

North Northamptonshire Council

Specialist Support Services for Younger Adults with Disabilities North

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Specialist Support Services for Younger Adults with Disabilities North is a domiciliary care agency, providing personal care to people in their own homes. At the time of inspection, 36 people were receiving personal care from the service. This included people living in supported living settings.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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.

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

Right Support:

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People received care and support to maintain an environment that suited their needs and preferences.

Staff supported people to make decisions following best practice in decision-making. People were supported to carry out their daily living activities and pursue their hobbies and interests.

Staff supported people to access health and social care services. Staff supported people with their medicines safely and in their preferred way.

Right Care:

People received care that was person-centred. Their dignity, privacy and human rights were promoted.

Staff communicated with people in ways that met their individual needs.

Staff understood how to protect people from poor care and abuse. Staff had training on how to recognise and report abuse and they knew how to apply it. The service employed skilled staff to meet people's needs and keep them safe.

People's care plans reflected their needs and wishes and promoted their wellbeing. Risks that people may face were appropriately managed.

Right Culture: The ethos, values, attitudes and behaviours of the registered manager and staff team ensured people lead confident, inclusive and empowered lives.

People received good quality care and support because trained staff and specialists could meet their needs and wishes.

People and those important to them, including social care professionals, were involved in planning their care. The registered manager and the staff team ensured people received support based on best practice, respect and inclusivity.

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

The last rating for this service was requires improvement published 19 October 2021 and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

The overall rating for the service has changed from Requires Improvement to Good based on the findings of this inspection.

This report only covers our findings in relation to the Key Questions safe, effective, responsive and well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Specialist Support Services for Younger Adults with Disabilities North on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.
Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.
Details are in our effective findings below.

Good ●

Is the service responsive?

The service was responsive.
Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.
Details are in our well-led findings below.

Good ●

Specialist Support Services for Younger Adults with Disabilities North

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 Health and Social Care Act 2008.

Inspection team

This inspection was carried out by 1 inspector and an expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

This service also provides care and support to people living in a number of 'supported living' settings, 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.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 27 April 2023 and ended on 2 May 2023. We visited the location's office on 27 April 2023, and we made calls to people and relatives on 2 May 2023 .

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us 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 all this information to plan our inspection.

During the inspection

We looked at multiple records including 4 care plans, risk assessments, staff files and medicines records. We spoke with 4 people who used the service, and 4 relatives of people who used the service. We also spoke with 3 staff members, and the registered manager.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Risks present in people's lives had been assessed, and all relevant safety checks on environments and equipment had taken place. For example, we saw evidence that beds, bedrails, wheelchairs and hoists had all been regularly checked for safety. Assessments around risks relating to people's personal care, continence, skin care and more, were all in place and regularly reviewed.
- Staff told us they were confident in managing risks within people's care, and had access to the risk assessment documentation.
- Management staff regularly reviewed people's care and the risks that were associated, and updated care plans as required.

Staffing and recruitment

At our last inspection The provider had failed to ensure adequate staffing were deployed. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Staffing levels were sufficient within the service. One relative told us, "My wife always has 2 carers. They come on time and are well trained." A staff member said, "The staffing situation is much better now. We really struggled through Covid-19, but we are back on track. The wages are better now and we have a really good team."
- We looked at the call planning system and saw there were sufficient staff to cover people's care calls. Management staff told us they were able to get on with the management tasks, as they were now not being regularly called to cover care calls.
- Safe recruitment systems were in place. This included employment references, ID checks, and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and

cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- People felt safe when receiving support from staff. All the feedback we received was positive about staff safely supporting people's needs.
- The provider had systems in place to safeguard people from abuse and knew how to follow safeguarding protocols when required.
- Staff had received training and knew how to recognise abuse and protect people from the risk of abuse. They understood how to report any concerns if they needed to by following safeguarding or whistleblowing procedures.

Using medicines safely

- Medicines were administered by staff who were trained to do so. We looked at medicine administration records (MAR) and saw they were accurately completed by staff. Audits were in place to ensure management staff could identify any mistakes or omissions and take action as required.

Preventing and controlling infection

- People told us that staff wore suitable personal protective equipment (PPE) as required. Staff told us they had received training in infection control, and had sufficient stock of PPE.

Learning lessons when things go wrong

- Systems and processes were in place to discuss incidents and accidents and share these with the staff team so lessons could be learned.

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.

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The staff provided some people with support to prepare meals and drinks. Staff were aware of people's dietary requirements and needs, and they felt confident in supporting people in this area. At the time of inspection, there was no requirement for any detailed food or fluid intake monitoring, however, care plans gave appropriate detail and instruction regarding people's diets.

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

- People had their care needs and preferences assessed and identified before any care was agreed and delivered. This ensured there were sufficiently trained staff to provide the care and support required.
- People's equality and diversity was considered when assessments of their needs took place, and staff understood people's individual requirements.

Staff support: induction, training, skills and experience

- Staff were trained appropriately for their roles, and told us they were confident supporting people. One staff member said, "The training offered is excellent, I feel very equipped for the role."
- New staff went through a robust training induction package, which included The Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff were well supervised in their roles and received sufficient one to one time with senior staff and opportunities to feedback and learn.

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

- People were supported to live healthy lives, and access any medical appointments and professionals as they required. One person told us, "If I need a doctor or dentist, I go in a taxi with the carer." One relative said, "They [staff] take [person] to all their medical appointments."
- Care plans documented people's health and any healthcare requirements that staff should be aware of.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People's capacity to make decisions was assessed as required, and appropriate measures were taken to support people in decision making.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; 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 received support in line with their individual support needs and preferences, and staff told us they knew people well. One relative said, "No matter what [person's] mood, they chat and work through the highs and lows, I couldn't do without them." Another relative said, "[Person] has a rota, they have male carers that take them to rugby and church on a Sunday, also horse riding and swimming."
- Staff were proud of the personalised support they were offering to people and told us various examples of support that followed people's interests and helped them maintain relationships. For example, arranging an 80th birthday party for a person, going on train trips, and supported holidays.
- Care plans contained information around people's likes, dislikes, personal history, and general preferences. Staff told us they had enough time to read care plans which enabled them to understand how people wished to be cared for. Care plans were reviewed regularly to reflect any changes required in people's care.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The registered manager was aware of the requirement to produce documentation in accessible formats to those who may need it.

Improving care quality in response to complaints or concerns

- A complaints policy and procedure was in place which enabled complaints to be recorded and dealt with formally. We saw that when complaints were made, a detailed record was kept and actions were taken to address issues promptly.

End of life care and support

- At the time of inspection, there were no end of life care requirements within the service. People did however have end of life care planning arrangements documented in their care plans if they wanted to, and the registered manager was aware of the outside agencies required to support people with end of life needs if required.

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.

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

At our last inspection the provider failed to ensure adequate systems and processes were in place to assess, monitor and improve the quality and safety of the care provided. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- People, relatives, and staff all told us that improvements had been made since the last inspection, and systems and processes were now in place to monitor staffing levels, and overall quality within the service. The management told us that more staff had been recruited, which meant that management tasks and oversight had improved greatly, as they were not required to carry out care calls regularly themselves.
- Staff felt well engaged with by management and were clear about their roles and responsibilities. One staff member told us, "I feel well supported by management. Any issues, you are not on your own, just a phone call away." Another staff member said, "Amazing support, fantastic team, we can always ask anything and are never made to feel silly."
- Staff put people at the centre of the service and provided good quality care that focussed on people's care and support needs.

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

- The management team maintained records of accidents and incidents, and responded to complaints appropriately. Information and learning was shared with staff to reduce the likelihood of recurrence.
- The management team understood information sharing requirements. We saw that information was correctly shared with other agencies, for example, when the service had identified concerns, and notifications about events which they were required to do by law.

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

- People and relatives all felt well engaged with and had opportunities to feedback. We saw written

feedback which said, "The staff have the expertise and knowledge for dealing with those who have disabilities, anything you ask from the team it gets done." One person also told us, "An issue with shopping was dealt with straight away." Another person said, "If I have a problem I go to the office, they listen."

- Team meetings were held to formally discuss the service. We saw minutes of meetings which showed that issues were discussed such as training, recruitment, and any relevant updates on people being supported.

Continuous learning and improving care

- Audits and quality checks were in place across the service to make sure that any issues or errors were found and acted upon. This included checks on medicine administration records, staff documentation, staff observations, and checks on the environment and equipment used.

- Staff we spoke with told us they were regularly checked on and given the support they required.

Working in partnership with others

- The registered manager and staff worked with outside health professionals to help people achieve good outcomes. The registered manager and management team were open and honest during our inspection, and receptive to feedback we gave.