

St Cuthbert's Care

St Cuthberts Care Supported Living

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

This inspection took place from 26 July to 8 August 2018. We gave the provider short notice of our inspection due to the nature of the service. This was so the registered manager could be available to assist us with our inspection.

This service provides care and support to 27 people living in various 'supported living' settings, which means that they can live in their own home as independently as possible. All of the people supported are living with either a learning disability and Autism Spectrum Disorders. People's care and housing are provided under separate contractual agreements. The Care Quality Commission (CQC) does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager who has been registered with CQC since May 2016. A registered manager is a person who has registered with CQC to manage the service. Like 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.

We last inspected the service in October 2015 and rated the service as Good overall. Since then we found that the provider and registered manager had closely considered the service and determined areas that they could develop further. We found that they had constantly challenged themselves and staff to develop a continuous improvement cycle so all worked to make sure people achieved the best possible outcomes.

We found the provider had instilled a positive culture within the service which meant people were given every opportunity to develop their skills and were supported through challenging situations. The provider aimed to go the extra mile to support people to engage fully with the community and lead ordinary lives, we saw copious amounts of evidence confirming this was the case. Staff were supporting people to lead lives that were enriched and full of opportunities. These experiences enhance their and other people's lives and shared the same values and principles, as the provider. For instance, people were encouraged and supported to be volunteers at the Alan Shearer Centre, which is a specialist recreational, sensory and social resource for disabled people of all ages. One person had been given an award by the Alan Shearer foundation for their services to the public, which was usually awarded to celebrities.

Staff were totally committed to delivering a service which improved the lives of the people who use the service in fulfilling and creative ways. Their drive and passion had created an exceptionally dynamic and vibrant service. Staff focused fully on the goals and aspirations of the people who used it. People told us the service provided care and support that was exceptional. They discussed how staff had supported them to develop their independent living skills and lead ordinary lives. The service was proactive in providing people with a range of information to assist them to make decisions about their health and wellbeing. Staff actively supported people to engage in community activities and seek meaningful occupation. Some of the people told us how staff had actively supported them to find paid and voluntary work.

The service's visions and values promoted people's rights to make choices and live a dignified and fulfilled life. This was reflected in the care and support that people received. People were supported to be as independent as possible and could access advocacy services if needed. Procedures were in place to investigate and respond to complaints.

We saw that staff were recruited safely and were given appropriate training before they commenced employment. Staff told us they received regular supervision and annual appraisals. Staff were respected within the organisation and were provided with a comprehensive range of training. We found staff were consistently striving for excellence and the provider supported them to achieve this goal by assisting staff to attend specialist training around working with people who lived with disabilities.

Staff worked collaboratively with people to assist them, to ensure their voices were heard by healthcare professionals.

Accidents and incidents were appropriately recorded and risk assessments were in place. The registered manager understood their responsibilities around safeguarding and staff had been trained in safeguarding vulnerable adults.

Care records showed that people's needs were assessed before they started using the service.

People were protected from the risk of poor nutrition and staff were aware of people's nutritional needs. Care records contained evidence of people being supported during visits to and from external health care specialists.

Appropriate arrangements were in place for the safe administration and storage of medicines.

There were enough staff employed to meet the needs of people who used the service. The provider had an effective recruitment and selection procedure in place and carried out relevant vetting checks when they employed staff. People who used the service were involved in this process.

The registered manager had encouraged staff to constantly think about improvements. We found that the management style had led to people who used the service and staff feeling that they were integral and essential partners in the operation of the service. They constantly critically reviewed the quality of the service and routinely identified how they could enhance the service and ensure the staff remained at the forefront of best practice when working with the people who used the service. Their oversight of the service and encouragement of staff to keep abreast of developments and be innovative had led to excellent outcomes for the people who used the service and their relatives.

The registered manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Staff recognised signs of potential abuse and reported any concerns regarding the safety of people to senior staff. Staff considered the least restrictive option to reduce risks to people.

There were sufficient skilled and experienced staff to meet people's needs. Robust recruitment procedures were in place. Appropriate checks were undertaken before staff started work.

People's medicines were managed safely and audited regularly. People lived in a clean and well-maintained service with environmental risks managed appropriately.

Is the service effective?

Good ●

The service was effective.

Staff were appropriately trained and had an exceptionally good knowledge of how to meet people's individual needs. People were referred to healthcare professionals promptly when needed.

Staff understood the principles of the Mental Capacity Act 2005 and acted in accordance with the legal requirements. People were only provided with care when they had consented to it.

People were supported to eat and drink sufficient amounts to meet their needs and were provided with a choice of suitable food and drink.

Is the service caring?

Good ●

This service was caring.

People were well cared for. People were consistently complimentary of staff and the support they provided. People were treated with respect and their independence, privacy and dignity were promoted.

Staff interacted with people in a way which was particularly

knowledgeable, kind, compassionate and caring. Staff took time to speak with people and to engage positively with them.

People were consistently involved in conversations and reviews about their own care and contributed to making decisions with the help and support of staff and other professionals.

Is the service responsive?

Outstanding 

The service was extremely responsive.

Care records were detailed and assisted staff to identify how to work well with people.

Staff were exceptionally sensitive to people's needs and looked for innovative ways to resolve any issues.

People had been supported to gain employment, move to independent living settings and engage with the wider community. There was a complaints procedure in place. Feedback systems were in place such as meetings and surveys to obtain the views of people.

Is the service well-led?

Outstanding 

The service was extremely well run.

The registered manager was effective at ensuring staff delivered services of a high standard. We found that they were very conscientious and critically reviewed all aspects of the service then took timely action to make any necessary changes.

Staff told us they found the registered manager and provider were very supportive and felt able to have open and transparent discussions with them through one-to-one meetings and staff meetings.

There were very effective systems in place to monitor and improve the quality of the service provided. Staff and the people we spoke with told us that the service had an open, inclusive and positive culture.

St Cuthberts Care Supported Living

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

One adult social care inspector completed the inspection from 26 July to 8 August 2018. It included a visit to the office where the registered manager is based and to several places where people lived in the supported living accommodation.

Before we visited the service, we checked the information we held about this location and the provider, for example, inspection history, statutory notifications and complaints. A notification is a record about important events which the service is required to send to CQC by law. We contacted professionals involved in caring for people who used the service, including commissioners and safeguarding staff. Information provided by these professionals was used to inform the inspection.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we spoke with seven people who used the service, the registered manager, the deputy manager, a senior support worker and five support workers. We also contacted healthcare professionals and relatives. We observed staff practices, looked at the care records of three people who used the service, staff records and information associated with the management of the service.

Is the service safe?

Our findings

At the last comprehensive inspection, we found the service was safe and awarded a rating of Good. At this inspection, we found the service continued to be safe.

People we spoke with told us they felt safe. One person told us, "I like it here, the staff make sure I'm alright and make sure I keep myself right."

There were sufficient numbers of staff to keep people safe. People lived in various locations with some people being supported by a member of staff throughout the day and overnight, whilst others had dedicated care hours. The provider also offered a concierge service, which meant a member of staff was always available should anyone need help. This level of support allowed people to follow their own routines and pursue their own interests.

The provider had an effective recruitment and selection procedure in place and carried out relevant security and identification checks when they employed new staff to ensure they were suitable to work with vulnerable people. These included checks with the Disclosure and Barring Service (DBS), two written references and proof of identification. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and prevents unsuitable people from working with children and vulnerable adults. People were actively involved in recruiting staff for their houses and had the final say on who was employed.

Accidents and incidents were appropriately recorded and analysed monthly to identify any trends or lessons learned. Risk assessments were in place, which described potential risks and the safeguards in place to reduce the risk. This meant the provider had taken seriously any risks to people and put in place actions to prevent accidents from occurring.

A monthly infection control audit was carried out and the home was clean and free from unpleasant odours. Staff had access to appropriate personal protective equipment (PPE).

Monthly health and safety audits were carried out by staff and the people who used the service, which enabled the provider check that the houses were safe. The provider ensured the landlord completed and maintained records for checks such as electrical testing, gas servicing, portable appliance testing (PAT), checks of the premises and fire safety had been carried out. We saw records that confirmed these checks were up to date.

We found the registered manager understood safeguarding procedures and had followed them, statutory notifications had been submitted to CQC and staff had been trained in how to protect vulnerable people. The provider also had an appropriate whistleblowing policy in place so staff could report concerns without fear of reprisals.

We found appropriate arrangements were in place for the safe administration and storage of medicines.

Is the service effective?

Our findings

At the last comprehensive inspection, we found the service was responsive and awarded a rating of Good. At this inspection, we found the service continued to be effective.

People told us that the staff were very knowledgeable and understood how to support them. One person said, "The staff are fantastic." Another person said, "The staff really know what they are doing and they have been brilliant. I have come such a long way since moving here." The healthcare professionals and relatives we contacted told us that staff had an excellent understanding of people's needs.

People's needs were assessed before they started using the service and continually evaluated, which assisted staff to develop support plans. The staff we spoke with clearly understood the benefits of working in ways that supported people to develop their independent living skills. They demonstrated an effective range of skills that encouraged people to gain the confidence to take charge of their lives. For example, staff had supported people to gain employment and to become volunteers. People told us that staff had helped them to become volunteers at the Alan Shearer Centre and to work in local cafes. They were very proud of these achievements.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. 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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). In community care settings applications to deprive people of their liberty must be made to the Court of Protection. We found the registered manager took appropriate action to ensure, when necessary applications were sent.

We found that the staff clearly understood the MCA and what actions they would need to take to ensure the service adhered to the code of practice. We found that in line with the MCA code of practice assessments were only completed when evidence suggested a person might lack capacity. Staff closely examined whether people lacked capacity to make decisions and used all means available to support people to make choices.

Staff we spoke with had a very good understanding of the Court of Protection's role in authorising deprivations of liberty and why they were needed.

We viewed the staff training records and saw that staff were up to date with their training. One staff member told us, "We do lots of training and the registered manager will support us to go on courses." Staff told us

that the registered manager kept them informed of other training opportunities. New staff completed an induction, which followed a national formal induction programme called the Care Certificate. The registered manager said that the online training system monitored when staff undertook training programmes and would alert staff to the fact they needed to rebook or review training on a regular basis.

Staff told us, and records showed they had access to regular supervision and appraisal. The registered manager showed us that a record was kept of when appraisals and supervisions took place, to ensure they were carried out regularly. Records showed that staff were able to discuss a range of issues, both work related and personal, if they wished. Having these processes in place meant people could be assured that they would receive effective care and support.

People, were supported with their cooking and food shopping. People's nutritional needs and preferences were assessed and recorded in their care plans. We saw that staff ensured people were actively involved in managing their own diet.

The registered manager told us that healthcare professionals such as community nurses supported people who used the service. We saw detailed records of such visits to confirm that this was the case and staff told us how they communicated any event such as a GP visit during a handover when they came on shift so everyone was up-to-date with any changes in people's health or well-being.

Is the service caring?

Our findings

At the last comprehensive inspection, we found the service was caring and awarded a rating of Good. At this inspection, we found the service continued to be caring.

People we saw were well presented and looked comfortable in the presence of staff. We saw staff speaking with people in a polite and respectful manner. Staff consistently interacted with people, offered choices and worked with people in ways that discreetly supported them to manage their emotional responses to stimuli.

People's care records described how staff were to respect people's choices and preferences, and promote their dignity. For example, the care records detailed the level of support people needed to enable them to manage their personal care needs and how best to offer this assistance. Our observations confirmed staff treated people with dignity and respect and care records demonstrated the provider promoted dignified and respectful care practices to staff.

Care records described how staff were to support people to maintain their independence. Some people needed staff to assist them to manage their personal care whilst other individuals needed staff to support them to when interacting with others. The records discussed how staff achieved the balance between people's desire to be very independent and to remain safe. Staff were able to discuss at length the sensitive manner in which they supported people and encouraged them to be as independent as possible.

People had support plans in place that described their communication needs. These included their preferred language, how they wished to, or were able to communicate, and guidance for staff. We found that staff had learnt different communication methods such as Makaton. We observed that staff could readily communicate with people and assist others to understand what individuals were saying.

Staff told us that people would be supported with their religious needs and measures were in place to facilitate this when needed.

We saw that records were kept securely and could be located when needed. This meant only care and management staff had access to them, ensuring the confidentiality of people's personal information as it could only be viewed by those who were authorised to look at records.

Advocacy services help people to access information and services, be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities. We discussed advocacy with the staff who told us none of the people using the service at the time of our inspection had independent advocates but knew how to access this support.

Is the service responsive?

Our findings

Without exception people told us they found the service supported them to lead independent lifestyles. People felt the staff were very skilled and competent. One person told us, "They are all marvellous and I am delighted to be living here." Another person said, "We won funding to make improvements to our garden and it looks lovely now." Another person commented, "We have discussions every week on different topics such as the Grenfell fire and safeguarding." Another person said, "I love it. There is so much to do and we always have fun."

We found that people led very fulfilling lives and developed friendships with people in the community as well as people who used the service. People told us about the themed nights they held in the houses such as Hawaiian nights, Malaysian nights, Irish dances and parties. They went on to discuss all the charity work they did from volunteering at the Dog's Trust and Alan Shearer Centre to holding MacMillan coffee mornings. One person told us that raising money for the MacMillan charity was a project close to their heart and gave them great satisfaction to be able to help others.

We found that one of the properties was a set of flats with a concierge service. People who lived in these flats had worked together to bid for a funding award and won this, which had allowed them to improve the garden and terrace. One person showed us all of the plants they had bought and grown with this money. We heard that the people planned to bid for more funds so they could further develop the garden.

People told us how they were engaged with the local community. One person had been going to their local church groups for the last 13 years and had been able, with staff support, to develop the skills to attend these groups on their own. Another person discussed how they had joined a local art project in the community and had been making butterflies out of fizzy drink cans. People proudly showed us a range of the ones they had produced and these were extremely realistic. They told us they intended to sell these to raise money for cancer research.

Four people told us that they regularly volunteered at the Alan Shearer Centre both in the cafes and on reception. One person had won an award from the Alan Shearer Foundation for their working with the public. They had attended a formal presentation and we heard the award usually went to famous people. Alan Shearer had presented this award to them and told the person they deserved the award so much because they got on well with everyone.

People were supported to remain in contact with their relatives and friends. We heard that a range of techniques were used to maintain contact such as telephone calls, letters and one person regularly Skyped their relatives who lived in America.

People had held an event in the flats for the International Down's Syndrome Day and invited their neighbours to this event. Staff told us it had been well received. We were also told that people had put items on Facebook such as the 'Spirit of the Game Award' and events they held. We also heard that people routinely joined Newcastle's PRIDE events and would have discussions about how to promote diversity and

support people from different backgrounds.

St Cuthbert's care principles were cherishing life, community involvement and empowerment, which were clearly followed and encouraged within each house. For example, one person used Makaton to communicate. The other people living in that house had decided to learn this language so they could all chat together. People also went on training with staff in topics such as safeguarding and one person completed the health and safety checks in each house. One person told us that they had also been asked to do these checks at the Alan Shearer Centre and the people there found them to be very valuable. Another person told us that they were a representative on the provider's Dignity Council and found this to be a very rewarding role. They felt that their work with the Council had a positive impact for all of the people who used the service because it highlighted its importance.

The person-centred approach to care planning that staff adopted had led to people experiencing excellent outcomes and being able to improve their lives and move to more independent settings. For instance, one person had moved to less supported house. People told us that this person was made to feel very welcome and visited them regularly to keep in touch with them. Person-centred care means the person is at the centre of any care or support plans and their individual wishes, needs and choices are considered when delivering care and support. People's needs were assessed and care and support was planned and delivered in line with their individual care plan. Individual choices and decisions were documented in the care plans and they were reviewed monthly. Support plans assessed people's level of need and described what they could do for themselves and what support they required from staff. For example, one person required the assistance to manage all aspects of their daily living. Their support plan described the actions staff were to take and these were also described in an accessible format so the person could readily discuss them with us.

No one required end of life care and this is not an expected function of the service, however, staff understood the actions that needed to be taken if this situation changed.

The provider had a complaints policy and procedure in place. This provided information on how to make a complaint and how long it would take for a resolution. We saw no formal complaints had been made. The registered manager and staff could outline in detail the actions they would need to take if a complaint was made. We found the registered manager thoroughly investigated all concerns and incidents then ensured action was taken to put measures in place to minimise the potential for a reoccurrence of these.

Is the service well-led?

Our findings

We found the registered manager and staff's creativity and acceptance of innovative practice had led to the domain 'responsive' developing so they could demonstrate outstanding practices in this area. For example, the way staff supported people to develop the skills they needed to lead ordinary lives. This had led to opportunities such as employment and working as volunteers, which people had felt would be impossible for them to achieve.

The provider was a registered charity. We found that the directors were very involved in the service and visited regularly. They also had an extremely engaged management team who always critically reviewed the service to determine how further improvements could be made. The senior management team worked closely with the registered manager and they jointly looked to incorporate new and innovative practices into the service. For example, they had recently reviewed the technology that could be used to support people and were providing tablets and laptops so that people could use the internet.

The provider routinely celebrated success and ran an award programme across the organisation. Staff routinely submitted entries to these awards and over the years had been nominated for a number of awards. The provider also actively supported the staff team and promoted their wellbeing so offered interest free loans, child care vouchers, access free family law and counselling services. The provider has promoted cycling to work, and have offered access to gym passes. They believed if the workforce's wellbeing was supported this would enable staff to deliver the best care and support possible to the people who used the service.

The registered manager had been in post for the last two years. All the people we spoke with were extremely complimentary about the management of the service. One professional told us, "Everything is always spot on." Another said, "The staff provide high quality care and support. [Registered manager's name] makes sure the service delivers an excellent standard of care."

The service's visions and values promoted people's rights to make choices and live ordinary and fulfilled lives. This was reflected in the care and support that people received. People and staff reported that the registered manager supported them and included them in the running of the service. Staff told us they thought the service had an open and honest culture. Staff and people who used the service told us they had regular meetings and made suggestions about how they could improve the service for each person.

The provider and staff worked in partnership with other agencies in the local area. They had formed good working relationships with local authority commissioners and this had led to them being asked to also provide a concierge service at the flats.

All the staff we spoke with stated that the registered manager was very understanding and very supportive. A staff member told us, "They [registered manager] are always available to discuss anything and encourage us to make suggestions." Another staff member told us, "We are always working to make sure people receive quality care."

We found staff routinely consulted with people and shared the findings in a format everyone could understand. People thought the service was well run and completely met their needs. They found staff recognised any changes to their needs and acted straight away to look at what could be done differently. People were involved in all aspects of the running of the service from recruitment to determining what improvements could be made to the service.

Staff could clearly explain the governance procedure, their role in reviewing the service and how suggestions around improvements were implemented. All of the staff we spoke with had a comprehensive understanding of people's needs. The passion for knowledge and commitment to the people who used the service displayed by staff was directly attributable to the registered manager's leadership.

We found the provider and registered manager provided very strong leadership and their constant critical review of the service had led to year-on-year improvements. They, in consultation with staff, people who used the service and relatives routinely identified how they could enhance the service and ensure they followed best practice. This oversight of the service and encouragement of staff to keep abreast of developments and be innovative had led to excellent outcomes for the people who used the service and their relatives. The provider constantly considered how lessons could be learnt from incidents and shared the results of this work across the organisation.

We saw that the staff team were very reflective and all looked at how they could tailor their practice to ensure that the support delivered was completely person-centred. We found the registered manager was the integral force ensuring the service was safe, responsive, caring and effective. We found that under their and the provider's leadership, the service had developed and been able to support people with learning disabilities to lead ordinary lives.

We found that the provider consistently invested in creating an effective staff team and life-long learning. They actively encouraged all the staff to obtain qualifications and the training team ensured every support worker was supported to obtain national vocational qualifications and specific qualifications around working with people who have learning disabilities. They used the supervision process to identify other learning opportunities.

The provider had systems in place for monitoring the service, which the registered manager fully implemented. The registered manager completed monthly audits of all aspects of the service, such as medicine management and staff development. They took these audits seriously and used them to critically review the service. The audits had identified areas they could improve upon. The registered manager produced action plans, which clearly detailed when action had been taken. These two elements combined ensured good governance arrangements were in place.

Services that provide health and social care to people are required to inform the CQC of deaths and other important events that happen in the service in the form of a 'notification'. The registered manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.