

The Camden Society

# North Cherwell Supported Living

## Inspection report

Redlands Centre  
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12 July 2018

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

This inspection took place on 10 and 12 July 2018 and was announced.

This service provides care and support to people living in a 'supported living' setting, 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.

At the time of the inspection, the service supported 18 people.

There was a registered manager in place. 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

People who were supported by the service felt safe. Staff had a clear understanding on how to safeguard people and protect their health and well-being. People received their medicines as prescribed. There were systems in place to manage safe administration and storage of medicines.

The service had robust recruitment procedures and conducted background checks to ensure staff were suitable for their roles.

People had a range of individualised risk assessments in place to keep them safe and to help them maintain their independence. Where risks to people had been identified, risk assessments were in place and action had been taken to manage the risks. Staff were aware of people's needs and followed guidance to keep them safe.

Staff received adequate training and support to carry out their roles effectively. People felt supported by competent staff that benefitted from regular supervision (one to one meetings with their line manager) and team meetings to help them meet the needs of the people they cared for.

The registered manager and staff had a good understanding of the Mental Capacity Act 2005 and applied its principles in their work. Where people were thought to lack capacity to make certain decisions, assessments had been completed in line with the principles of MCA. Staff were knowledgeable about the rights of people to make their own choices. This was reflected in the way the care plans were written and the way in which staff supported and encouraged people to make decisions when delivering care and support.

People's nutritional needs were met. People were given choices and were supported to have their meals when they needed them. Staff treated people with kindness, compassion and respect and promoted people's independence and right to privacy. People received care that was personalised to meet their

needs.

People were supported to maintain their health and were referred for specialist advice as required. There were good systems in place to allow safe transitioning between services.

Staff knew the people they cared for and what was important to them. Staff appreciated people's life histories and understood how these could influence the way people wanted to be cared for. Staff supported and encouraged people to engage with a variety of social activities of their choice in the community. People were supported to work.

The service looked for ways to continually improve the quality of the service. Feedback was sought from people and their relatives and used to improve the care. People knew how to make a complaint and complaints were managed in accordance with the provider's complaints policy.

Leadership within the service was open, transparent and promoted strong organisational values. This resulted in a caring culture that put people using the service at its centre. People, their relatives and staff were complimentary about the management team and how the service was run.

The registered manager informed us of all notifiable incidents. Staff spoke positively about the management support and leadership they received from the management team.

## 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 a good understanding of safeguarding procedures.

Risks to people were assessed and risk management plans were in place to keep people safe.

There were enough staff to keep people safe.

Medicines were managed safely.

### Is the service effective?

Good ●

The service was effective.

Staff had the knowledge and skills to meet people's needs.

The MCA principles were followed and people were cared for in the least restrictive way.

People were supported to access healthcare support when needed.

### Is the service caring?

Good ●

The service was caring.

People were treated as individuals with dignity and respect and supported to maintain their independence.

Staff knew how to maintain confidentiality.

### Is the service responsive?

Good ●

The service was responsive.

Staff understood people's needs and preferences. Staff were knowledgeable about the support people needed.

People had access to unlimited activities and were supported to work.

People knew how to raise concerns and concerns.

**Is the service well-led?**

**Good** ●

The service was well-led.

People and staff told us the management team was open and approachable.

The leadership created a culture of openness that made people feel included and well supported.

The provider had systems in place to monitor the quality and safety of the service and drive improvement.

# North Cherwell Supported Living

## **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 10 and 12 July 2018 and was announced. The inspection team consisted of an 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.

Before the inspection we reviewed the information we held about the service and the service provider. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law. We reviewed previous inspection. We also obtained feedback from commissioners of the service.

We spoke with 10 people and two relatives. We looked at three people's care records and medicine administration records (MAR). The methods we used to gather information included pathway tracking, which is capturing the experiences of a sample of people by following a person's route through the home and getting their views on their care. During the inspection we spent time with people. We visited three people in their homes and observed the way staff interacted with people. We spoke with the registered manager, two care coordinators and four care staff. We reviewed a range of records relating to the management of the service. These included six staff files, quality assurance audits, minutes of meetings with people and staff, incident reports, complaints and compliments. In addition, we reviewed feedback from people who had used the service and their relatives.

# Is the service safe?

## Our findings

People told us they felt safe receiving support from North Cherwell. People's comments included; "Course I feel safe", "Yes I am safe" and "I do actually feel safe". One person's relative told us, "As a parent you always worry when your child leaves home, I'm more than happy that he is safe at the home". Another relative said, "Yes I have no concerns about his safety".

Staff had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe. Staff had attended training in safeguarding vulnerable people and had good knowledge of the service's safeguarding procedures. Staff were aware of types and signs of possible abuse and their responsibility to report and record any concerns promptly. One member of staff said, "We report concerns to the manager, safeguarding team or the Care Quality Commission (CQC)".

People's care and support plans included risk assessments and where risks were identified there were management plans in place to manage the risks. Staff were aware of the risks to people and used the risk assessments to inform care delivery and to support people to be independent. Risk assessments included risks associated with: kitchen use, medicines, community based activities, nutrition and environment. Records showed people had Personal Emergency Evacuation Plans (PEEP) in place. These contained detailed information on people's mobility needs and additional support required in the event of a fire. Ways of reducing the risks to people had been documented and staff knew the action they would take to keep people safe.

People benefited from a culture that encouraged positive risk taking and this promoted personal growth and independence. Risk assessments and decision-making pathways were used to allow choice and enable the development of people's independence. People were supported and encouraged to try new things. For example, one person had been supported to have a holiday with their family over a weekend. These were small things that they would do which made huge differences in their daily lives.

The provider had systems in place to safeguard people from financial abuse. Where a person was unable to manage their own day to day pocket money and expenses due to a lack of understanding, appropriate arrangements were in place for staff to manage their finances. All money spent on behalf of people was recorded and receipts were obtained. Staff conducted audits of people's finances and this protected people effectively from the risk of financial abuse.

People were supported by sufficient staff to meet their individual needs. The provider employed permanent staff who were supported by regular agency staff if needed. Staffing levels were determined by the people's needs as well as the number of people using the service. Staff rotas showed there were enough staff on duty to meet the required amount of support hours. They also showed there was enough staff to meet people's needs. One person's relative told us, "There has been some issues regarding retention of staff, however, I don't think this is to do with the setting, it's a problem nationally. What they do, if they have agency staff in, is they always try and get staff that have been to the place before for continuity".

Staff told us they were enough staff to meet people's individual needs. One member of staff said, "We have enough staff. We have recruited new staff waiting to start". The registered manager also told us the provider had conducted a recruitment drive through a private company which had been positive.

The provider followed safe recruitment practices. Staff files included application forms, records of identification and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (DBS) to make sure staff were suitable to work with vulnerable people. The DBS check helps employers make safe recruitment decisions and prevents unsuitable potential employees from working with vulnerable people.

Accidents or incidents relating to people were documented, thoroughly investigated and actions were followed through to reduce the risk of further incidents occurring. The registered manager audited and analysed accidents and incidents to look for patterns and trends to make improvements for people who used the service. Staff knew how to report accidents and incidents. Staff told us and records showed shortfalls were discussed with the aim of learning from them.

People received their medicines as prescribed. The provider had a medicine policy in place which guided staff on how to administer and manage medicines safely. Records showed staff administered medicines to people in line with their prescriptions. There was accurate recording of the administration of medicines. Medicine administration records (MAR) were completed to show when medication had been given or, if not taken the reason why. Staff records showed staff had received training and had competence checks for administering medicines.



# Is the service effective?

## Our findings

At our last inspection on 29 September 2016, we found staff did not always receive refresher training, supervisions and yearly appraisals. These concerns were a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection on 10 and 12 July 2018 we found improvements had been made.

Records showed and staff told us they received the provider's mandatory training before they started working at North Cherwell. Staff were also supported to attend refresher sessions regularly. Mandatory training included; manual handling, safeguarding, equality and diversity and fire safety. Staff told us training was available to them. One member of staff said, "We are redoing training in autism management".

Staff were supported to improve the quality of care they delivered to people through the supervision and appraisal process. Staff received their one to one supervision meetings with their line manager. This gave staff the opportunity to discuss their performance, raise concerns and identify any development needs they might have. Records showed that these checks were undertaken and identified any areas where the quality of care people received could be improved. One member of staff told us, "We have supervisions every three months and find them useful".

People received care from staff who had the skills and knowledge needed to carry out their roles. New staff were supported through The Care Certificate standards training. The Care Certificate is a set of standards to ensure all staff have the same induction and learn the same skills, knowledge and behaviours to provide compassionate, safe and high-quality care and support. Staff told us training was available to them. The induction programme included training for their role and shadowing an experienced member of staff. The induction plan was designed to ensure staff were safe and sufficiently skilled to carry out their roles before working independently.

Records confirmed and people's relatives told us people's needs were assessed before they received support from North Cherwell. This allowed gathering of the necessary information that formed the base of support planning process. The assessments showed that people, and where applicable their families, were involved in this process.

Staff were aware of people's dietary needs and preferences. Staff told us they had the information they needed and were aware of people's individual needs. People's needs and preferences were also clearly recorded in their support plans. Care records showed staff discussed people's dietary needs and support on a day to day basis and people received adequate support. There were systems in place to support people to be independent with preparing meals. Staff told us they were aware of the importance of encouraging people to have a good intake of fluids and food. Records showed people's weight was maintained. Some people were supported to lose weight.

People's consent was sought before any care or support was given. Staff we spoke with told us they would explain support to be given and seek the person's consent. We observed staff seeking verbal consent

whenever they offered support. We also saw in support files that people, or family members and advocates on their behalf, gave consent for care they received, in line with best interest decision making guidance. Staff told us consent was always sought and the response was not necessarily obtained verbally. Staff observed people's body language which determined if a person was happy with the support offered.

People were supported in line with the principles of the Mental Capacity Act 2005 (MCA). The 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

The registered manager and staff ensured that the rights of people who may lack mental capacity to take particular decisions were protected. Where people did not have capacity to make certain decisions, there was evidence of decisions being made on their behalf by those that were legally authorised to do so and were in a person's best interests. Staff told us they understood the MCA. One member of staff said, "Everyone is deemed to have capacity unless proven otherwise. We use advocates if we need to".

People's support records showed relevant health and social care professionals were involved with their care. People were supported to stay healthy and their support records described the support they needed. One person told us, "Staff go to all my appointments with me".

Each person had a health action plan which gave information about how they should be supported to maintain good health and what action should be taken if they were unwell. Health action plans included information crucial to healthcare staff, such as how to communicate with the person and what medicines they were taking. Some people were living with long term health conditions, such as epilepsy and diabetes. The information in these plans was detailed and specific so that staff knew exactly what to do if the person became unwell.

## Is the service caring?

### Our findings

People were happy with the care they received. One person told us, "I like the girls, they are lovely". Another person said, "I like living here. I like the staff, I'm happy". People's relatives were positive about the care people received. One person's relative said, "The staff are lovely, [Person] has a good relationship with all the staff. Even the agency staff are really nice and he gets on with them".

When we visited people in their homes, we observed many caring interactions between staff and the people they were supporting. People's preferred names were used on all occasions and we saw warmth and affection being shown to people. There was a calm atmosphere. There was chatting, laughter and use of appropriate humour. People looked very relaxed and comfortable around staff.

Staff were respectful in their approach to ensure people were not distressed or worried by having an inspector in their homes. The inspector was introduced to people. Staff took time to explain the purpose of our visit to people and sought people's consent for us to speak with them. Staff told us how each person preferred to communicate and shared any special methods of communication such as by body language, hand signals and pictorial aids to ensure we were able to obtain views from all people. Understanding people's specific ways of communicating also meant staff ensured people were able to consent to and be involved in decisions about their care. For example, if one person said 'tea please', it meant they were hungry. One member of staff commented, "We talk to people in a language that they understand"

Staff told us they enjoyed working at the service and supporting people. One member of staff said, "We are a good team and we make sure people are safe. I like that as a service we give people so much choice to do what really matters to them". Another member of staff told us, "I like making a contribution to society and putting a smile on someone's face".

People were treated with dignity and respect by staff. Staff ensured people received their support in private and staff respected people's dignity. Staff described how they treated people with dignity and respect. One member of staff said, "We support people the way they want to be treated".

People were involved in their care. Records showed where appropriate, people's relatives and advocates signed documents in support plans to show they wished to be involved in the plan of care. People's relatives told us they had been involved in developing support plans and reviewing care. One person told us, "I have a meeting with [Staff] and talk about things I like doing". One person's relative said, "We are always involved in the planning and reviewing sessions. They keep me informed of anything they feel I would need to know, such as if he is unwell".

Each person's support plans detailed repeatedly the importance of people maintaining their independence where possible. For example, people were supported to be in relationships and to have jobs. Staff told us that people were encouraged to be as independent as possible. One member of staff said, "We put independence at the centre of our support planning. We support, not take over care". People had access to assistive technology to support their independence. For example, personal pendants. These are personal

alarms which allow people to call for assistance allowing them to remain safe in their homes.

Staff were provided with guidance in relation to confidentiality and were aware of the provider's policy on confidentiality. Staff told us, "We do not disclose information to people who are not concerned" and "We don't talk about people in public". We saw staff logging on and off password protected computers in the office. People's records were only accessible to staff. The registered manager was aware of the implementation of the General Data Protection Regulation (GDPR). From May 2018, GDPR is the primary law regulating how companies protect information.

## Is the service responsive?

### Our findings

Support plans were personalised and contained detailed daily routines specific to each person. This prevented triggering any challenging behaviour due to change of routine. These included what was important and essential to people. For example, one person thrived on consistency with everything. The support plan guided staff on how to maintain consistency with this person and ensured they received support from the same staff in exactly the same routine.

People had positive behaviour support plans in place. These guided staff on how to prevent and manage any challenging behaviours. For example, they had information on triggers, signs, as well as proactive, active and reactive strategies. Staff told us and records showed these positive behaviour plans had significantly reduced chances of challenging behaviours.

During the inspection we found people's support plans in their homes and the ones in the office differed. Some support plans in the office were incomplete and missed key information. For example, some office support plans did not have health action plans and risk assessments. The registered manager told us they were in the process of transitioning office care plans into electronic versions and made sure all staff were aware of the process and followed people's support plans in people's homes. This reduced any risk of incorrect information which could affect support.

Staff told us and records confirmed the provider had a keyworker system in place. A keyworker is a staff member responsible for overseeing the care a person receives. They liaised with families and professionals involved in a person's life. This allowed staff to build relationships with people and their relatives and aimed at providing personalised care through consistency. People knew their keyworkers and worked very closely with them as well as relatives to ensure support planning was specific to each individual. Records showed staff completed weekly key worker meetings with people to discuss any changes and preferences.

Support plans were reviewed monthly to reflect people's changing needs. Where a person's needs had changed, the care plan had been updated to reflect these changes. For example, one person's behaviour became more challenging. A full review with other healthcare professionals was initiated and the person's medicines changed. The support plan and risk assessments were updated to show the changes.

The service was responsive to people's needs. For example, one person who suffered regular chest infections was supported to stop smoking. The service involved the GP and the learning disability team to ensure the person had full support as required. Records showed the person experienced a significant reduction of chest infections following the smoking cessation.

Another person who was not comfortable with hospitals was supported to receive medical care which included scans. The service liaised with the hospital so they could open the department earlier to accommodate this person and ensure they did not have to wait. The person received the medical care which they needed.

The service had good systems in place to ensure smooth transition between services. People had 'hospital passports' which had all the important information to allow continuity of care. These included important information on communication, likes and dislikes, health information and allergies.

People's wishes and preferences were used to identify meaningful activities of interest for people. Each person was supported to develop a weekly activities plan with pictorial aids that involved work days, a number of social groups and activities of their choice such as bingo, shopping, and cooking. The service facilitated 'fun days' where people were involved with choosing what they wanted to do. People were supported to work and provided with job opportunities. One person told us, "I go to work so you won't find me here. I like my job"

People were supported to have holidays of their own choosing. These included visits to holiday parks, the sea side and local cities. The holidays were planned well in advance and people and their relatives were fully involved throughout the planning process. People had holiday risk assessments done to ensure their safety.

People and their relatives knew how to make a complaint if required and were confident action would be taken. The provider had a complaints policy in place. There was also a complaints procedure for people in 'easy read' format (straightforward, clear English supplemented by photographs). One person told us, "If I'm not happy, I can talk to the office". Relatives spoke about an open culture and felt that the service was responsive to any concerns raised. One person's relative told us, "I have no concerns re-approaching staff if I have any worries, we have had a few issues, but I felt that they were dealt with". Staff were clear about their responsibility and the action they would take if people made a complaint. Records showed no complaints had been raised since our last inspection. The service had received many compliments and positive feedback about the staff and the support people had received.

People were given an option of having an end of life care plan. Families and advocates had been involved in some cases but others families had found it too difficult to address. Staff admitted this was often a sensitive area to discuss with some families. The people the service supported often did not easily understand the idea of the plan. Staff told us they had been very supportive throughout the whole process.

Staff spoke about how people had been supported during end of life. For example, one person had had been supported to visit a hospice before the transfer to introduce them to some people going through the same process. This had made the transition much easier for the person. Staff knew how to support people during end of life. One member of staff told us, "We referred one person to a hospice for specialised care. We made sure they were comfortable". We saw compliments received from commissioners following good end of life care provided to people.

## Is the service well-led?

### Our findings

There was a registered manager in place. 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

North Cherwell was managed by a registered manager who had been in post for six years. They were supported by two care coordinators. The registered manager also managed two more services. They were passionate about their role and had a clear vision to develop and improve the quality of the service.

People and their relatives knew the registered manager and told us the service was well managed. One person said, "They are friendly in the office". One person's relative told us, "We have not been with this service very long. The transition from one service, to this service, went really well. I guess in this instance it is well-led". Another relative said, "I feel they are great at communication, even when things are difficult they still actively communicated, which helps to build the relationship".

There had been positive changes since our last inspection. Staff were complimentary of the support they received from the registered manager and management team. Staff were happy and they felt more supported. They told us, "Staff are a lot happier and feel fully supported", "Manager is very hands on and supportive" and "Manager is brilliant and we can talk to her any time".

The registered manager was keen to share with us the changes and improvements they had made since our last inspection. There were two office coordinators who had been supported to take more responsibilities. The coordinators had taken this as a step towards professional development. One of the coordinators told us, "We are line managing staff and coordinating new services. It's like our little project and we are very excited about it".

The registered manager had taken on people from services that had closed. They ensured a smooth transition by making sure the same staff supported people and maintained their routines. It was clear the change of services had not had any negative impact on people or staff.

The registered manager coordinated regular team meetings and records showed that these were used to discuss changes in people's care and support needs, operational practice and other important information.

People and their relatives were invited to develop the service being delivered. Regular meetings for people were held where they could share their views on issues such as food, activities or any other views they wanted to discuss. One person told us, "We had a meeting today, we have them every month. We talk about things like jobs around the house that need doing, be kind to one another, talk to one another, and we also talk about anything that might be worrying us".

The provider had quality assurance systems in place which were used to effectively monitor and improve

the service. Audits were completed to ensure a wide perspective on the quality of the service. These audits covered areas such as care plans and medicine management. In one care plan audit, shortfalls were identified in recording and this had been discussed with staff in meetings. Records showed recording in support plans had improved.

There were systems in place for the provider to gather the views of people, relatives and staff about the quality of the service such as quality assurance surveys. The registered manager told us the responses were analysed by the provider and an action plan developed as a result. Results of the last survey showed people were happy with the care and support provided by the service.

Records showed the service worked closely in partnership with the safeguarding team and multidisciplinary teams to support safe care provision. Advice was sought and referrals were made in a timely manner which allowed continuity of care. The service was transparent and this was evidenced through their effective communication and reflective practices which aimed at improving care outcomes for people.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events. They also understood and complied with their responsibilities under duty of candour, which places a duty on staff, the registered manager and the provider to act in an open way when people came to harm.