

Northamptonshire County Council

# Specialist Support Services for younger adults with disabilities South

## Inspection report

Flat 17  
42 Croyland Road  
Wellingborough  
Northamptonshire  
NN8 2JR

Tel: 01604361600

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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: Specialist Support Services for younger adults with disabilities South is a domiciliary care agency that provides personal care for younger adults with disabilities living in their own homes. At the time of inspection, the service provided care for 23 people living in two buildings.

People's experience of using this service:

Staff understood their roles and responsibilities to safeguard people from the risk of harm.

People's medicines were managed in a safe way.

People received their care at planned times from staff that they knew.

Staff recruitment procedures were followed.

Staff received training and support to carry out their roles.

People were supported to access relevant health and social care professionals.

Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA).

Staff gained people's consent before providing personal care.

People had developed positive relationships with staff who knew people very well.

Staff had a good understanding of people's needs, choices and preferences.

People were encouraged to make decisions about how their care was provided and their privacy and dignity were protected and promoted.

People were involved in the planning of their care which was person centred and updated regularly.

People were supported to express themselves, their views were acknowledged and acted upon.

There was a complaints system in place and people were confident that any complaints would be responded to appropriately.

The management team continually monitored the quality of the service, identifying issues and making changes to improve the care.

Rating at last inspection: This was the first inspection for this service since their registration on 19 April 2018 with the Care Quality Commission.

Why we inspected: Scheduled inspection based on date of registration

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

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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.

# Specialist Support Services for younger adults with disabilities South

## **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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

### Inspection team:

The inspection was carried out by two inspectors.

### Service and service type:

Specialist Support Services for younger adults with disabilities South is a domiciliary care agency. It provides personal care to adults under 65 living in their own homes. At the time 23 people using the service received the regulated activity 'personal care'. The Care Quality Commission (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 consider any wider social care provided.

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:

We gave the service 48 hours' notice of the inspection visit because it is small, and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

What we did:

We reviewed information we had received about the service, including information within the Provider Information Return (PIR). 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 looked at other information received from the provider, such as statutory notifications about incidents and events the provider must notify us about. We also sought feedback from other professionals who work with the service.

We took the information into account when we inspected the service and made the judgements in this report.

During our inspection we spoke with four people using the service. We also had discussions with five members of staff including the registered manager, a team leader, a supervisor and two care staff. We checked the care records for seven people using the service, and examined other records relating to the management of the service. These included four staff recruitment files, staff training and supervision records, policies and procedures and quality monitoring information.

# Is the service safe?

## Our findings

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

Good: People were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse:

- People were protected from the risks of abuse or improper treatment as staff followed the provider's safeguarding policy.
- Staff received training in safeguarding and demonstrated how they would report any concerns to their manager. One member of staff told us, "I report anything I'm worried about to my manager."
- Safeguarding alerts had been raised appropriately and clear records were maintained.

Assessing risk, safety monitoring and management:

- People's risk assessments were reviewed and updated regularly or as their needs changed.
- People were supported to take part in their chosen activities where positive risk taking was assessed and decisions documented.
- People's care plans provided staff with clear instructions. Staff demonstrated they had read and understood people's care plans as they provided care that met people's current needs.

Staffing and recruitment:

- There were enough staff deployed to provide people with their care at regular planned times.
- Rotas were created by staff who knew people's needs and preferences which ensured people received support from staff they knew. One person told us, "They [staff] know not to disturb me in evenings as I will be watching [television programmes]."
- People received the staff rota a week in advance to inform them who would provide their care.
- There were six care staff vacancies which were advertised; these shifts were covered by existing and relief staff.
- Staff were recruited using safe recruitment practices whereby references were checked and their suitability to work with the people who used the service.

Using medicines safely:

- People were assessed for their abilities to manage their own medicines. Where people required support with their medicines, people received these as prescribed.
- Staff received training in the management of medicines and their competencies were checked.
- Staff recorded when they administered people's medicines and maintained records of stock levels.
- People received their time critical medicines were given at the prescribed times. For example, pain relief

was given before mobilising.

- The management team carried out regular medicines' audits. Where issues were identified, actions were completed to prevent further issues.

Preventing and controlling infection:

- People were protected from the risks of infection by staff who received training in infection prevention.
- Staff followed the provider's infection prevention procedures by using personal protective equipment (PPE) such as gloves and aprons.
- The management team carried out spot checks on staff to check they were following procedures and using PPE.

Learning lessons when things go wrong:

- The management team acted to improve the service when things went wrong.
- The managers worked with staff to understand how things went wrong and involved them in finding solutions. They continued to monitor new practices to ensure these were embedded. For example, they had implemented changes in the way medicines were managed and followed up to ensure these new systems were working.

# 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

Good: ☐ 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 were assessed before they commenced using the service to ensure staff could meet their needs and preferences.
- Assessment documentation showed all aspects of a person's needs were considered including the characteristics identified under the Equality Act and other equality needs such as people's religious and cultural needs.
- Staff used evidence-based tools to assess people's risks and needs.

Staff support: induction, training, skills and experience:

- New staff received a two-week induction which provided staff with a good foundation of knowledge and understanding of the organisation and their roles.
- New staff shadowed experienced staff to get to know people they would be caring for. One new member of staff told us, "The induction and training were really good. There was a lot of information and we do the Care Certificate."
- Staff received training in how to provide care specifically for people's individual conditions, such as multiple sclerosis and epilepsy. One person told us that staff knew how to move them safely using the hoist, they said, "They [staff] know what they are doing."
- Staff received regular supervision and guidance to support them in their roles.

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

- People were assessed for their support needs to prepare and eat their meals. Staff provided the support they required.
- Staff referred people to their GP and dietitian for dietary advice where people showed signs of losing weight.
- Staff referred to the speech and language team (SALT) for assessment where people had trouble swallowing.
- Staff followed health professionals' instructions by providing food that met people's needs, for example pureed foods. Staff adapted people's meals to incorporate people's favourite foods. For example, one person could no longer manage the consistency of chocolate, so staff provided chocolate mousse.
- People received support to maintain a healthy diet and to have foods that met their preferences. One member of staff described how they prepared one person's shopping list as having supported them for many years they knew what they liked; the person could no longer plan their own list due to their dementia.

Staff working with other agencies to provide consistent, effective, timely care:



- Staff worked with other agencies and professionals to carry out regular reviews of people's care.
- Staff liaised with health professionals to find ways to enable people to have more independence. For example, one person required an injection at the same time daily, staff liaised with district nurses to change the timing of the injections to enable the person to take part in their chosen activities.

Supporting people to live healthier lives, access healthcare services and support:

- People were supported to make healthier life choices such as diet and exercise.
- Staff supported people to attend health appointments and referred people promptly to their GP or other medical services promptly when they showed signs of illness.

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.

The provider was working within the principles of the MCA. People were assessed for their capacity to make decisions. Where people did not have the mental capacity to make decisions, best interest meetings were held, and decisions recorded.

- Staff demonstrated they understood the principles of MCA, supporting people to make choices. People confirmed the staff always asked their consent before providing their care.
- The registered manager confirmed no people using the service were currently subject to any restrictions to their liberty under the Court of Protection.

# 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

Good: ☐ 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 received care from staff they knew, some care staff had supported the same people for many years. People told us they had good relationships with staff, "I love the carers [staff], they are angels" and "I like my carers, we go to the pub every Friday, they have coke and I have beer and Jack Daniels."
- People told us staff were kind and friendly. One person told us, "Staff are very supportive."
- Staff took pride in people's progress and valued the relationships they had with people. Staff spoke positively about the people they cared for and shared examples of people achieving their goals and becoming more communicative.
- Staff understood the importance of promoting equality and diversity. Care plans contained information about people's religious beliefs and their personal relationships with their circle of support.

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

- People could visit the office to talk with staff and managers. The team leader told us, "I like to make it nice for people we support, but we do keep the doors shut for private conversations."
- People were involved in the planning of their care; their care plans clearly showed how people preferred to receive their care.
- Where people needed additional support to make decisions, the provider had information to refer people to an advocacy service. Advocates are independent of the service and who support people to decide what they want and communicate their wishes. For example, where people wanted to decorate their flats, staff involved a financial advocate to help facilitate people to make the decisions which are right for them.

Respecting and promoting people's privacy, dignity and independence:

- Staff supported people to maintain their dignity. Records showed one person received a shower daily, and twice daily in hot weather. Another person told us, "They [staff] are kind and help me with showering, they keep my dignity."
- People's independence was promoted. Staff ensured people were encouraged to do as much as they could for themselves. Staff facilitated people to access their hobbies and meet up with friends and relatives.
- The registered manager had appointed senior staff as dignity champions. These staff had delivered two sessions to staff on what dignity means and how this can be promoted through care and support.
- People's information was stored securely within the office, and all staff were aware of keeping people's personal information secure.

# Is the service responsive?

## Our findings

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

Good: ☐ People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- People and where appropriate, their relatives had been involved in updating and creating care plans that were person-centred.

- People's care plans included their life histories, events and people that were important to them. This enabled staff to engage in meaningful conversations.

- People's care plans reflected their preferences and cultural needs. Staff used this information to ensure people received their care in the way they preferred. For example, the team leader told us, "Some ladies prefer not having male carers, so we respect their wishes."

- People were assisted to record their goals. Staff supported people to achieve their goals by working with people, their relatives and other organisations to facilitate people's diverse needs. For example, people were supported to travel abroad on holidays, visited sporting, theatre and music events.

- People were supported to continue their interests and hobbies. For example, where one person used to be a chef, they guided staff on how to create their meals and staff supported them to prepare food.

- The provider complied with the Accessible Information Standard, they ensured people with a disability or sensory loss had access and understood information they were given.

Improving care quality in response to complaints or concerns:

- People could raise concerns at their regular reviews. People had regular access to their key worker who encouraged them to express their views.

- There was a complaints procedure in place whereby complaints would be addressed in accordance with the provider's policy.

- There had not been any complaints received in the last year. The registered manager told us, "We used to have lots of complaints, we listened to what people told us and made the necessary changes."

End of life care and support:

- No end of life care was being delivered by the service. The registered manager was aware of what actions to take should someone require end of life care.

- Staff recorded what was important to people and said they would use this information in planning for people's end of life care.

# 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

Good: ☐ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility:

- The registered manager promoted person centred care in all aspects of the service.
- The team leader ran the service on a day to day basis, supported by the registered manager. They told us they were proud of the progress people had made since using the service, they said, "[Names] are our success." They described people's individual triumphs of improved communication and socialisation.
- Staff told us they were happy working at the service and felt supported by the management team. One member of staff told us, "I am proud to work here. Everyone works really well as a team. If I had a member of family who needed this type of care I would have no hesitation to use this service."
- The registered manager kept people informed of actions taken following incidents in line with duty of candour.

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

- The management team carried out regular audits and checks to ensure people continued to receive high quality care. Where issues were identified, the managers acted to improve the service.
- The registered manager understood their regulatory requirements to report incidents and events to CQC, our records showed these had been submitted as required.
- Policies and procedures were in place and were in the process of being updated to ensure information was current and supported best practice.

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

- Staff attended meetings to discuss updates in policies and refresh knowledge in areas such as health and safety, food safety, confidentiality and infection prevention.
- Staff were involved in implementing changes to improve the service and evaluating the effectiveness. Staff understood their role in providing safe care.
- People were asked for their feedback at individual reviews and meetings with their key worker who had the skills to understand people's diverse communication needs. People's feedback was used by the management team to improve the service.

Continuous learning and improving care:

- The management team promoted a learning culture, by sharing with staff information about incidents

and actions taken. Staff were open to learning from incidents and worked as a team to understand how to prevent future occurrences.

Working in partnership with others:

- The registered manager worked with other services within their organisation to access all facilities available.
- The service had good links and worked in partnership with other health and social professionals, advocacy and housing services to support people's needs.