

Cygnet (OE) Limited

North East Supported Living

Inspection report

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Date of inspection visit:
25 July 2022
26 July 2022
03 August 2022
08 August 2022
12 August 2022

Date of publication:
13 September 2022

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

North East Supported Living provides care and support to people living in a 'supported living' setting. Supported living settings support people to live in their own home as independently as possible. People's housing is provided under separate contractual agreements. CQC does not regulate premises used for supported living. At the time of the inspection there were four people who have a learning disability using the service. They lived together in a house on a residential street.

People's experience of using this service and what we found

Right Support

People were regularly asked for their opinions and gave them freely. People were involved in discussions about their support and given information in a way they understood. Staff supported people to take part in activities and pursue their interests in their local area. People told us they could choose their own social interests and were supported by staff to do this. Some people told us since moving to their new house their range of skills and social activities had increased. Where people had support, they told us this was flexible, available when they needed it and to the level they needed.

Staff supported people to play an active role in maintaining their own health and wellbeing. People were supported safely with medicines. Infection prevention and control practices reflected good practice. Staff enabled people to access specialist health and social care support in the community. People had accessed preventative services such as screening for health conditions.

Right Care

Staff promoted equality and diversity in their support for people. Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. The service had enough appropriately skilled staff to meet people's needs and keep them safe. Staff had training on how to recognise and report abuse and they knew how to apply it.

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs.

Right culture

The service was open to new ways of working and ongoing improvements were introduced to promote independence and inclusivity. People received good quality care, support and treatment because trained staff could meet their needs and wishes. Additional training needs were explored with staff and provided to meet people's needs. Staff turnover was very low, which supported people to receive consistent care from staff who knew them well. Staff placed people's wishes, needs and rights at the heart of everything they did. They sought advice and feedback from everyone involved in people's care. Staff were aware of and working to best practice guidance for supporting people with a learning disability and/or autistic people.

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

Rating at last inspection and update

This service was registered with us on 29 September 2021 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service. We assessed whether the service is applying the principles of Right support right care right culture.

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.

North East Supported Living

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

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

Inspection team

An inspector carried out the inspection. An Expert by Experience made telephone calls to relatives of people who used the service. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service provides care and support to people living a 'supported living' setting, so that they can live 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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave a short period notice of the inspection because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 25 July 2022 and ended on 12 August 2022. We visited the office and supported living setting during the course of the inspection.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local commissioners and professionals who work with the service. The provider was not asked to submit in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used information gathered as part of monitoring activity that took place on 16 May 2022 to help plan the inspection and inform our judgements. We used all this information to plan our inspection.

During the inspection

We spoke with two people who used the service about their experience of the care provided, met a third person and contacted three relatives.

We spoke with the registered manager, team leader and a care staff member. We also received feedback from all of the staff.

We reviewed a range of records. This included one person's care records, three staff files and a variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

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

Staffing and recruitment

- The provider made sure there were enough staff to meet people's individual care package. There were enough staff to provide support throughout the night and day as well as one-to-one support to take part in activities. The staff team was consistent, and no agency staff were being used. One person told us, "They are great, and I get on with all the staff. It's good because I can go out when I want as there are always staff around to go with me."
- People and the staff team had moved from a care home to the property, which provided a supported living service. The provider and registered manager had worked with staff and the people to assist them understand the new model of care. The registered manager was in the process of ensuring the new ways of working were embedded. They regularly reviewed practices within the service and made sure these delivered the supported living model of care.
- Staff recruitment and induction training processes were effective. People were involved in interviewing for new staff members. They had devised their own interview questions and were involved in deciding who was appointed.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management; Using medicines safely; Learning lessons when things go wrong

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so.
- Staff had training on how to recognise and report abuse and they knew how to apply it. People and those who matter to them had safeguarding information in a form they could use, and they knew how and when to raise a safeguarding concern.
- People were involved in managing risks to themselves and in taking decisions about how to keep safe. One person said, 'Me and the staff work out what to do and the risks of things happening. This keeps me safe.'
- Staff managed the safety of the living environment and equipment in it well through checks and action to minimise risk.
- People were supported by staff who followed systems and processes to administer, record and store medicines safely. The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles.
- People received safe care because staff managed incidents affecting people's safety well and learned from them. There were very few incident or accidents, but staff knew how to recognise and report any concerns.

Preventing and controlling infection

- The service used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them.

Is the service effective?

Our findings

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

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

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- Staff empowered people to make their own decisions about their care and support
- Staff had received training around the Mental Capacity Act 2005 and associated code of practice and felt confident applying this in their practice.
- Prior to the move to their supported living service people had lived in a care home and some individuals had been subject to a DoLS. Unfortunately, as a part of the transition work the placing authorities had not ensured applications were made to the Court of Protection to agree the continued deprivation of liberty people would experience. This was being rectified.
- Staff completed a comprehensive assessment of each person's physical and mental health. The existing format was dense and not in a style which would make it easy for people who were receiving support to read. The management team had recognised this issue and new more accessible formats were being introduced.

Staff support: induction, training, skills and experience

- People were supported by staff who had received relevant and good quality training in evidence-based practice. The provider had ensured staff received training around working in supported living settings. The registered manager regularly covered this topic at staff meetings but recognised additional training was needed to embed best practices.
- Staff received support in the form of continual supervision, appraisal and recognition of good practice.

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

- People were involved in choosing their food, shopping, and planning their meals.
- Staff were encouraging people to be involved in preparing and cooking their own meals. People could have a drink or snack at any time. One person said, "Since moving here I've been learning independent living skills and now do my shopping, which I really enjoy."
- Staff encouraged people to eat a healthy and varied diet to help them to stay at a healthy weight

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

- People had health actions plans and health passports which were used by health and social care professionals to support them in the way they needed.
- People were supported to attend annual health checks, screening and primary care services.
- People were referred to health care professionals, as needed, and helped to live healthy lives.

Is the service caring?

Our findings

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

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

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- People received kind, respectful and compassionate care from staff who used positive, respectful language which people understood and responded well to. One person said, "The staff are really kind, caring and really treat me well."
- Staff were patient and used appropriate styles of interaction with people. We observed people being given time to answer and staff rephrasing questions to ensure they had understood the answers being given.
- People felt valued by staff who showed genuine interest in their well-being and quality of life.
- People had the opportunity to try new experiences, develop new skills and gain independence. Staff shared information about activities in the local community and encouraged people to try these. One person said, "I'm much more independent and staff have really helped me to learn the skills."

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

- People were given time to listen, process information and respond. Staff took the time to understand people's individual communication styles and develop a rapport with them.
- People were enabled to make choices for themselves and staff ensured they had the information they needed.
- Staff supported people to maintain links with those that are important to them. People told us they visited friends and saw people they knew at social clubs. One person told us, "Staff support me to see my boyfriend and we see each other regularly."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Meeting people's communication needs; Planning personalised care to ensure people have choice and control and to meet their needs and preferences

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

- The service delivered person-centred care with people having choice and control regarding how staff met their needs. Staff had ensured care plans contained pertinent information about people's needs and preferences to enable staff to provide appropriate care.
- Staff used person-centred planning tools and approaches to discuss and plan with people how to reach their goals and aspirations.
- The provider understood the AIS requirements and had made sure appropriate communication tools, such as large print documents were in place to meet people's needs.
- The current care plans were very detailed and person-centred. Work was being completed to ensure accessible formats for people were developed and introduced. Staff found the care plans always provided all the detail they needed to understand exactly how to deliver the care package.
- Staff had good awareness, skills and understanding of individual communication needs. They knew how to facilitate communication and when people were trying to tell them something.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to participate in their chosen social and leisure interests on a regular basis. People told us they could go shopping when they wanted, to the community centre, pubs and to other local facilities. People were being supported to join in local events and participate in local community activities.
- Staff provided person-centred support with self-care and everyday living skills to people.
- People were supported by staff to try new things and to develop their skills.
- Staff helped people to have freedom of choice and control over what they did. One person told us, 'I love to shop. I shop until I drop.' Another person told us they had planned a trip to see a singer in concert.

Improving care quality in response to complaints or concerns

- Complaint processes were effective. People, and those important to them, could raise concerns and complaints easily and staff supported them to do so. The service had very few concerns and complaints. Day to day issues were usually resolved quickly and to people's satisfaction. Where concerns were received these were responded to and any learning from these shared with staff.
- Staff were committed to supporting people to provide feedback so they could ensure the service worked

well for them. They had assisted the people raise concerns with the housing provider and ensure necessary repairs were completed.

End of life care and support

- At the time of the inspection no one was receiving end of life care, but staff had received training in this area of 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.

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

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The registered manager promoted a positive, person-centred culture. The registered manager and staff put people's needs and wishes at the heart of everything they did. One person said, "The manager is really good and so helpful."
- People told us the registered manager was approachable and acted swiftly to address any issues.
- The service involved people and their families in discussions about individuals care and support needs. People told us they were confident staff had the skills they needed to provide them with the right care.
- The provider and registered manager regularly reviewed the systems and processes in the service to determine if improvements could be made. Action plans were used to identify and monitor where changes were required and how these could improve the service.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Working in partnership with others

- The registered manager maintained clear oversight of the service. They critically reviewed the service to determine how further improvements could be made. For example, the registered manager regularly reviewed the care records and was in the process of ensuring accessible formats were introduced.
- Reports had been sent to alert the CQC and local authorities when incidents occurred. The registered manager closely reviewed all incidents. They ensured all relevant parties were involved in this process and outcomes were discussed.
- Staff we contacted were passionate about providing good care outcomes and took ownership for their practice. They understood their roles, responsibilities and their accountability. Staff felt they were still in the process of assimilating the new care model and felt they would benefit from more support from the management team around this. The registered manager had plans in place to provide additional support to assist the staff embed the supported living model of care into the practice.
- The service had good links with the local community and worked in partnership with other agencies to improve people's opportunities and wellbeing.