

# Nottingham Community Housing Association Limited

## Lyttleton Road

### Inspection report

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Date of inspection visit:  
28 February 2023

Date of publication:  
30 March 2023

### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

Lyttleton Road is a domiciliary care and supported living service that provides personal care and support to people living in their own homes and flats which included some 24-hour care.

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. At the time of our inspection there were 4 people receiving the regulated activity of personal care.

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 take their medicines as prescribed. Medicine management procedures in place supported safe medicine administration.

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's communication needs were recorded, and staff supported people with understanding information in a method that suited each individual person.

Right Care:

People were supported by kind staff who had been trained to understand their needs and who had been safely recruited. Care plans were person centred and detailed people's likes, dislikes, significant people in their lives and any additional needs that may require staff support.

People were treated with dignity and respect. Staff understood people's needs and encouraged people to learn new skills and participate in activities they enjoyed. Staff respected people's privacy and maintained people's dignity.

Staff supported people to access healthcare professionals to remain healthy and safe. People were supported with healthy meal choices and supported to learn new skills such as cooking.

Right Culture:

Systems and processes to ensure management oversight were not always effective. Records were not always accurate and did not always contain sufficient details. The registered manager implemented changes immediately after the inspection.

Feedback was not always sought from relatives and staff. However, people, relatives and staff all knew how to complain, and complaints were managed effectively.

Staff enjoyed working at Lyttleton Road and felt supported within their roles. Staff received supervisions and team meetings to share information and the registered manager completed spot checks to ensure staff were keeping people safe.

The registered manager and staff worked with external professionals to drive improvement and learn lessons.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

This service was registered with us on 18 December 2019 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Enforcement and Recommendations

We have identified a breach in relation to management oversight at this inspection.

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, which will help inform when we next inspect.

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?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### 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 responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Lyttleton Road

## 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

The inspection was completed by 2 inspectors. 1 inspector completed the site visit and 1 inspector completed telephone calls to staff.

#### Service and service type

The service is a domiciliary care agency. It provides personal care to people living in their own homes. The service provides care and support to people living in 2 '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 24 hours' notice of the inspection. This was because the service is small, and people are often out, and we wanted to be sure there would be people at home to speak with us.

Inspection activity started on 28 February 2023 and ended on 08 March 2023. We visited the location's office

on 28 February 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 who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke to 2 people who used the service and 2 relatives about their family members' experience of the care provided. We also spoke with 10 staff, including the registered manager, assistant managers and care staff.

We reviewed a range of records. This included 3 people's care and medication records. We looked at 3 staff files in relation to recruitment and supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.



# Is the service safe?

## Our findings

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

[http://crmlive/epublicsector\\_oui\\_enu/images/oui\\_icons/cqc-expand-icon.png](http://crmlive/epublicsector_oui_enu/images/oui_icons/cqc-expand-icon.png)

This is the first inspection of this newly registered service. This key question has been rated 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.

Systems and processes to safeguard people from the risk of abuse

- Systems were not consistently followed to ensure people were protected from abuse. However, people told us they felt safe. One person said, "I feel safe here as staff keep me safe."
- Unexplained injuries had not always been investigated to identify a potential cause and to put mitigating factors in to reduce the risk of reoccurrence.
- Records of injuries did not always include the size, shape or colour of injury or follow up information. This meant staff could not be assured if injuries were healing appropriately. The registered manager implemented training and audits immediately to ensure this information was recorded in the future.
- When a person displayed distress or anxiety the records were not always clear on what strategies staff used to de-escalate the situation or redirect the person. One person had no records of debriefs occurring after a period of anxiety or distress. However, Staff were knowledgeable on how to support the person and what techniques could be used.
- The provider had a safeguarding policy and procedures in place. Staff understood the signs of abuse and knew how to report any concerns.

Assessing risk, safety monitoring and management

- Risk assessments were not always in place to identify strategies required to keep people safe. For example, 1 person had no risk assessments recorded for risks associated with scalding or refusing medicines. When risk assessments had strategies recorded these were not consistently followed. The registered manager immediately put the necessary risk assessments in place.
- People were at potential risk from health conditions. Risk assessments were not always detailed with type of seizure or signs and symptoms to look for when a person had epilepsy. Not all staff had received training in understanding the signs of epilepsy seizures. The registered manager updated all risk assessments and booked staff training.
- Staff managed the safety of the living environment and equipment in it well through checks and action to minimise risk. People were supported to take positive risks appropriately.
- People's freedom was not restricted. Where needed people had plans in place to reduce the risks of anxiety or distress.

Staffing and recruitment

- Not all relatives we spoke to felt there were sufficient staff on duty. However, rotas confirmed the provider had ensured safe levels of staffing. The registered manager explained on 1 occasion previously there was not

a female member of staff to complete personal care for 1 person. The provider had a contingency plan in place to mitigate any further issues.

- Staff told us they felt there were enough staff on each shift to meet people's needs. One staff member said, "We have settled group of staff. Shifts are well planned, and staff support each other." Another staff member told us, "The ratio of staff is good."
- Staff recruitment processes promoted safety. Safer recruitment checks had been completed before staff started working at the service. The provider completed pre-employment checks such as references and Disclosure and Barring Service (DBS) checks. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

#### Using medicines safely

- Medicine administration records were kept up to date. Staff signed to evidence when medicines were administered and detailed the reasons when supporting people with 'as required' medicines.
- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles.

#### Preventing and controlling infection

- The registered manager protected people from increased risks to infections. Staff wore appropriate personal protective equipment (PPE) and were trained in infection prevention and control.
- The provider had implemented a up to date infection prevention and control policy.

#### Learning lessons when things go wrong

- The management team analysed incidents and accidents details such as time, place, person and staff member to identify any trends or patterns. Any lessons learnt were shared with staff.



# Is the service effective?

## Our findings

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

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

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

- The management team completed a comprehensive pre assessment of each person's physical and mental health needs prior to support being offered, to ensure staff had the skills and knowledge required to meet the person's needs.
- Care plans reflected a good understanding of people's needs, including relevant assessments of people's communication support and sensory needs. Staff told us they had sufficient information to understand and meet people's needs.
- Assessment of people's needs, including those in relation to protected characteristics under the Equality Act were reflected in people's care plans. The provider had a wellbeing lead, diverse heritage champion and an LGBTQ+ lead to support people with their individual needs.

Staff support: induction, training, skills and experience

- People were supported by staff who had received relevant and good quality training in evidence-based practice. Staff completed training in manual handling, fire, health and safety, equality and diversity, safeguarding, medicines and other specific training for people's individual needs.
- New staff received an induction, training and completed shadow shifts before lone working.
- Staff felt supported within their roles. Staff told us they received regular supervisions. One staff member said, "We have regular supervisions and team meetings. I feel 100% supported."

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

- People's likes and preferences were recorded in their care plans. Where possible, staff encouraged people to choose healthy eating options.
- Staff received training in food safety, and when required they supported people to prepare their own meals.

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

- Staff identified when people were unwell and supported them to receive medical care and visit their GP. People were referred to health care professionals to support their wellbeing and help them to live healthy lives.
- People's oral health records evidenced staff supported people appropriately with any oral hygiene needs they may have.
- People had health actions plans or health passports which were used by health and social care professionals to support them in the way they needed.

- Relevant people were kept up to date on people's changes in needs or health concerns. One relative told us, "We are always informed of any issues. Staff will get support to keep [person] healthy."

#### 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.

- Staff empowered people to make their own decisions about their care and support. Staff always asked for consent from people. One person told us, "I can decide what I do and don't do."
- Staff respected the rights of people with capacity to refuse their medicines and staff ensured that people with capacity gave their consent to medicines.
- Mental capacity assessments were in place to evidence if a person required support due to lacking the capacity to make certain decisions.

# Is the service caring?

## Our findings

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

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

Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care

- People felt valued by staff who showed genuine interest in their well-being and quality of life. One person said, "Staff treat me well. They ask me if I'm OK and take an interest in me." Staff members showed warmth and respect when interacting with people.
- People told us they felt respected by staff. One person said, "Staff know me and always ask me things. They (staff) are kind."
- Staff respected people's choices and wherever possible, accommodated their wishes, including those relevant to protected characteristics e.g. due to cultural or religious preferences.
- Staff supported people to express their views using their preferred method of communication.

Respecting and promoting people's privacy, dignity and independence

- Staff knew when people needed their space and privacy and respected this. Staff told us how they protected people's privacy when completing personal care and always ensured they knocked on doors and waited for confirmation before entering.
- The provider followed best practice standards which ensured people received privacy, dignity, choice and independence in their tenancy.
- People were supported to take positive risks. One staff member told us, "We discuss the risks and strategies, then support the person to understand the risks and complete the (activity)."
- One person told us how staff supported them with their independence by helping them learn cooking and cleaning skills.

# Is the service responsive?

## Our findings

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

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

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

- Not all relatives felt staff knew people or that people knew all of the staff. One relative told us, "Not all staff know [person] well and [person] does not know them. [Person] needs to repeat their likes, dislikes and wishes. [Person] does not like repeating self." However, staff told us they knew people and read through care plans before supporting people.
- Care plans held person-centred information to support staff in understanding people's needs, wishes and wants. Care plans included; people's preferences, likes and dislikes, hobbies, interests, religion, culture as well as significant relationships to them.
- People were supported to understand their rights and explore meaningful relationships. People were supported to make their own choices.

Improving care quality in response to complaints or concerns

- The service treated all concerns and complaints seriously, investigated them and learned lessons from the results, sharing the learning with the whole team and the wider service.
- The provider had a complaints procedure in place and people, relatives and staff knew how to complain. We saw records of complaints made and responses sent. However, 1 relative did not always feel their concerns were dealt with appropriately.

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.

- Staff ensured people had access to information in formats they could understand. People had individual communication plans that detailed effective and preferred methods of communication.
- The registered manager was able to explain the alternative formats available for written communication, such as large print, easy read or translating into another language

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

- People were supported to stay in contact with their friends and relatives, through visits, phone calls and video calls.

- People were supported to participate in their chosen social and leisure interests. Staff helped people to have freedom of choice and control over what they did.

#### End of life care and support

- At the time of inspection no one was receiving end of life support. However, people had detailed end of life plans in place when appropriate and included funeral arrangements and identified people's individual preferences at the time of death. This included, who would be there, if they wanted any music or sounds playing or if they if they wanted a priest or minister to deliver their last rites.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Systems and processes to ensure the registered manager and provider had a good oversight of the service required improvement.
- There were no audits completed on body maps or behaviour records. We found not all information had been recorded by staff to ensure accurate records were kept. The registered manager implemented audits immediately and reviewed historical information immediately after the inspection.
- Audits on medicines had not always been effective in improving the quality and safety of medicine management. For example, during the inspection we observed some missed signatures. Therefore, records did not consistently evidence people had been supported to receive their medicines as prescribed.
- Audits on daily notes and handover documents were not always effective in identifying when information was missing. This put people at risk of harm as the provider did not always have the information required to assess and monitor risks of significant incidents.

We found no evidence of harm. However, the provider had failed to ensure quality monitoring systems were always used effectively to ensure they had good oversight of the service. This was a breach of regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff and relatives had not been asked for feedback on the service delivered. However, people had been given a survey to complete to give their feedback. The feedback from people from generally positive.
- Not all relatives felt involved in the development of care plans. One relative told us, "I have never seen [person's] care plan."
- Staff were offered regular meetings to share information and ideas and to discuss any issues.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care; Working in partnership with others

- Management were visible in the service, approachable and took a genuine interest in what people, staff, family, advocates and other professionals had to say. Staff told us they felt Lyttleton Road was a good service and a good provider to work for.
- The provider kept up to date with best practice guidance to inform improvements to the service.
- The service worked well in partnership with other health and social care organisations, which helped to give people using the service a voice and improve their wellbeing.

- The registered manager and staff were engaged and open to the inspection process and remained open and transparent throughout.

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 responsibility under the duty of candour. The duty of candour requires providers to be open and honest with people when things go wrong with their care, giving people support and truthful information.
- Staff knew how to whistle-blow and knew how to raise concerns with the local authority and the Care Quality Commission (CQC) if they felt they were not being listened to or their concerns acted upon.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to ensure effective and robust quality monitoring systems were in place to ensure they had good oversight of the service.</p>