

Natural Ability

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Inspection report

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23 July 2018

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection was carried out between 11 and 23 July 2018. The inspection was announced as the provider was given short notice of the visit to make sure someone would be available.

This service provides care and support to nine people living in six small 'supported living' settings, so 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.

This inspection had been brought forward due to concerns. This was because staff had raised concerns about safeguarding incidents that had occurred. These had not been reported to the local authority or to the Care Quality Commission, and had not been investigated by the provider. This meant vulnerable people had not been protected and safeguarding adults' protocols had not been followed. Also, the provider's quality monitoring processes were not effective in identifying gaps and shortfalls in the quality and safety of the service.

People were supported with their medicines in a safe way but there was no guidance for staff about when to support people with over the counter or 'when required' medicines. We have made a recommendation about this.

Staff told us they had not always felt well supported and had not received some of the training they needed. We have made a recommendation about this. Individual supervisions with staff had not been held in a confidential way. On-call management arrangements had not always been supportive to staff who worked with people who used the service. The provider showed us how these issues were being addressed.

There had been a registered manager at the service but they retired in November 2017. A new manager had applied for registration but left the organisation during this inspection. Another manager (from the organisation's education department) was acting as manager in the interim until a new manager could be appointed. 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.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

People were fully included in their local community and lived ordinary, fulfilled lives as local citizens. They took part in meaningful occupations, such as farming and gardening. They also enjoyed a number of

individual leisure activities that they were interested in.

People were treated with dignity and respect. They were encouraged to make their own decisions and to lead as independent lives as possible.

People who could express a view felt the staff were caring and kind. People said they "liked" the support workers and described them as "nice".

Staff were extremely knowledgeable about individual people and were aware of their individual preferences. People were supported to do their own shopping and make their own meals, with support only where needed.

The service was working within the legal requirements of the Mental Capacity Act 2005 (MCA 2005). People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; they understood the need to obtain consent when providing care. Staff had completed training in relation to the MCA 2005.

Senior manager had recently identified a number of areas for improvement and development. The organisation was committed to implementing those improvements and was considering better ways of monitoring the service in future.

We found two breaches of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014. These related to safeguarding people and good governance. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

People had not been fully protected as the organisation had not followed appropriate procedures to safeguard people.

Medicines were administered safely but the guidance for staff was incomplete.

Staffing levels were safe, although they did not always meet their agreed one-to-one support arrangements.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Staff did not always feel sufficiently trained or supported in their role. The provider had plans to address this.

People were fully involved in managing their own meals, including menu planning, shopping and cooking, with support where necessary.

People had access to health and social care professionals

Is the service caring?

Good ●

The service was caring.

People and staff enjoyed friendly, appropriate, supportive relationships.

People's independence was promoted, such as travelling in the local area alone.

People were encouraged to make all their own decisions and choices about their daily lives.

Is the service responsive?

Good ●

The service was responsive.

People received a personalised and individual service that met their specific needs. People had monthly meetings with keyworkers to discuss their goals and were the decision-makers about future plans.

People were supported by small teams of staff who were very knowledgeable about their preferences, abilities and needs

Not everyone had information about how to complain but said they would tell their family. There had been no complaints.

Is the service well-led?

The service was not always well led.

The provider's quality assurance system had not been effective in making sure that people were safe. There was not always a check of incidents to reduce the risk of these being repeated.

There was no registered manager in post. An interim manager was to oversee the service until a new appointment was made.

The organisation was committed to improving the service and had a detailed action plan about changes that would be made.

Requires Improvement 

Natural Ability

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.

We gave the service 48 hours' notice of the inspection visit because it is small service that supports people in their own homes and we needed to be sure someone would be in. The inspection was carried out by one adult social care inspector.

Inspection site visit activity started on 11 July 2018 and ended on 23 July 2018. It included visits to people who use the service, discussions with office and support staff, email surveys of all support staff and contact with external health care professionals. We visited the office location on 11 July 2018 to see the management staff and to review care records and policies and procedures.

We did not request a provider information return (PIR) due to the responsive scheduling of the inspection. A PIR is a form which asks the provider to give some key information about their service; how it is addressing the five questions and what improvements they plan to make.

Before the inspection we checked all the information we had received about the service including notifications which the provider had sent us. Statutory notifications are notifications of deaths and other incidents that occur within the service. We also spoke with the local authority safeguarding team.

During the inspection we visited five people who used the service. Where people could not express themselves, we observed the interactions between them and the staff who supported them. We spoke with the chief executive officer, an education manager (acting as the interim manager for the supported living service), a business development manager, two house co-ordinators and four support workers. We contacted two health care professionals, including learning disability nurses.

We viewed a range of records about people's care and how the service was managed. These included the care records of three people, medication records of five people, the recruitment records of four staff

members, training records and records relating to the governance of the service.

Is the service safe?

Our findings

We carried out this responsive inspection because we received concerns about the failure of the organisation to report potential safeguarding matters. We found at least six potential safeguarding incidents had occurred which had not been reported to the local safeguarding authority or to CQC. The incidents related to some people who used the service hitting out at other people. The incidents had been reported by support workers on 'critical incident' reports to the manager. However, these reports had been signed off by the manager without any further action. There was no evidence that there had been any investigation into these incidents. This meant people had been at risk of repeated abuse by others, and that protocols to protect people were not in place.

In discussions, support workers described how they had provided verbal and written reports about incidents where altercations had occurred between people. Staff told us they had assumed that the incident reports would then be passed to the relevant agencies. However, the incidents had continued to occur, no safeguarding reports were made to the local authority, and no investigation or action had taken place.

This meant the provider had not ensured that its safeguarding processes were operated effectively.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities Regulations) 2014.

Staff said they had training in safeguarding. Training records confirmed they regularly completed self-learning in safeguarding vulnerable adults via an on-line training course. In discussions, staff were able to describe how they had reported concerns to the manager in line with the organisational policy. However, they felt there had been an expectation that only management staff would report safeguarding incidents to relevant agencies.

During the inspection, the organisation developed a new safeguarding policy for staff that now included a flowchart to guide staff in how and where to report any safeguarding matters. The local authority had also arranged for staff to receive classroom-based, group training in safeguarding adults over the next two months to support staffs' understanding of how to deal with any safeguarding matters.

People who were able to express a view said they liked the staff. The five people we visited were comfortable in the presence of their support workers and sought them out to discuss their plans or ask for guidance. Staff rotas were in place for each of the supported living houses. Most people received at least some one-to-one support through the day with a sleep-in staff through the night. We saw from staff rotas that there had been a number of occasions when people were designated one-to-one support but did not receive this. This was confirmed by support workers. Due to gaps in staff rotas it meant that, on some days, one support worker had been supporting two people at the same time. In this way, people did not always receive the support that had been agreed as part of their service agreement. The people who use this service pay for it via direct payments. It is recommended that the organisation ensure people have only paid for the actual support they received.

Recruitment processes were in place to ensure new staff were suitable to work in the care home. These included application, interviews and reference checks. The provider also checked with the Disclosure and Barring Service (DBS) whether applicants had a criminal record or were barred from working with vulnerable people. There had been one occasion when a new staff member had worked alone with people before their DBS disclosure was returned. However, we found this was an isolated incident. The chief executive officer stated that new protocols were now in place to make sure all recruitment checks were signed off by a second management tier before a new staff member worked alone.

The service supported people with their medicines management. Their care records included details of their medicines. However, there were no individual protocols about when people might need their 'when required' (PRN) medicines, for example paracetamol or ibuprofen for pain-relief. Some people would not be able to verbalise pain so might show this in other ways but this was not recorded within their care records or in medicine records. This meant there was the potential for staff to act inconsistently about whether people might need their when required medicines.

The medicine administration records (MARs) used by the service had a number of codes for staff to record whether medicines had been prompted, assisted, administered or witnessed. However, staff had been instructed by a manager to include an unknown code, NR for 'not required', on medicine records to signify that a when required medicine was not given. This practice is contrary to national guidance which advises that 'when required' medicines should only be signed for on MARs when they are actually administered.

The organisation's medicines policy did not follow national guidance by National Institute for Health and Care Excellence (NICE) in respect of managing medicines for adults receiving social care in the community. There was no reference in the policy or guidance for staff relating to protocols for 'when required' medicines, use of over-the-counter medicines, what the codes meant, the arrangements for people to have annual medicines reviews with their GP, or how people might be supported to work towards managing some or part of their medicines independently.

It is recommended that the provider review its medicines management policy in line with national guidance and current best practice.

There were risk assessments in place about people's abilities or needs in relation to medicines management and behaviours that challenge. The risk assessments were clear and included strategies for preventing risk and what to do if situations occurred.

However, there was no guidance about how to support people after an incident. There were no 'debrief' procedures to help staff to reflect on whether the incident could have been avoided or what could be done better in future. There was no reference in behaviour plans to any input by external professionals such as behaviour teams.

Staff were trained in infection control and had access to personal protective equipment to support people with personal care.

As a result of the concerns raised the organisation's chief executive had begun to address a number of outdated, ineffective or absent policies and procedures. These included safeguarding processes and code of conduct policies as a priority.

There was an action plan in place to address all the issues raised and to support improvements to the service. For example, there were plans to report all critical incidents on-line so that senior managers would

have real time access to these rather than wait for paper copies to be brought into the office. Incidents were now a standard agenda item for managers' meetings and there were plans for these to be analysed for any patterns or trends. During discussions with senior managers there was a clear objective to address the concerns and review the service to ensure it provided safe support for people.

Is the service effective?

Our findings

Staff said they did not always feel they were offered the right training or support in their role. For example, some staff supported people whose behaviour could challenge but they had not been offered any training in behaviour management or positive behaviour support. Some staff commented that they had responsibility for reviewing people's risk assessments but had not had training in this area. Senior managers stated that training was being arranged in these areas to be completed by September 2018.

Training records showed, and discussions with senior managers confirmed, that over half of the staff group did not have a care qualification but had not commenced or completed the Care Certificate. (The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours that should be covered if staff are 'new to care' and should form part of a robust induction programme.)

We recommend that the service seek advice about supporting staff to complete a suitable care qualification.

At the time of this inspection a training matrix showed the majority of support workers had completed on-line training in health and safety subjects such as food hygiene, fire safety and first aid. Some on-call staff did not have up to date training in essential subjects but arrangement were being made for them to complete refresher training.

New staff completed on-line training and carried out some 'shadow shifts' with experienced staff as part of their induction. Not all staff felt this was sufficient to equip new support workers in their role. One support worker said, "I feel like we have received the bare minimum in training required to do our job effectively." Another staff member told us, "I have received training in my past employment, which has helped me. For those new to this type of work I think more or earlier training could be beneficial."

Staff told us they did not always feel supported in the right way. For example, some staff commented on having supervision sessions at people's houses so these were not confidential as they were held in front of people or other staff members. (Supervisions are regular meetings between a staff member and their manager to discuss any areas for professional development and to offer support.) Senior managers stated that supervisions and team meetings were now to take place away from people's houses. In future, the supervision records and meeting minutes would include the venue details so this could be monitored.

Other staff commented the on-call system was not always effective as either the phone was not answered or the on-call person just redirected them to another staff member. Following the inspection, a senior manager of the organisation stated there had only been one report of an on-call manager not answering their phone. They stated this happened when the person on-call had missed the call but phoned back 20 minutes later. The senior manager told us, "To ensure that staff on duty can always contact management for support as well as the on-call team, staff have the phone numbers of four managers and have been instructed to contact them at any time (24/7) if they have any issues with on-call or they need further support."

People could be referred to the supported living service by care manager or by parents. One person had transitioned to the service from the education department. This person had very specific and individual needs which were understood by their staff team. Some staff had also transitioned across to continue to provide their service. Education and support staff expressed how well this transition had been for the person and how effective the support was towards improved independence for the person.

As part of the assessment process a new staff team would be recruited to work with each new person. New staff would be provisionally recruited to check their compatibility with the new person and, if successful, would usually work exclusively with that person.

The Mental Capacity Act 2005 (MCA 2005) 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA 2005 for people living in their own home, this would be authorised via an application to the Court of Protection. We checked whether the service was working within the principles of the MCA 2005.

We found people's mental capacity had been assessed for specific decision-making where appropriate, for example in relation to medicines management and financial arrangements. Staff were knowledgeable about decisions being made in people's best interest if they lacked capacity to make a specific decision or choice.

People were fully involved in arranging their meals, including menu planning, shopping and preparing meals, wherever their capabilities allowed. Staff encouraged people to understand the impact of a healthy lifestyle on their nutritional well-being. People described how they planned their menus and some people used picture menus as a guide to go grocery shopping. Each person purchased their own food at their own preferred grocery shops. One person had special dietary needs which they managed themselves. They described how they checked all food labels to make sure they were purchasing foods they could tolerate.

Another person had an individual dislike of particular textures. Although they were unable to verbalise this, their staff team were fully aware of the foods they would not tolerate and this was recorded in their care plan. Staff monitored people's nutritional well-being and kept a record of people's dietary intake and weight.

People who lived at this home were physically healthy. It was good practice that each person had a 'hospital passport' which described how their learning disability or autism affected them, their communication needs and their individual personal routines. This important information about each person could be shared with health care professionals if the person needed to go into hospital in an emergency.

The service worked closely with other care professionals during people's transition from other services to the supported living service. A health care professional told us, "I have always been satisfied with the support that my client has received."

People were supported where necessary to access community health service such as GPs and dentists. People had regular review of their health and medicines by their GP. The health records we viewed were up

to date and information from healthcare professionals was included.

Is the service caring?

Our findings

The people we spoke with who were able to express a view said they were "happy" with the support they received and they "liked" the staff. Some people we visited were not always able to comment on whether they thought the service was caring. We saw that there were warm, friendly and positive relationships between people and staff who supported them.

Staff we spoke with felt their colleagues and the organisation as a whole were caring towards people who used the service. One support worker commented, "I do believe the service is caring, and have no concerns in that respect." Another support worker told us, "Support staff who work for Natural Ability have a genuine care for the clients' welfare."

People who could express a view told us they made their own decisions. Staff encouraged people to make their own choices and people were involved in all aspects of their daily routines and lifestyles. We saw that staff enabled people to lead their own lives rather than doing tasks for them. They took time to explain things to people and supported them in a patient, unhurried way. People had copies of the monthly staff rota so they could see who would be supporting them, and make plans around who would support them with various activities.

Staff spoke of people in a positive, respectful way that upheld people's dignity. Staff described their aim of supporting people to enjoy "meaningful" and "enriched" lives. A health care professional told us, "I feel that the staff have made efforts to get to know my client well, and provide an excellent service."

People's independence was fully promoted by the service. Each person purchased their own food at their own preferred grocery shops. People who shared their house with another person kept their groceries separately. Everyone was encouraged to be involved in preparing and cooking their meals, as far as they were able, to develop their independent living skills. One person, who was very skilled at cooking, described how they enjoyed making meals for themselves and their housemate.

People were supported with their individual communications skills and staff used a variety of methods to help people express themselves. For example, one person had pictorial information about their preferred menus and their support plan to help them make informed decisions. Several people used electronic tablets which were useful for finding ways of describing things. One person used a picture exchange communication system (PECs) with staff. (This allows people with limited verbal communication to communicate using pictures.)

People's rights to acceptable and responsible risk-taking were also promoted. For example, some people could travel independently on local transport and other people were working towards this. Staff felt any element of independent living was a success and they celebrated people's abilities.

All staff completed mandatory training in equality and diversity, including dignity, respect, equality, inclusion, rights, wishes, preferences, independence, empowerment, self-esteem and identity. During

discussions staff described their support of people in line with these principles. Care records were written in a sensitive and valuing way.

None of the people currently using the supported living service accessed the services of a formal advocate but this could be arranged through their care managers if needed. People's relatives usually advocated on their behalf where necessary.

Is the service responsive?

Our findings

People who used the service who could express a view spoke very enthusiastically about the various activities they were supported with. These included fulfilling occupations such as working on a farm as well as highly personalised interests such as going to DJ Academy sessions in Newcastle. Some people were involved in conservation work, one person worked in a café, others did voluntary gardening work or wood cutting for a local retreat. People were also involved in a number of local clubs such as a football group, community centres, a drama group, swimming and discos.

Staff felt that the organisation met its mission, that is "where people with learning and other disabilities live and work as valued and contributing members of the community, having excellent quality of life with purposeful employment, lifelong learning and pride in their achievements".

In discussions with staff it was clear they were very aware of people's individual ways and could recognise any changes in their emotional, psychological or physical well-being. The staff rotas meant that small staff teams worked almost exclusively with individual people so they provided very good continuity of care.

A health care professional involved with a person using the service told us the support was very individualised and tailored for their client. They said, "The team were extremely responsive to the need for a bespoke service, and engaged with me from the beginning, following the behaviour support plans and guidelines that were provided. These are due to be reviewed, and the staff team will all contribute to this."

People's care records were up to date, personalised and respected people's abilities as well as their needs. Support plans for people who used the service were reviewed by keyworker staff who knew the person very well. People's goals were discussed with each person at their monthly meetings with their keyworker (if they chose to attend). We saw examples where people had been involved in setting their own goals. For instance, some people had chosen to go on individual holidays abroad and been supported by staff to achieve this.

Where able, people had been involved in discussions about their own support plans so that their preferred way of being supported was included in their plans. For example, one person had been involved in deciding to keep their electronic tablet in the staff sleep-in room overnight so it did not disturb their sleep. They had signed an agreement to show their inclusion in this decision. Another person's care plan was in pictorial format to help them understand it.

People who could express a view told us that if they were unhappy with the service they would tell a family member. There had been no complaints received from people or their relatives over the past year.

The provider had a complaints policy but had not made information about this available to all the people who used its service. In one house staff had designed a pictorial complaints procedure for those people. Other people did not have information in any format about how to make complain. At each keyworker meeting people were asked if they had any concerns, although this would rely on them feeling able to tell their keyworker. Senior managers agreed it would be better if everyone was provided with the same

information in an accessible and suitable format about how to complain and what they could expect if they did raise a concern.

The service supported younger adults in the community who were generally physically fit so did not require support with end of life care needs. In that event, the service would liaise with appropriate health and social care services to determine the right support and environment to meet those needs.

Is the service well-led?

Our findings

At the time of this inspection we considered that an adequate monitoring system was not fully in place to ensure that the right protocols were followed. For instance, the organisation did not have an incident reporting policy or procedures. This meant staff did not have guidance about how to report any significant events such as serious injuries or police incidents.

There had been no analysis of repeated incidents between some people, including potential safeguarding matters, in order to identify trends and to mitigate the risk of reoccurrence. This demonstrated a lack of adequate systems for reviewing incidents as it would be expected that such shortfalls would be identified and addressed by an adequate audit procedure.

We found several areas of shortfall relating to staff development. Staff felt they were not sufficiently supported in their role, and felt they had been given instruction by the former manager that was not in line with best practice. There had been low staff morale in some staff teams and staff said they felt discouraged from raising any ideas for improvement. These issues had not been identified by the provider's own monitoring system.

Although the day to day practices of supporting people with their medicines were safe, the medicines policy was not sufficiently comprehensive to guide staff so was inconsistently applied and did not comply with national best practice guidelines.

We considered that the organisation did not have an effective governance system in place to ensure the safety of the service.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.

During this inspection there were mixed views between different staff teams about the management of the service. For instance, a support worker in one staff team told us, "The management are very approachable and will listen and act upon any concerns or issues if needed." However, other staff teams were concerned about the way the supported living service had recently been managed. Their comments included, "I don't feel valued whatsoever" and "there's a blame culture towards the staff [when assaulted by a service user]".

Some staff were also concerned about a number of relationships between staff and people who used the service, and felt there was blurred boundary in relation to conflict of interests. For instance, senior staff whose family members used the service. The organisation did not have a specific conflict of interest policy. There was a Code of Conduct policy that referenced relationships with people who used the service but there was no procedural guidance regarding staff members who were related.

Some of the staff we spoke with or who emailed us said they had not felt able to raise suggestions or ideas about how to develop the service for people. For instance, one staff member wrote, "The management

tended to structure the meeting how they want it to go and pick and choose what is talked about the most and might brush over bigger issues that are on the agenda if they wish to not talk about them. In the meetings the management seem to be very closed off to a lot of feedback and made it quite difficult to voice our opinion." In May 2018, the chief executive officer carried out a survey with every member of staff to seek their views about the service.

At the time of this inspection there was not a registered manager in post at the service. A previous registered manager had retired in November 2017. Although they had notified CQC of their retirement, they had not completed an application to cancel their registration. A new manager had applied for registration in February 2018, which was being processed by CQC, but they resigned from the organisation during this inspection. At this time, the education manager had taken interim responsibility for managing the supported living service. They had previous experience of managing this service. Following the inspection, a senior manager for the organisation stated the interim manager was to permanently manage the service.

The chief executive officer had designed a comprehensive action plan to address the many shortfalls found from their own investigations and from the safeguarding concerns raised. It was clear from the actions already taken that the senior managers had acted quickly to address the immediate safety concerns. Further improvements were planned to resolve longer-term issues.

The monitoring of service delivery was carried out by two independent supported living managers and the service manager. They completed monthly checks of care records, medicines management and other records to assess the quality and safety of the service people in each house received. The chief executive officer then provided monthly reports to the Board of Trustees including operational updates such as safeguarding incidents, key achievements and areas for development.

The chief executive officer and interim manager confirmed that their safeguarding investigation had highlighted areas for improvement in quality assurance systems. They discussed how that might be achieved by additional compliance monitoring that was independent of the service management. The organisation was committed to implementing improvements and to introducing new ways of monitoring compliance within the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The service did not follow safeguarding procedures by reporting or investigating allegations of abuse so people were not protected from avoidable harm.</p> <p>Regulation 13(2)(3)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not have effective monitoring systems in place to identify, assess and manage risks relating to the health, welfare and safety of people who used the service.</p> <p>Regulation 17(2)(a)(b)</p>