

Normanshire Care Services Ltd

# Normanshire-Supported Living Services

## 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 caring?	Good ●
Is the service responsive?	Requires Improvement ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Normanshire - Supported Living Services Ltd provides personal care and support in three settings to people with learning disabilities and autism or physical disabilities. Six people were receiving personal care at the time of the inspection.

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 guidance CQC follows to make assessments and judgements about services supporting people with a learning disability or autistic people.

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

- People and their relatives told us they were not always aware they could choose their care provider.
- Staff did not always know how to provide person-centred care to people who had behaviours that could challenge themselves or others.
- People had proactive plans in place to reduce the need for restrictive practices but these were not always followed.
- People made choices and took part in some activities which were part of their planned care and support. Staff supported people to make goals but people were not fully supported to achieve these or to update them as often as they liked.
- Staff had training to support them in their roles but the provider had not ensured all staff had received training about supporting autistic people and people with a learning disability.
- People's needs were assessed and they were supported to have choices about their day to day 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 felt the management team was approachable and felt listened to.
- Staff told us they did not use restrictive practices to manage people's behaviour if they became distressed.
  
- People had access to specialist support to meet their changing needs.
- People were protected from abuse and poor care. The service had enough staff to meet people's needs.
- People's care, treatment and support plans, reflected their cognitive and functioning needs.
  
- People and those important to them, worked with leaders to develop and improve the service.
- People were supported by staff whose understanding about best practice in relation to learning disability and/or autism varied.

### Why we inspected

This was a planned inspection based on the previous rating.

### Rating at last inspection

The last rating for this service was inadequate (published 24 October 2019). We undertook a targeted inspection of the service in September 2020 to check the provider had made improvements where we had found breaches of the Regulations. We do not provide a rating of the service during targeted inspections.

### 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 discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified three recommendations in relation to person-centred care, training and independence.

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

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

# Normanshire-Supported Living Services

## **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.

#### Inspection team

The inspection team consisted of three 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

This service provides care and support to people living in three '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.

#### Notice of inspection

This inspection was unannounced.

#### 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 that works with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We greeted people living at the service and spoke with one person at the service. We spoke with seven members of staff including the Director, the care coordinator, an administrator, two scheme managers, a team leader and a care worker. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We made further observations to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two relatives of people using the service by telephone. We spoke with the registered manager and two care workers.

# Is the service safe?

## Our findings

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

At the last comprehensive inspection this key question was rated as inadequate. We made a targeted inspection of the service in September 2020 where we found improvements had been made in relation to the provider's breaches of the regulations. We did not rate the service as part of a targeted inspection. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safe from abuse. Staff understood how to protect people from abuse and the service worked well with other agencies to do so. One staff member said, "If there is a mark on a client I tell the manager. They will have to investigate how it happened and where everyone was. If they don't I escalate to her manager then blow the whistle to the social services and CQC."
- Relatives told us people were kept safe. One relative said their family member was "Absolutely safe."

Staffing and recruitment

- People were kept safe from avoidable harm. The service had enough staff, who knew the people and had received relevant training to keep them safe. People's relatives told us there were enough staff to keep people safe. One relative said, "There is enough staff they seem to know what they are doing."
- The number of staff on duty matched the rota and we observed people getting support from the right number of staff to meet their needs.
- People were protected by staff who had been through safe recruitment checks, including checks made with the Disclosure and Barring Service (criminal records check) to make sure staff were suitable to work with vulnerable adults.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People were involved in managing their own risks whenever possible. Staff anticipated and managed risk in a person-centred way. There was a culture of positive risk taking. Staff had a high degree of understanding of people's needs. People's care and support was provided in line with care plans.
- Staff understood that restrictive interventions include restraint, segregation and seclusion.
- All incidents where people's behaviours could challenge themselves or others were recorded. The registered manager and staff told us restrictive practices were not used at the service. Observations and records confirmed this. Leaders reviewed incidents and offered debriefs to both the person involved and their staff team. Learning from this was actively taken forward to reduce the likelihood of the incident reoccurring.
- People's care records were accessible to staff and people, and it was easy for them to maintain high quality clinical and care records.
- We observed staff following these records to deescalate situations where otherwise people may have

come to harm.

- People's care and support was provided in a safe, clean, well equipped, well-furnished and well-maintained environment. The scheme environments somewhat met people's sensory and physical needs but there was no record people were consulted on what they wanted in their space or that suggestions were acted on.

#### Using medicines safely

- People received the correct medicines at the right time. People's medicines were regularly reviewed to monitor the effects of medicines on their health and wellbeing. There were plans in place for people to reduce some doses of medicines that were not required in line with current best practice.
- Staff were trained to administer medicines safely and people were kept safe from avoidable harm.
- Staff communicated any changes to people's medicines, understood their needs and managed risks appropriately. People's care and support was provided in line with care plans.
- Medicines were only used to control people's behaviour as a last resort and at the lowest dose. When a medicine was used, there was a debrief afterwards to identify anything that could have been done differently and to reduce the likelihood of a repeat.
- Staff knew how to report and manage medicines incidents. Managers carried out checks to ensure staff followed systems and processes to safely administer, record and store medicines; improvements were made where necessary.
- Leaders understood and implemented the principles of Stopping over-medication of people with a learning disability, autism or both (STOMP) and ensure that people's medication is reviewed by prescribers in line with these principles.

# 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 the last inspection this key question was rated as good. At this inspection this key question remains the same.

Staff support: induction, training, skills and experience

- People received support from staff who had received basic training relating to their role. The provider had begun to provide training in autism and learning disabilities but not all staff had received it. A relative told us, "Staff...seem to know what they are doing."
- A staff member described people as "Having behaviours" rather than being conversant about autism and learning disabilities and we observed them not taking someone's sensory needs into account during a meal. This put a person's health and wellbeing at risk.

We recommend the provider seek guidance and support from reputable sources about providing training about supporting autistic people and people with learning disabilities to all staff.

- Staff told us they would like more face-to-face training when possible, including training about communication methods such as British Sign Language. The registered manager told us more training would be available when possible given the pandemic restrictions.
- The provider had worked in partnership with other organisations to plan more training for staff.
- Staff had regular supervision and appraisal. Managers provided an induction programme for any new or temporary staff.
- One staff member said, "I get every month. It is an opportunity to discuss with your manager on how you are feeling and your needs. I had my annual appraisal last month."

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care

- People were able to input into choosing their food and planning their meals. Staff supported them to be involved in preparing and cooking their meals. People could access drinks and snacks at any time. We observed people making meals during the inspection.
- People's food and drinks were made in line with their dietary requirements and staff made referrals to professionals when people needed more support.
- People had access to food which met their cultural and religious preferences. Staff told us that if this food was cooked, everyone at the service would eat it rather than being provided with food prepared in a different way. The registered manager believed this did not happen but told us they would investigate this discrepancy.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to have access to healthcare services and were referred to other professionals

such as psychological therapies where appropriate.

- People had good access to physical healthcare, including oral care, and were supported to live healthier lives. Records confirmed this.

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

- People were supported to make decisions about their day-to-day care. Staff understood the Mental Capacity Act 2005. For people that the service assessed as lacking mental capacity for certain decisions, staff clearly recorded assessments and any best interest decisions.
- People's needs were assessed before moving into the service and were regularly reviewed.

# 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 the last inspection this key question was rated as good. At this inspection this key question has now remained the same. 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 or their families told us that they received kind and compassionate care. However, one person told us, "I would like more interaction with staff. I would like them to come and say hello. Some staff do it not all."
- Staff protected people's privacy and dignity and understood people's needs. Overall, staff had built good relationships with people living at the service and people had gained more independence and their language had increased because of their interactions with staff. One relative said, "[Person] has made friendships with the support staff. . .they are lovely and supportive. [Person] has built up a relationship with them."
- Staff spoke warmly about the people they support. One staff member said, "We are polite, give affection and talk nicely with them and treat them like human beings."
- Staff supported people to maintain links with those that are important to them.
- Staff maintained contact and shared information with those involved in supporting people, as appropriate.
- People's cultural needs were promoted, such as observing religious rituals and celebrations.
- Staff respected people's diversity and explained how they would welcome all people at the service and treated equally.

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

- People did not always have access to independent support to express their views. Nobody at the service had an advocate and we were not assured that people had easy access to independent, good quality advocacy as no records were provided to demonstrate the provider had taken all steps to identify if anyone wanted one. This meant people may not be fully independently supported to express their views.

We recommend the provider seek guidance and support to ensure people had access to independent advocacy support if required

- The care staff supported people to make daily choices for themselves and staff ensured they had the information they needed.
- Staff told us how they supported people who were non-verbal to be involved in making decisions and explained that people are not forced to do anything. We observed staff using hand gestures and aids to communicate with people and using the phrases people wanted them to use which were captured in their support plans. We observed a person understanding staff and being fully engaged in an activity of their

choice.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated 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; 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

- The service had taken steps to implement measures to work in a person-centred way to meet the needs of people with learning disability and autistic people but further improvements were needed to ensure people had the best possible quality of life in line with their preferences and wishes. The management were aware of some best practice approaches and the principles of Right support, right care, right culture but the registered manager was not conversant in the guidance.
  - The provider needed to improve their practice around supporting people to meet their aspirations. One person we spoke with told us they wanted to set more goals and for their aims to be reviewed on a more frequent basis. Records we reviewed demonstrated the provider had not always explored all reasonable options to support people to meet their goals such as making their own hot drinks. The provider had supported other goals such as gardening and the provider said they would address the gaps found.
  - Staff took the time to understand people's behaviours and what may be causing them. They completed assessments for people who needed them and referred to other professionals for support where necessary. Care staff we spoke with gave good examples of using best practice to support people in their daily lives. However, a staff member referred to people as "Having behaviours" rather than understanding behaviour as a form of communication or result of sensory needs related to their diagnosis of autism or learning disability.
  - The registered manager explained people were placed in schemes with people of a similar age and consideration would be given to the mix of people before a new person moved in, including discussions with people living at the service. People had support agreements in an easy read format that explained their chose around care providers however, people and their relatives were not aware they could choose their care provider in line with the guidance. A relative said, "[The care provider] has to be Normanshire." A second said, "I just assumed Normanshire [had to be the care provider]."
  - The provider had taken some steps to understand people's sensory needs but some people's equipment was not provided in a timely fashion.
- We recommend the provider seek guidance and support from reputable sources about embedding person-centred care at the service.

- We observed people undertaking a range of indoor activities and people going to the park and shops. People were supported to undertake a paid job role at the service and received a payslip and identification badge appropriately. People told us they enjoyed their new roles, such as quality assurance officer.
- The provider was in the process of developing a day centre and told us they would offer spaces to people

living at the service where they could take part in more social activities and gatherings where they could form new friendships and relationships. The registered manager told us they would look in to more opportunities alongside this in line with pandemic restrictions.

- People's needs were assessed before they started living at the service so staff could ensure they could manage people's support needs well. A relative told us they were very satisfied with their family member's transition and that they "Settled in very quickly." Family members were appropriately invited to meetings to give personalised information about people who had recently started living at the service. Care and support plans were holistic and reflected people's needs. These reflected a good understanding of people's needs with the relevant assessments in place, such as communication assessments. We observed several staff following people's assessments to fully support them.
- The provider updated people's care records when their needs changed such as following a change in their physical health.
- A person had their own bedroom which they could personalise and keep their personal belongings safe. People had access to quiet areas for privacy.

#### Meeting people's communication needs

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 met the needs of all people, including those with needs related to equality characteristics. Staff helped people with cultural and spiritual support. People had access to information in appropriate formats. We observed staff using different communication methods effectively during the inspection. A staff member told us how they support people to communicate, "We use [a form of signing to support speech] and we use pictorial aids."

#### Improving care quality in response to complaints or concerns

- People, and those important to them, could raise concerns and complaints easily and staff supported them to do so. The service had not received any formal complaints since the last inspection. There was evidence that a concern relating to a lack of activities had been answered by email.
- People's relatives told us they did not have any complaints with the care at present and felt confident their family member's scheme manager would deal with any concerns appropriately.

#### End of life care and support

- No one at the service was receiving end of life care and support. The provider had a policy in place in the event of someone needing this support.
- One person had a brief written care plan about what they wanted to happen at the end of their, including their religious wishes.

# 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 inadequate. We made a targeted inspection of the service in September 2020 where we found improvements had been made in relation to the provider's breaches of the regulations. At this inspection this key question has now improved to 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;

- The provider had begun to take steps to deliver a service which had a positive, person-centred culture, and the provider was aware they needed to embed good to ensure people lived their best quality of life.
- The provider had begun to promote learning and training about people with learning disabilities and autistic people which they needed to provide to all staff to ensure care was delivered in a person-centred way.
- People's relatives and staff told us the management team were visible in the service and approachable for people and staff.
- Staff morale was high and their views were listened to and respected. One staff member said, "I love working here." A second staff member said, "Yes there are monthly staff meetings. In staff meetings we can talk with each other and find a solution."
- People participated in key worker meetings and were able to write their care plans and daily notes where appropriate.
- People, their relatives and staff told us they were given questionnaires to complete about the quality of care provided. All responses were positive about care delivery. One person wrote, "I am elated to be here."

Managers and staff being clear about their roles, and understanding 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; Continuous learning and improving care

- Senior leaders had the skills, knowledge and experience to perform their roles and understood their responsibilities.
- Each scheme was managed by a scheme manager who undertook audits of the quality of the care provided. These were checked by the registered manager.
- The provider sought feedback from people and those important to them and used the feedback to develop the service. People had a job role to monitor the quality of the service.
- The registered manager understood their duty of candour including the need to apologise to people, and those important to them, when things went wrong.

### Working in partnership with others

- The management team worked with a range of professionals to ensure people had access to specialist support. Records confirmed people had input from health and social care professionals such as speech and language therapists, psychiatrists and social workers.
- The registered manager told us they shared best practice at provider forums and had recently worked with a learning disability pharmacist to implement the STOMP principles at the service.