. Staff were able to describe the situation people had used an advocate, like when they chose their care placement. At the time of the inspection no one was currently using an advocate. An advocate is a person who supports someone who may otherwise find it difficult to communicate or to express their point of view.

Relatives told us they were kept informed of any changes or support requirements. One relative said, "The carers talk us through everything they do. They do this with us and [name]." another relative said, "Most of the carers are very professional in supporting [name's] needs."

Staff understood the importance of ensuring people's dignity and maintaining respect. A relative told us, "Staff treat [name] with respect and dignity and they treat us the same way too." Another relative said, "[Name] was always clean and smartly dressed, which is important."

Care plans were stored securely in the main office and within the supported living homes they were kept securely in a locked cabinet accessible by staff members working at that location. Some locations also used IPADs for information and accessing details from the main system. These were password protected. People were also protected from the risks of unwanted intruders when they received care within their home. For example one person who was sight impaired had often let people into their home and had been subject to

unwanted visitors. Care staff had worked with the person to develop a system of code words, so that the person knew who was calling. This showed the service provided a protection element to the care they provided.

Good

Is the service responsive?

Our findings

Our last inspection found whilst the provider was not in breach of any regulations the care plans had not always been updated to reflect the care being provided. We reported on these in our last report. During this inspection we found that the provider had taken note of our comments and had made improvements. We reviewed four care plans and found they reflected the care the person received. The care plans reflected individual features of peoples care, their life and characteristics about the person. These included preferences, ways to communicate and social aspects. For example, thumbs up or down, sign language or pictorial cards. The care plans had been reviewed and family members or those important to people had been involved. We saw the care plans had been updated when people's needs changed and there was also a log of contacts made in connection with the care. One staff member said, "The care plans are well detailed and you can always contacted the office for any clarity." Another staff member said, "I always check the plans, a lot can happen in a few days, you can access the care plans on the IPAD, which has all the different sections, personal care, diet etc."

We saw that people's cultural needs had been considered. One person enjoyed music from their place of origin and staff told us they ensured this music was available. Staff understood the importance of recognising peoples equality needs and any details relevant to support the person was recorded in the care plans.

The care was organised through the office. People told us that when they required changes these had been accommodated, for example additional hours of care during breaks from attending education settings. The office coordinator said, "We try to accommodate these life changes things with extra calls or changing calls earlier to later."

The Accessible Information Standards (AIS) is a framework put in place from August 2016. This is a legal requirement for all providers of NHS and publically funded care to ensure people with a disability or sensory loss can access and understand information they are given. We saw information was provided in different formats, for example larger print or in an easy read format which showed pictures to support people's understanding. People were also supported through a range of communication methods. One relative told us how their relation had developed hand movements, which the care staff were able to respond to in terms of communication.

One supported living service supported people with a hearing impairment. Some of the staff supporting these people were also hearing impaired. The main method of communication was British Sign Language. They also used email and written information. Interpreters were used to support meetings and to ensure any area of uncertainty. The manager of the service and registered manager were able to sign and this enabled support when required for the home or the staff.

Other services used Makaton and we saw training was available to enable staff to keep this method of communication up to date. Makaton is a sign language programme, devised from the British Sign Language to provide a means of communication to individuals who cannot communicate efficiently by speaking.

People were supported to go out and some people were supported by the staff at the day care centre. One relative said, "[Name] really enjoys going to the day centre and is well looked after by the staff who helps with all the activities." Other people were supported to go out and received support from the care staff. One relative said, "My daughter really looks forward to going out with the two care staff who take them every Friday. Although [name] is unable to speak the carers really understand their needs and [name] enjoys their company very much indeed." They added, "They always ask what they want to do, like to go to the cinema or do some shopping. They seem to have a really good time."

We saw the provider had a complaints policy. This was available in different formats to enable people to access this information, this included an easy read version and larger font. One relative said, "Staff listen and pay attention to any issues and deal with them quickly." We saw how any complaints had been recorded and responded to in line with the policy. For example a relative had complained in relation to timely communication. We saw the complaint was fully investigated and a formal written response offering an apology and resolution was completed. The registered manager had recorded verbal concerns as a complaint so that they could follow the process and provide the person with assurances that they had listened to their concerns.

At the time of this inspection the provider was not supporting people with end of life care, so therefore we have not reported on this. The staff had received training in this area and the provider had recorded were appropriate peoples wishes and arrangements.

Good

Is the service well-led?

Our findings

There was a registered manager in post. 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.

Our last inspection found whilst the provider was not in breach of any regulations in this domain, however there were aspects of the running of the service which required improvements. We reported on these in our last report. During this inspection we found that the provider had taken note of our comments and had made improvements.

Relatives we spoke with told us they felt able to contact the office when they required any information or changes to their care needs. One relative said, "I find the whole care team very reliable and trustworthy. I would certainly recommend them to other people in similar circumstances." During the telephone calls we made, it was identified that sometimes the response from some member of staff was not responsive. We discussed this with the registered manager. They had already identified this as a concerns and had commenced a range of supervisions and meetings to improve communication and ways of addressing these concerns.

Care staff felt supported by the provider and registered manager. We saw and records confirmed that supervisions had taken place to guide staff with their role. One staff members said, "I get on really well and feel there is support whenever I need it. The manager is always on the end of the phone at any time not just nine to five." Another staff member said, "The supervision looks at my role and how I am doing and what I might need. The support is great." Some care staff had been shortlisted as finalist to the national care awards in the East Midlands. The manager said, "It's a great achievement and nice to be recognised for the care we provide."

The registered manager told us they felt supported by the provider. They had regular supervision and linked up with other managers within the provider's portfolio to share ideas and offer support. We saw how the provider listened to the needs of the staff. For example, following some new e-learning training on data protection it was agreed this was not easy to access. This was reflected back to the training section of the organisation and changes were made. We saw these changes had been shared with the staff team. This showed that the provider listened to changes required to support the staff's needs.

The registered manager completed a range of audits to ensure the services and the supported living homes are working to the regulations. The provider had a monthly theme which had a focus on an area. These were linked to the care domains identified in our reports. These areas of audits were monitored by the providers own quality team, who looked to reflect on the audits and when required established action plans to address any outstanding improvements. For example, one audit identified that on supported living home had not been checking the emergency lighting. This was reflected in an action plan, discussed with staff and the measures implemented. We found these checks were now being completed. Other audits were used to

check medicines management. We saw any areas of concern were addressed and reviewed at the next audit.

People's views had been considered. We saw that questionnaires were sent to people on an annual basis. These were provided in a range of formats, easy read and larger font to ensure that all those receiving care had an opportunity to respond. The results of the survey were shared with people and when areas of concern had been addressed, the actions taken were also shared. For example, people had commented on the amount of paperwork and this was recognised and reduced or offered in a different format to aid understanding. We saw how people's comments from the annual survey had been incorporated into the annual service strategy. For example, staff consistency was reflected and the identified methods being used to address this concern.

It is a legal requirement that a provider's latest CQC inspection report is displayed at the service where a rating has been given. It is also a requirement that the latest CQC report is published on the provider's website. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed their rating at the service and on their website. The registered manager understood their role and ensured we were notified of any concerns linked to the service so that we could monitor the actions and outcomes.

The service worked in partnership with a range of other services within its organisational portfolio. This meant the provider had a range of connections to different partners. For example, one linked service supports people with their benefits and financial needs. Staff told us, how they had used this link to support people. One staff member said, "We know all the staff and the connections so it makes the links easier and more straight forward for the person." We saw these connections were used to develop a range of support for people and this in turn linked to other partnerships like local charities and Age UK.