Northumberland County Council

Wansbeck Supported Living Service

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?	Outstanding
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 14 September 2018 and was announced.

Wansbeck Supported Living Service provides personal care and support to nine people with learning disabilities, autism or associated related conditions or mental health needs. Some people may have behaviours that challenge. People live in nine supported living settings, so that they can live in their own home as independently as possible. The service also provides outreach support to four people living nearby in their own homes. 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.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

At our last inspection in April 2016 we rated the service good. At this inspection we found the evidence continued to support the rating of good apart from the caring domain which exceeded the fundamental standards. There was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns.

This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People, relatives and care professionals considered the caring nature of the service to be of the highest standard. Staff knew the people they were supporting very well and we observed that care was provided with exceptional patience and kindness. Staff upheld people's human rights and treated everyone with great respect and dignity.

People were empowered to make meaningful decisions about how they lived their lives. They were supported to become as independent as possible whatever their level of need, to enable them to lead a more fulfilled life.

Records were personalised, up-to-date and accurately reflected people's care and support needs. They provided staff with detailed information to enable them to provide effective, safe and person-centred care.

People were supported to have maximum control over their lives and staff supported them in the least restrictive way possible; policies and procedures supported this practice. There was sufficient staffing capacity to provide individual care to people.

People had access to health care professionals to make sure they received appropriate care and treatment. Staff followed advice given by professionals to make sure people received the care they needed. People were encouraged to maintain a healthy diet.

People were protected as staff had received training about safeguarding and knew how to respond to any allegation of abuse. Risk assessments were in place and they accurately identified current risks to the person as well as ways for staff to minimise or appropriately manage those risks. Systems were in place for people to receive their medicines in a safe way. Those who were able, were supported to manage their own medicines.

People were provided with opportunities to follow their interests and hobbies and they were introduced to new activities. People were encouraged and supported to go out and engage with the local community and maintain relationships that were important to them.

The provider continuously sought to make improvements to the service people received. People, relatives and staff spoke highly of the registered manager and management team and said the service had good leadership. There were effective systems to enable people to raise complaints and to assess and monitor the quality of the service.

Further information is in the detailed findings below.

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 remains good.	**Good**
Is the service effective? The service remains good.	**Good**
Is the service caring? The service improved to outstanding.	**Outstanding** ☆
Is the service responsive? The service remains good.	**Good**
Is the service well-led? The service remains good.	**Good**

Wansbeck Supported Living Service

Detailed findings

Background to this inspection

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

This inspection took place on 14 September 2018 and was announced. We gave the provider 24 hours' notice to ensure someone would be available at the office.

The inspection was carried out by one adult social care inspector.

Before the inspection we reviewed information we held about the service as part of our inspection. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send CQC within required timescales. We also contacted commissioners from the local authorities who contracted people's care and other professionals who supported people using the service.

During the inspection we spoke with four people who used the service, four support staff, the registered manager, the deputy manager, the operations manager, two visiting care professionals and two visitors to the service. We reviewed a range of records about people's care and how the service was managed. We looked at care records for three people, recruitment, training and induction records for three staff, staffing rosters, staff meeting minutes and quality assurance audits the registered manager had completed. After the inspection we telephoned and spoke with one relative.

Good

Is the service safe?

Our findings

People told us they felt safe living at the service. One person commented, "I do feel safe, living here. Staff are around if I need them." Another person said, "It is the best place I have been living." Staff told us they thought there were sufficient staff to support the number of people using the service. 31 staff were available to support nine people. People lived on their own with staff support and a separate bungalow, on the same site accommodated staff members who were also on-call during the day and overnight when they were not providing direct support. Different levels of support were provided over the 24-hour period dependent upon people's requirements.

Risk assessments were in place that were regularly reviewed and evaluated in order to keep people safe. They included risks specific to the person using the service and to the staff supporting them. The risk assessments were also part of the person's support plan and there was a clear link between these plans and risk assessments. Risk assessments were also used to promote positive risk taking and support individual lifestyle choices, such as for example, independent travelling and people managing their own medicines or finances, where appropriate.

Some people had complex care needs and at times they became physically agitated or distressed. Staff had received positive behaviour support training. This training reinforced that behaviour that challenged was a form of communication. It needed to be understood after an assessment based on the social, physical and individual context in which it occurred. The staff used positive support behavioural guidance specific to each person which advised distraction techniques to calm and help reassure the person. The overall goal being to enhance the person's quality of life and thus reduce such behaviours. Detailed records showed this was used with some degree of success.

Detailed positive behaviour support plans were in place for people who displayed distressed behaviour and they were regularly up-dated to ensure they provided accurate information. Support plans contained detailed information to show staff what might trigger the distressed behaviour and what staff could do to support the person. They provided guidance for staff to give consistent support to people and help them recognise triggers and help de-escalate situations if people became distressed.

Analysis of any incidents and accidents took place. The registered manager said learning took place from this and when any trends and patterns were identified, action was taken to reduce the likelihood of them recurring. Reflective practice took place with staff after any individual behaviour management incident to review if anything could have prevented a situation from occurring or sometimes escalating.

Staff told us they had received safeguarding training and received regular updates. They described how they safeguarded people from the risk of abuse or harm and the action they would take to report concerns. The safeguarding log showed that alerts were investigated and resolved to ensure people were protected.

Medicines were obtained on an individual basis, with some people managing these by themselves. Medicines were given as prescribed. Staff had completed medicines training and competency checks were

carried out. Staff had access to policies and procedures to guide their practice. The provider also undertook periodic audits, and any shortfalls were identified and suitable actions put in place.

Staff personnel files showed that a robust recruitment system was in place. This helped to ensure only suitable people were employed to care for vulnerable adults.

There were appropriate emergency evacuation procedures in place, regular fire drills had been completed and fire safety equipment had been regularly serviced.

Good

Is the service effective?

Our findings

People were supported by skilled, knowledgeable and suitably supported staff. All people, relatives and professionals we spoke with praised the staff team. Staff told us they were trained to carry out their role and there were opportunities for personal development. One staff member told us, "We get loads of training." Another staff member commented, "We get face-to-face and e-learning training." A third staff member said, "We get training about people's specific needs."

Staff made positive comments about their team working approach, the support they received and training attended. Staff told us, and records confirmed, they attended training relevant to their role, people's needs and safety. Training included, autism awareness, dementia care, epilepsy, palliative care and some mental health training. Staff told us they received supervision and appraisal. This allowed staff to be supported in their role and to continually develop their skills.

People's needs were assessed before they started to use the service. This ensured that staff could meet their needs and the service had the necessary equipment for their safety and comfort. Assessments were carried out to identify people's support needs and they included information about their medical conditions, dietary requirements and their daily lives. For example, with regard to nutrition, distressed behaviour, mental capacity, personal care, epilepsy, mobility and communication.

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.

The registered manager and staff were aware of the deprivation of liberty safeguards and they knew the processes to follow if they considered a person's normal freedoms and rights were being significantly restricted. Within the service some people did require constant support to keep them safe and applications had been made by the local authority to the Court of Protection. In a community living setting, the Court of Protection will consider an application to appoint a deputy to be responsible for decisions with regard to people's care and welfare and/or finances, where the person does not have capacity. Staff demonstrated a sound understanding of their duty to promote and uphold people's human rights. The registered manager had submitted COP applications appropriately and maintained records for when these needed to be reviewed.

People were supported to access community health services to have their healthcare needs met. Their care records showed they had input from different health professionals. For example, the GP, positive behaviour support team, mental health nursing service, psychologist and speech and language therapist.

People received care to support them in activities of daily living. People were involved in meal preparation or making themselves a drink or snack. They told us they were helped by staff to plan their menu. People's

care records included nutrition care plans and these identified requirements such as the need for a weight reducing or modified diet. Risk assessments were in place to identify if the person was at risk of choking.

The registered manager told us they were involved with the research department at Kent University to devise communication passports for people. This was to ensure meaningful information was collected about people and used as part of the passport as people used other services such as the hospital. Relevant information would help ensure people's needs were met in the way the person wished and as individually as possible when they were in a different environment, when they were unable to communicate this themselves.

Outstanding ☆

Is the service caring?

Our findings

Without exception all people spoken with during and after the inspection were extremely positive about the caring nature of the service provided. One person told us, "It is brilliant here. It is the longest time I have stayed at a place." Another person said, "Staff do listen to me, they are very kind." Another person commented, "Staff do have time for us. They are very good at sorting out any issues." One relative told us, "[Name] is very happy. They have so much more freedom to get around and do what they want to do." One professional told us, "Staff worked really well to help the person move into the service. The staff team are very professional." Another professional told us, "The person is very much involved in their own care and support."

We saw compliments had been received praising staff for their care and support to people. Examples included, "Staff are amazing", "Staff are always kind, caring and polite to us", "Staff take time to listen" and "I feel well-settled and less anxious."

Very positive and caring relationships had been developed with people. People were observed to be relaxed and comfortable with staff and they expressed satisfaction with the service. Staff interacted with people in a calm, kind, pleasant and friendly manner. The management team were motivated and clearly passionate about making a difference to people's lives. This enthusiasm was also shared with the rest of the staff team we spoke with. Staff understood their role not just to support people and provide care, but to be an enabler with them. They supported people to become responsible in daily decision making in their own lives and to learn new skills, whatever the level of need. People were very positive about the opportunities for development. One person told us, "I am learning to take small steps with planning and I am looking forward to going away next week. I have got cowboy boots and a checked shirt to go to the concert." Another person told us, "I am involved with my money. I budget as I like spending but I like going on holiday too." Another person said, "I make my meals and I enjoy baking."

Care was completely personalised to each person and people were fully involved in their care. Some people had moved on to more independent living within the community. Two people had become engaged and lived elsewhere. One person who had left told us, "I can telephone and will call in to see staff. My fiancée gets outreach support from staff." People were actively encouraged and supported to maintain and build relationships with their friends and family. The service supported people to develop personal relationships and had empathy for this important aspect of people' lives. Staff received training to give them further insight and understanding about sexuality and relationships. We were aware the people who had become engaged and now lived together had been supported in their relationship by staff members. Records also showed people's sexuality was explored with people and plans put in place if needed.

The service was flexible and innovative in their approach to ensure people received support that helped them to develop as individuals and at the same time maintain their safety. For example, the service had sourced three people's own vehicles so they could get out into the community more safely. One vehicle had needed to be physically adapted in another country to provide safe seating areas in the vehicle. This was to ensure when the person became distressed when travelling, they were able to be transported safely. This

enabled them to access the community when they lacked confidence and became agitated when using public transport and taxis.

People's records provided details of how they could be supported safely. Support plans had been developed with other professionals. These provided strategies for the person, to help them and staff have some understanding and insight into the person's moods and behaviours. One visiting health care professional commented, "This was the first 'wrap', (wellness recovery action plan) for a person in a learning disability service. It is working very successfully. There are clear strategies and boundaries that we all work with." (A wellness action recovery plan is a tool that a person develops with a supporter to overcome distressing mental health symptoms, and unhelpful behaviour patterns. It is a tool which helps a person to have more control.)

A person told us, "I helped devise and was involved in the training of staff so staff knew what worked well to support me." Mindfulness was also used with a person to help them relax. (Mindfulness is a technique, similar to meditation. It involves making a special effort to notice what's happening in the present moment (in your mind, body and surroundings) without judging anything.) The person told us, "It, [Mindfulness] helps me to calm and become relaxed."

Story boards were used and shared with staff, after obtaining people's permission. The deputy manager told us, "These identify issues with people that may frustrate them and then we work together towards finding a solution." For example, we saw one story board that had been developed with a person about their finances. They were now more in control of their own finances and booked their own hair and beautician appointments. They also saved money regularly as they enjoyed going on holiday.

Staff supported people to communicate about how they were feeling if they were unable to say verbally if they were anxious, ill or unhappy so they could be re-assured and enabled to express their emotions in a more positive way. A staff member told us, "We use body boards with people to help them express their emotions and feelings if they cannot tell us verbally. People use stickers and put them on the board. For example, they might put a picture of a butterfly on the stomach on the body board or a picture of a feather or heavy weight on the feet or head part on the body board." This helped the person to communicate how they were feeling and staff could work with them to support them to reduce their anxiety and distress.

People told us about the forum that had been developed for them to attend which gave them the opportunity to meet together socially and discuss ideas for entertainment and outings. One person told us, "I enjoy arts and crafts and we have set up a forum and invite the community to get involved. We talk about activities and ideas for entertainment." Another person told us, "We enjoy getting together." Another person said, "We call at each other's houses and have a coffee."

Exceptional care was delivered to ensure that people were encouraged to make choices about their day-to-day lives and future living arrangements. This included using communication practices such as pictures, signs and symbols. Communication methods such as Picture Exchange Communication System (PECS), Makaton and other bespoke methods of communication were also used to help people make choices and express their views and communicate. Information was available in this format to help the person make choices about activities, outings, food and other areas of importance in a person's life.

Information was available for people in an accessible form. For example, an easy-to-read complaints procedure, service user guide, service agreement and charter to inform people of their rights were available in pictorial and symbol form to keep them informed and involved.

Records also provided guidance for staff about people's choices in daily living such as the time they liked to get up and go to bed, what to eat and what to wear. Individual's personal qualities, passions and personalities were described, as well as their likes and dislikes.

Staff respected people's privacy and dignity. We saw staff knocked on people's doors and waited for permission before they went into their homes. People chose their clothing and staff assisted people, where necessary, to make sure that clothing promoted people's dignity. Support plans advised when people may want some privacy or solitude. Support plans also included information about how people's personal care was to be delivered so that it respected their dignity. One visitor told us, "Staff are very good at respecting confidentiality. They close the office door if I want to talk privately with them."

Staff informally advocated on behalf of people they supported where necessary, bringing to the attention of the registered manager or senior staff any issues or concerns. Advocates can represent the views of people who are not able to express their wishes, or have no family involvement. The registered manager told us a formal advocacy service was available and was used when required. They told us people had been supported by advocates when they had moved from a care home to their own bungalow with a tenancy agreement.

Good

Is the service responsive?

Our findings

People were encouraged and supported to engage with a variety of activities and to be part of the local community. They were also supported to go on day trips and short trips away. The registered manager told us people had been to Scarborough and Blackpool. Activities included walking, drives out, arts and crafts, sensory, relaxation therapy, meals out, swimming, gardening, cinema, concerts, theatre trips, shopping and going to discos. We saw one person was going to Amble for the evening. One person told us, "I'm going to a concert in Glasgow next week and will stay in a hotel for two nights." Another person told us, "We meet as the forum and talk about where we would like to visit." Another person told us, "I've been out for the day and bought a cake for my supper."

Care and support was personalised and responsive to people's individual needs and interests. The registered manager told us how they promoted a personalised service and how they enabled people to have more of a say about what they wanted to do with their lives. This involved making decisions about holidays, menus and planning programmes and activities. Staff we spoke with shared their enthusiasm for this person-centred approach.

Records showed pre-admission information had been provided by relatives, outside agencies and people who were to use the service. Care plans were developed from assessments that provided guidance of how these needs were to be met. People were involved in regular individual meetings to discuss their care and support needs which also included discussion about their plans for the future and their aspirations. Staff completed a daily diary for each person and recorded their daily routine and progress in order to monitor their health and well-being. This information was then transferred to people's support plans which were up-dated monthly.

People were supported to learn new skills and become more independent in aspects of daily living, whatever their level of need. They were involved in household tasks such as cleaning and laundry. People were equipped to prepare their own drinks and snacks and they were involved in preparing other meals with the support and supervision of staff. Support plans provided instructions to staff to help people learn the skills and become more independent in aspects of daily living. They provided a description of the steps staff should take to meet the person's needs. For example, with regard to medicines management and independent travelling. The registered manager told us the service provided rehabilitation and it helped people learn independent living skills. One visitor told us, "Staff helped me to move into my own place."

People told us they knew how to complain. They had a copy of the complaints procedure that was available in the information pack they received when they moved to the service. It was available in other formats depending upon the person's needs.

Good

Is the service well-led?

Our findings

A registered manager was in place. They had registered with the CQC in October 2014. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager understood their role and responsibilities to ensure notifiable incidents such as safeguarding and serious injuries were reported to the appropriate authorities and independent investigations were carried out.

The registered manager and deputy manager assisted us with the inspection. Records we requested were produced promptly and we were able to access the care records we required. The management team were able to highlight their priorities for the future of the service and were open to working with us in a co-operative and transparent way.

The registered manager promoted amongst staff an ethos of involvement and empowerment to keep people involved in their daily lives and daily decision making. The staff team was very stable with a number of staff having worked with people for some years. When they started to work at the service staff were made aware of conditions of service. They were also made aware of the rights of people with learning disabilities and their right to live an "ordinary life."

The culture promoted person-centred care, for each individual to receive care in the way they wanted. Information was available in alternative forms other than the written word if people who used the service did not read. There was evidence from observation and talking to staff that people were encouraged to retain control in their life and be involved in daily decision making.

The atmosphere in the service was relaxed and friendly. The registered manager was enthusiastic and had many ideas to promote the well-being of people who used the service. Staff and people we spoke with were very positive about the management and had respect for them. Staff said they felt well-supported. One staff member told us, "The manager is very approachable." Another staff member said, "We work well as a team." A professional commented, "The management are switched on and I have a client living there who is doing the best I have ever known them to do."

Staff told us communication was effective. Staff meetings took place regularly and minutes of meetings were available for staff who were unable to attend. Staff meetings kept staff updated with any changes in people's needs and to discuss any issues. Staff meetings also discussed any incidents that may have taken place. Reflective practice took place with staff to look at 'lessons learned' to reduce the likelihood of the same incident being repeated.

Auditing and governance processes took place within the service to check the quality of care provided and to keep people safe. A quality assurance programme included daily, weekly, monthly, quarterly and six monthly audits. All audits showed the action that had been taken as a result of previous audits. Bi-monthly visits were carried out by a representative from head office who checked a sample of records regarding the standards in the service. People, relatives and staff were regularly asked for their views about the quality of service provision and their views were acted upon.