

Northumberland County Council

Wansbeck Supported Living Service

Inspection report

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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?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Wansbeck Supported Living Service provides personal care to people, including those with a learning disability and autistic people. People live in their own bungalow so they can live as independently as possible, and the service also provides outreach support to people who live locally. At the time of our inspection 12 people were receiving a regulated activity.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

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

Right Support

The service was not able to fully demonstrate how they were meeting the underpinning principles of Right support, right care, right culture due to the lack of knowledge by staff about this guidance.

Medicines were not always managed safely and staff were not following safe infection prevention and control (IPC) measures during the inspection. Risk assessments were completed for people. However, these had not been reviewed at the frequency identified by the provider. Systems were in place to safeguard people from abuse.

People were supported to maintain their home environment and had personalised their home to reflect their taste and preferences.

Right Care

The service did not always have enough appropriately skilled staff to meet people's needs. Staff knew people well and knew how to support people to overcome any communication barriers. Information was available to people in alternative formats to support people's communication needs.

Staff treated people with care and kindness and supported people to take part in a range of activities. Assessments of people's needs had been completed. However, these had not been reviewed at the time frames identified by the provider and did not always evidence people had been involved in decisions about their care or agreed to the support being provided.

Right Culture

The culture at the service was positive. Staff described ways of working which were person-centred. However, records did not always demonstrate that care plans remained relevant as they were not being

regularly reviewed in line with the requirements identified by the provider.

People were encouraged to be active citizens in their local community. Feedback from people confirmed they were happy living at the service and felt safe.

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.

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

Rating at last inspection

The last rating for this service was good (published 13 October 2018)

Why we inspected

This inspection was prompted by a review of the information we held about this service. The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We identified three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 during this inspection. These related to safe care and treatment, staffing and good governance.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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?

Requires Improvement ●

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Requires Improvement ●

The service was not always caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Wansbeck Supported Living Service

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 undertaken by two inspectors 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.

Service and service type

The service is a domiciliary care service and supported living service. It provides personal care to people living in their own homes. It also provides care and support to people living in nine '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 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 the service six days' notice of the inspection. This was 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 15 June 2022 and ended on 5 August 2022. We visited the location's office on 15, 16 and 24 June 2022.

What we did before the inspection

We reviewed the information we held about the service, including the statutory notifications we had received from the provider. Statutory notifications are reports about changes, events or incidents the provider is legally obliged to send to us. We contacted the local authority commissioning and safeguarding teams, the local NHS infection prevention and control [IPC] team, fire service and Healthwatch to request feedback. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

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 spoke with five people who used the service and five relatives about their experience of the care provided. We spoke with seven members of staff including support workers, senior staff, the registered manager and a senior manager. We also shared information with the nominated individual for the service by email. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records. This included care records for six people including medicines records. We looked at the recruitment records for two staff and a variety of records relating to the management of the service, including policies and procedures.

Following the inspection site visits we requested additional information by email and continued to seek clarification from the provider to validate the evidence we found. We also sought advice from pharmacy inspector colleagues to discuss the inspection evidence linked to the management of medicines.



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 good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Medicines were not always managed safely.
- Medicines administration records [MAR] were not always accurately completed. For example, there were missing signatures on some MAR charts so we could not be assured people had received their medicines as prescribed.
- Times were not recorded on MAR charts for medicines which were administered as required and needed to be given with specific time intervals between doses to ensure they were used safely. In addition, allergies were not recorded on MAR charts.

The provider's failure to ensure medicines were always managed safely was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Preventing and controlling infection

- On the first day of the inspection staff were not wearing PPE when delivering personal care to people. The registered manager and provider were unaware of government guidance which detailed the requirements for staff to use PPE in adult social care settings.
- Safe IPC practices were not always followed by staff. For example, some staff were not bare below the elbow and were observed to be wearing nail varnish, watches and stoned rings. This prevents staff from following effective hand washing procedures.
- Systems were not in place to ensure staff completed testing for COVID-19 in line with government guidance. The registered manager told us records had not been kept throughout the COVID-19 pandemic to show staff completed testing at the necessary time frames. A staff member confirmed they did not register the results of their COVID-19 test to the government website.

The provider's failure to ensure effective infection control procedures were in place and followed by staff was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager responded to our feedback and staff were instructed they were required to wear PPE when supporting people. In addition, systems were introduced to ensure testing for COVID-19 was always completed in line with guidance.

Assessing risk, safety monitoring and management; Systems and processes to safeguard people from the risk of abuse

- Safeguarding systems were in place. However, some restrictions were recorded in one person's care plans without the necessary legal authorisations. We brought this to the attention of the registered manager who confirmed this was a recording issue and the person was in agreement with their support plan and had consented to these. The registered manager responded to this to update records.
- Risk assessments had been completed to assess known risks people were exposed to. However, they had not been reviewed at the frequency identified by the provider to ensure they remained relevant.

The provider's failure to ensure records were reviewed and updated to reflect people's needs in line with their policies and procedures was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff raised no concerns about safeguarding practices at the service.
- People told us they felt safe and relatives confirmed this. One relative said, "The bungalow is safe and no one can bother [name of person]. [The person seems] happy and gets on well with others."

Staffing and recruitment

- Sufficient staff were not available to always meet people's needs. This resulted in staff regularly having to work overtime shifts to maintain safe staffing levels. However, there had been some occasions where staffing had fallen below the minimum required level to meet people's needs.

The provider's failure to ensure there were sufficient staff to meet people's needs was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager told us of their difficulties of recruiting staff due to the staffing crisis in the care sector. They had taken action to recruit staff and new staff were expected to join the service soon.
- Staff were recruited safely. However, recruitment records were not well organised and were difficult to locate.
- Appropriate checks were carried out during the recruitment process to assess an applicant's suitability for their role. This included the relevant DBS checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Learning lessons when things go wrong

- The registered manager and provider developed actions plans in response to our inspection findings. They were committed to delivering the necessary improvements at the service to improve quality and learn lessons to ensure they were always providing a quality service.

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 good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Assessments of people's needs were completed. However, they had not been reviewed at the frequency identified by the provider to ensure assessments remained relevant.

The provider's failure to ensure people's needs were assessed on an ongoing basis in line with the provider's policies and procedures contributed towards a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- One person was moving on from the service as the placement did not meet their needs. Staff involved this person in discussions about where they want to live next.

Staff support: induction, training, skills and experience

- Training the provider had deemed mandatory had not always been delivered to staff. The training records we reviewed showed there were gaps where staff had not attended some training courses. For example, 16 staff had not attended training in relation to COVID 19.
- Staff had not received regular supervision in line with the providers policy. This was due to the registered manager and senior staff regularly having to cover care shifts. This impacted their ability to provide regular supervision for staff.

The provider's failure to ensure staff had received all the relevant training and on-going supervision was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Although staff had not received regular supervision they provided feedback of still feeling supported at work. One staff told us, "I haven't had regular supervision lately. I know if I asked for supervision I would get one though."

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

- People's nutritional needs were met.
- Staff encouraged people to eat a healthy diet where possible. However, we received feedback from one relative and one member of staff they felt mealtime support could be improved for some people. One relative told us their relation had gained weight and a staff member told us they thought mealtime support for people could be improved to enable people to have the opportunity to eat more fresh food. However,

another member of staff said, "We support people with meal preparation and we encourage people to be independent. Staff encourage people to have healthier meals and not fast food. People have lost some weight so the support has worked."

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

- Staff supported people to meet their health needs. Staff worked in partnership with healthcare professionals to support and maintain people's health and well-being. Staff followed any recommendations provided by health care professionals.
- People received a learning disability annual health check with their local GP surgery and had 'hospital passports.' The information recorded in a hospital passport helps staff in hospitals and GP surgeries to make reasonable adjustments to support safe and effective care for people with learning disabilities.

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.

- Relevant applications had been made to the Court of Protection where people lacked capacity to consent to their care and treatment. Some records did not always evidence people with capacity were in agreement with their care and support plans. The registered manager responded immediately to this feedback to update records.
- Staff encouraged people to make their own choices and involved people in decisions about what they wanted to do on a day to day basis.
- People's ability to consent to their care and treatment was assessed. Where people lacked capacity to make particular decisions for themselves best interests decisions had been completed involving the relevant professionals and relatives.

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.

At our last inspection we rated this key question outstanding. At this inspection the rating has changed to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- Due to the concerns identified at this inspection, we could not be assured the provider ensured people received a high quality compassionate service. We have taken this issue into account when rating this key question.
- People were consulted in decision making about their care and support. However, this was not always been reflected in their records. We have reflected issues with keeping up-to-date records elsewhere in this report and refer to the well-led section.
- Whilst we identified shortfalls in record keeping we did not identify any impact to people. Staff were knowledgeable about the needs of people and their preferences. This enabled staff to understand the support needs of people and to provide support which was person-centred.
- Staff knew how to access advocacy services if this was required. One person told us, "I don't have an advocate and feel I can speak up for myself. If I did need support [name of staff] would help me organise this."

Respecting and promoting people's privacy, dignity and independence

- Staff upheld the privacy and dignity of people. They understood the importance of maintaining people's privacy and described dignified ways of working to uphold people's dignity. For example, when supporting people with their personal care.
- Staff described ways they involved people in choices and decisions about their day to day care. One staff member told us, "We knock on doors and ask people if we can come in, we ask people if we can do something, use towels to keep people covered if supporting someone with bathing."
- Staff ensured people's confidential information was stored securely. Staff had access to records when they were required. This meant people's confidentiality was maintained as only people authorised to look at records could view them.
- People were supported to be as independent as they could be. This included supporting some people to access the local community independently and developing plans to help people achieve their goals.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff were kind and caring. One person told us, "The staff are very, very caring, they are understanding and they listen."
- Staff treated people with kindness. The registered manager led by example, throughout the inspection we observed positive interactions where staff always demonstrated kind and caring attitudes towards people.
- Staff promoted equality, diversity and inclusion for people. For example, staff had arranged for some

people to attend courses which covered topics in relation to gender specific health issues and sexuality.

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 good. At this inspection the rating has changed to requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff knew people well and provided support to people which was specific to their needs. However, care plans had not been reviewed at the time scales identified by the provider and some had not been reviewed for over a year. The registered manager told us this had been affected by the COVID 19 pandemic.
- Records did not always evidence people or their representative were involved in assessments or that their views were taken into account when planning care. The well-led section of the report reflects issues with record keeping in more detail.
- People were complimentary about the service and thought support was person-centred. One person told us, "I have done a person-centred plan but I think it's needs updating. It was done a few years ago."
- Staff supported people to maintain relationships with their family and friends.

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.

- People's communication needs were met. Staff knew people well and the most appropriate ways to support people to communicate their needs to overcome any communication barriers. For example, the use of resources to help people express how they were feeling and how this made them feel physically.
- Some information was available for people in accessible formats. For example, easy read documents had been produced using pictures for people who could not understand written words.

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

- A range of meaningful activities were available for people to participate in which were socially and culturally relevant to them. People told us they enjoyed the activities and liked to engage in them.
- Staff supported people to access community groups and activities where they had the opportunity to meet and socialise with people of their choosing.

Improving care quality in response to complaints or concerns

- Systems were in place for any concerns, complaints, or compliments to be acknowledged and investigated. No complaints were raised with us during the inspection.

- A number of compliments had been received by the service to acknowledge the care and support provided by staff.

Supporting people at their end of life

- Care plans were in place to record people's wishes for their end of life care.
- The registered manager discussed how people would be supported during their end of life care to ensure people's spiritual and cultural needs were also met.

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 the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant the governance and oversight of the service was inconsistent.

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

- Effective quality monitoring systems capable of identifying issues in safety and quality were not in place.
- While we found no impact to people, widespread shortfalls were identified at this inspection. There was no evidence regular quality assurance audits had been completed since 2019. This was reflected by the breaches of regulation which were identified at this inspection.
- There were gaps in the knowledge of staff in relation to guidance which was relevant when supporting people with a learning disability and autistic people. This included the Right support, right care, right culture guidance. This impacted the ability of staff to ensure they were always providing person-centred care.
- Due to staff shortages the registered manager and senior staff were regularly required to cover care shifts. This impacted on their ability to complete the managerial tasks they were responsible for. We identified numerous issues with record keeping during the inspection. The provider had not risk assessed the impact this had on the service.

Robust systems and processes were not in place to demonstrate the registered provider had effective oversight of the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager promoted a positive culture within the service.
- An effective system to ensure that statutory notifications were always submitted in a timely manner was not fully in place. Statutory notifications contain details of certain incidents, events and changes that affect a service, or the people using it.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service had established links within their local community and worked in partnership with other health and social care professionals.
- Staff had positive relationships with people and understood the needs of the people they supported well. One person told us, "I love living in Bedlington. They [staff] are nice and friendly and I've met loads of people in the village. Staff supported me to join groups and I'm looking at IT apprenticeship."

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 registered manager understood their responsibilities in relation to the duty of candour. They worked in an open and transparent way.

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 | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Medicines were not managed safely and a system to assess, prevent, detect and control the spread of infection was not fully in place. Regulation 12 (1)(2)(g)(h). |
| Regulated activity | Regulation |
| Personal care | Regulation 17 HSCA RA Regulations 2014 Good governance An effective system to monitor the quality and safety of the service was not in place. Regulation 17 (1)(2)(a)(b)(c)(f) |
| Regulated activity | Regulation |
| Personal care | Regulation 18 HSCA RA Regulations 2014 Staffing An effective system was not in place to ensure sufficient numbers of staff were not always deployed to meet people's needs. In addition, an effective system to ensure staff were suitably trained and supported was not fully in place. Regulation 18 (1)(2)(a). |