Catalyst Choices Community Interest Company

Supported Tenancies Newborough

Inspection report

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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

About the service
Supported Tenancies Newborough provides personal care and support to people living in their own homes, using the supported living model. At the time of our inspection 39 people were using this service.

People lived in ordinary domestic style homes, in typical residential areas. People held a tenancy along with a small number of housemates; typically, with two other people. At the time of our inspection a maximum of four people shared a home. This promoted people living a dignified, inclusive and everyday lifestyle in their local community. People's accommodation was separate to their care and support and was provided by a different organisation; helping to ensure people had choice and security of accommodation.

People's support was designed to meet their assessed needs and choices. Some people needed support from staff 24hours a day; if so, staff had a designated room within their home to sleep over and provide this support. Other people received periods of support throughout the day to help them live independently.

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.

People's experience of using this service and what we found
Staff members respected and cared for the people they supported, resulting in very positive relationships between them. Staff listened to people and had a good understanding of their needs and choices. Staff did not make assumptions about people's choices or wishes and checked people's interpretation of things before helping them make any decisions.

There was a positive culture at the service. This helped ensure people received care and support that was safe and of a high quality. Staff were very respectful of people and held them in high esteem. People were very positive about their care and support. One person told us, "I like my home, like my food and going out. I like it, I do things when I want to do them." Other comments included, "I enjoy my home." "I like living here" and "I feel listened to."

People's care plans were written in a respectful manner. They focused on people's experiences and feelings, using everyday language that dignified a person and promoted equality. Staff were respectful of people's homes and their autonomy. One staff member told us, "We need to remember that we are in their home; it is their choices that we listen to… we guide but people make their own choices."

The service provided for people was safe. There were enough suitably skilled and experienced staff available to meet people's needs and preferences. People were safeguarded from the risk of abuse, neglect and poor care. Staff told us they would feel confident raising any concerns they may have and knew who to report concerns to, including if appropriate outside organisations.

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.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. The model of care, the way staff provided care and support and the leadership of the service promoted people's choice, community inclusion and independence.

Right support:
• People lived in ordinary domestic style homes, in typical residential areas. People lived with a small number of housemates with support from staff who were respectful of their homes and autonomy. People gave us the strong message that they felt listened to.
Right care:
• People's diversity was celebrated; people were empowered to have a lifestyle which was meaningful to them. People's care plans were written in a respectful manner and focused on people's experience and feelings, using everyday language that dignified a person and promoted equality.
Right culture:
• Staff had very positive relationships with people and demonstrated they respected and cared about them. There was a positive culture at the service which helped ensure people received care and support that was safe and of a high quality. There was a consistent ethos amongst manager and staff regarding the importance of promoting people's independence, control and dignity.

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

Rating at last inspection
This service was registered with us on 10/10/2018 and this is the first inspection.

Why we inspected
This was a planned inspection as the service had not been inspected since registration.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-Led findings below.

Supported Tenancies Newborough

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 Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
This inspection was completed by one inspector.

Service and service type
This service provides care and support to people living in their own homes using a supported living model. This enables people to live as independently as possible in their community. 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 service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since it was registered, and we sought feedback from the local authority. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

During the inspection
We spoke with six people who used the service using video calls and four people's relatives by telephone about their experience of the care provided. We also spoke with fourteen members of staff including the registered manager; this was a mix of in person and video call conversations.

We visited the office and reviewed a range of printed and electronic records. This included two people's care records and medication records. We looked at five staff files in relation to recruitment and support; and a variety of records relating to the management of the service.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Good

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from the risk of abuse, neglect and poor care. Staff received training in safeguarding and were knowledgeable about what action to take to protect people from the risk of harm.
- Staff told us they would feel confident raising any concerns they may have and knew who to report concerns to, including if appropriate outside organisations. The systems in place ensured senior staff and managers had oversight of any concerns that had been raised and what action had been taken to help ensure people were safe.

Assessing risk, safety monitoring and management

- Any risks in people's support were identified and safely managed. Each person had a risk assessment for each area of their support that may pose a risk to themselves or others.
- Accidents and incidents were recorded, and this information was used to update people's risk assessments to ensure they remained effective and supported people to be as safe as possible.
- During the pandemic, prompt, creative and pragmatic COVID-19 risk assessments had been put into place, along with an emergency action plans to implement if there was an outbreak.
- People were supported to make sure their homes environment was safe. Plans were in place to ensure people would be safe in the event of an emergency.

Staffing and recruitment

- There were enough suitably skilled and experienced staff available to meet people's needs and preferences. The staff rota was planned so people in each household always had staff available to help and support them when needed. There was also additional individualised support from staff planned with people at times they chose.
- Staff were recruited safely using appropriate checks. There was a values-based recruitment process, which involved the people who used the service and how they felt about the person; focusing on the qualities of honesty and loyalty.

Using medicines safely

- People's medication was administered safely by staff members who had been appropriately trained and had their competency in administering medication checked and repeated as required?. Competency checks were then repeated annually or sooner if needed.
- Each person had a personalised medication plan and risk assessment which ensured staff knew how people wanted to take their medication and to safely manage any risks. A protocol for as and when required (PRN) medication was in place; and the use of this medication was regularly reviewed.

● There were regular checks that ensured the medication administration systems were safe. This included daily audits of records and medication stocks.

Preventing and controlling infection

● There had been a good response to the COVID-19 pandemic. Creative risk assessments enable people to be as safe as possible; whilst when possible enabling people's everyday life to carry on. People identified as being 'clinically extremely vulnerable' to the virus had received additional support to help them remain safe.

● Each household created a bubble that meant people received support from the same staff members and these staff did not provide support in other people's homes. One staff member told us, "We reduced the risk of additional staff coming into people's lives." When appropriate, people were supported to have friends and family visit their home safely.

● The service supported staff to make use of available COVID-19 testing; both laboratory-based PCR testing once a week and rapid result LFT testing twice a week for full time staff members.

● Staff made use of appropriate personal protective equipment (PPE) and supported people to keep their homes safe with increased cleaning and personal hygiene.

Learning lessons when things go wrong

● Staff made use of information when something went wrong to help prevent any further incidents. Records were kept of any accidents and incidents and learning took place within teams, sharing information that may help colleagues in a positive manner, to help prevent a similar incident.

● Staff told us they felt comfortable raising any concerns or errors that had occurred. They told us of how these matters were dealt with in an open, non-blame manner and there was a positive culture at the service that promoted learning from when things went wrong. One staff member told us, "The culture is good, we help each other out when things go wrong."

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs, and choices were assessed before receiving care and support from the service. One person was supported to use independent advocacy to help ensure the service met their needs and wishes, before receiving support.
- Staff listened to people, sought understanding using questions and took steps to help ensure they had a good understanding of people's needs and choices. Staff did not make assumptions and checked people's interpretation of things before helping them make any decisions.
- People's needs and choices were considered, even when things went wrong within the service. For example, if last minute help was needed due to staff sickness; senior staff ensured the staff member covering met the person's needs and was in line with their choices.

Staff support: induction, training, skills and experience

- Staff told us they were well supported in their roles and this helped them to be effective supporting people. One staff member said, "If we have any problems or worries, a senior or manager will always help you. I've experienced that." Senior staff were available for help and advice at any time. Another staff member told us, "We are absolutely looked after, really well."
- Staff told us they were well trained. Training records showed that appropriate training had been provided. One staff member told us, "The training is spot on! If there is anything new, we can put a request forward and they organise it."
- Staff were supported to obtain additional qualifications to support them to be effective in their roles. One staff member told us about their experience and said, "When on the course, my manager and team manager checked in with me and rang me from time to time to see how it was going."

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

- Each person's home had a domestic style kitchen, which helped people to be supported to be as independent as possible. People showed us the meals they had been supported to make themselves. They told us they were supported to choose what they wanted to eat and drink and shop for their own food and household supplies. One person told us, "You pick the stuff you want to eat, and the staff help cook it." Another person said, "When we go shopping, we do a list with staff, but I pick the food."
- If needed people had a nutritional care plan, which gave staff guidance on the support a person needs to ensure they have a balanced diet.

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

● There was a culture of close partnership working with other agencies to promote positive outcomes for people.
● People were effectively supported with their healthcare and each person had a health care plan. People had been supported to attend essential health appointments and annual health screen check-ups. These had been arranged in person or by video consultation. These had been risk assessed, arranged for quiet periods and if needed people had a safe orientation visit beforehand.
● Records maintained in relation to people's health and wellbeing were accurate and up to date and enabled staff to provide healthcare professionals with the most relevant and up to date information on people's needs and care.
● Arrangements were made so staff who knew people well, who people chose and were most comfortable with accompanied them to their appointments. Staff worked in partnership with people's families to ensure they were involved if appropriate.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment 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.

● People were supported to make as many decisions for themselves as possible. All reasonable steps were taken to help people with decisions, including considering the time when a person was supported to make a decision, what communication methods were used and who was involved to help the person to make an informed decision.
● During the pandemic, people were provided with information in a manner they understood to help them give informed consent to regular testing and the COVID-19 vaccine program. If people were unable to give consent, staff followed the principles of the MCA.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People had very positive relationships with staff members who demonstrated that they respected and cared about them. For example, one person before the pandemic spent some time in hospital and staff travelled some distance to visit regularly, to offer them support, recognising it was important to have familiar people around them. The person wanted to return home; and staff liaised with health professionals and the person's landlord to arrange for significant adaptations to be made as quickly as possible so the person as able to go back to their home.
- People's diversity was celebrated; people were empowered to have a lifestyle that was meaningful to them. This was explored with them by staff in a very respectful and inclusive manner.

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

- People made as many decisions for themselves as possible. They had been supported to have up to date information which helped them be as involved as possible in decisions about their care and support. People told us they felt listened to.
- For example, people had been shown videos of people having COVID-19 tests to help alleviate their anxiety and to help ensure they understood what they were consenting to. People's family members had been involved in these processes where appropriate.
- Independent advocates had also been involved in helping people to make key decisions during the pandemic.

Respecting and promoting people's privacy, dignity and independence

- Staff were very respectful of people and held them in high esteem. They helped people to express themselves carefully and thoughtfully; they were careful not to interrupt or take over during conversations. They empowered people to be in control and independent in their own home, building up their confidence.
- People's care plans were written in a respectful manner and focused on people's experience and feelings, using simple everyday language which dignified a person and promoted equality.
- Staff were respectful of people's homes and their autonomy. One staff member told us, "We need to remember that we are in their home; it is their choices that we listen to… we guide but people make their own choices." Staff chose respectful language when referring to people's homes which promoted ownership and dignified people. Staff said, "your garden" and "your living room" when speaking with people about their home.

Good

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

- Each person's care and support had been effectively planned in partnership with them and those they chose to involve. People were supported to make as many decisions as possible about their care and support.
- Senior staff were in the process of reviewing each person's support to ensure it met their needs and preferences as much as possible. A person-centred planning model was used to do this, it asked the question; "What does a perfect week look like for [Name]?" One senior staff told us that using this model they were learning some people did not want to go back to doing the things they were in the habit of doing before the pandemic. People's support and the use of individualised support time was being redesigned so it was more flexible for people and maximised their control.
- People were supported to have a good day to day lifestyle that they chose; alongside being supported to achieve goals and have life enriching experiences. People told us about the goals they had been supported to achieve and the experiences they had enjoyed.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- There was a focus on ensuring people received support that was effective in helping them to communicate; particularly if people had specific communication needs or if any aspect of their communication was particularly important to them.
- People had detailed, individualised communication plans. One person's plan included information on objects a person may reference and what this may mean, along with details on how the person uses their eyes, body and face to communicate. A wealth of knowledge had been built up by the person's support team. This meant staff were able to support the person to communicate effectively. One person's family member told us, "They know what he wants to say, they are really effective at communicating with [Name]."

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 lived ordinary and inclusive lifestyles with support focused on enabling people to build and maintain the relationships they chose..
- People told us about their family members, friends and workmates who were important to them. People were active members of their communities. One person told us, "Last week I had a haircut, then went to the

pub and had a wine." Another person said, "I have known my friend for a long time, just seen her again [after restrictions] last week, I missed her." One person's support had been changed to start later in the day to enable them to go out more in the evening for a local pint. People used local services, such as local shops, take-aways, pubs, restaurants and were members of local clubs and sports groups.

● During the pandemic, some people temporarily removed fencing panels and shared social space with their neighbours. Joined in street celebrations, clapped for carers; which turned into a Thursday picnic with neighbours. Made use of local outdoor space to meet with friends. People were supported to use technology such as video calls to keep in touch with family, friends and workmates and had been involved in virtual celebrations.

● Prior to the pandemic people had been supported to explore their interests and passions to the full extent they wished. One person who is a big rugby fan was supported to watch his local team, take up a work role at the club and even follow his team to Australia. Other people had season tickets to regularly watch their local sports team and had become part of the fan community.

Improving care quality in response to complaints or concerns

● People's care plans contained a section that helped ensure people knew they had the right to complain about the support they received and how they would be supported to do so. Senior staff welcomed and were responsive to people's complaints and any concerns which may indicate a person, or their family members were not happy.

● People's relatives told us they would feel comfortable raising a complaint if needed.

End of life care and support

● People received kind and responsive end of life care. Where appropriate people had an end of life care plan which ensured their wishes were documented and respected. For example, one person had been supported to go to a specific place that was important to them during their end of life care. This was well planned and achieved by staff working in partnership with the person.

Good

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was a positive culture at the service. This helped ensure people received care and support that was safe and of a high quality. Staff in different roles within the service were able to tell us of times when they had supported people to plan, achieve goals and have positive outcomes in their lives. It was clear staff were passionate about this aspect of their role.
- Staff told us the positive culture within the service, empowered them to go on to empower the people they supported. One staff member told us, "I feel like they invest in us." Another staff member said they, "Feel comfortable making suggestions and asking for guidance." People relatives praised the care provided by staff. One person's family member told us, "The staff are super, you can see that they care."
- Senior staff praised the response from support staff, particularly during the initial spike of COVID-19 when many factors were uncertain and staff put themselves at inconvenience and supported people in their homes for extended periods of time to reduce the number of staff people had contact with.
- Support staff praised the leadership of the service during the pandemic. One staff member told us, "During COVID I felt safe and well cared for. Anything we needed we got it straight away."

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

- Senior staff were knowledgeable regarding the Duty of Candour and had effective systems in place for ensuring the relevant people and organisations were informed when something went wrong.
- The provider had ensured relevant notifications had been shared with the CQC.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Each staff member was clear about their role and what were indicators of good quality in relation to people's care and support. There was a consistent ethos amongst managers and the staff team with regards to the importance of promoting people's independence, control and dignity.
- The systems in place enabled staff at all levels of the service to have a clear picture of the quality of the service being provided for people. Senior staff undertook a series of audits to monitor the quality and safety of the service. Where improvements were needed, these had been acted upon.
- Recent improvements had been made to the provider's information systems used to help ensure the service provided was safe. For example, improvements had been made to the electronic rota system, information sharing systems and medication management systems. Managers told us this had really helped

ensure the service provided was as safe as possible, particularly during a fast-moving time of extreme change and uncertainty.

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

● The provider had ensured people using the services were involved in planning the future of their care and support as much as possible. The pandemic had brought a time of change in people's lives and as much as possible people had been involved in planning their support during this time and what their support would look like following the period of restrictions.

● There had been increased communication between support staff and leaders within the organisation during the COVID-19 pandemic to ensure staff were supported appropriately. Recent comments from staff had led to changes in how some of the systems that staff used worked. One staff member told us, "They listen to new ideas, they take on board our views."

● People's relatives told us they were supported to stay in touch with people during the COVID pandemic. One person's family member told us, "Communication has been good during COVID."

Continuous learning and improving care

● There was a culture of learning and improvement. Managers and staff told us this culture helped them feel confident in their roles. This helped them raise any concerns they may have and to take opportunities for learning and improving the service provided for people.

● To enable them to be more effective in learning from feedback senior staff were engaging in "creative conversations" with outside trainers; focusing on how they can further develop their listening and communication skills.

Working in partnership with others

● Staff worked in partnership with people using the service, their families and other health and social care professionals. For example, prior to the pandemic there was a program of supporting people to be more independent using assistive technology; working in partnership with the local authority. Senior staff told us that they were keen for this to restart.