

Positive Support for You CIC

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Inspection report

23 Wansbeck Workspace
Rotary Parkway
Ashington
NE63 8QZ

Date of inspection visit:
21 April 2022
03 May 2022

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Ratings

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|---------------------------------|--------|
| 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? | Good ● |
| Is the service well-led? | Good ● |

Summary of findings

Overall summary

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.

About the service

Positive Support For You is a 'supported living' service providing personal care to people with complex needs living in bungalows in 'supported living' settings. The service was supporting three people with personal care at the time of our inspection.

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.

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

Right Support

- Staff supported people to pursue their interests and achieve their aspirations and goals. People left their homes regularly in their cars and enjoyed spending time how they wanted.
- People were supported to upkeep their homes and to develop skills.
- People were supported to access specialist health and social care support. They had experienced good health and wellbeing outcomes as a result.
- Staff worked hard to ensure people were not unnecessarily restricted. The service's reliance on and commitment to Positive Behaviour Support (PBS) meant people experienced improved health and wellbeing outcomes. PBS is a person-centred framework for providing support to people with a learning disability, and/or autism, including those with mental health conditions, who have, or may be at risk of developing, behaviours that challenge.
- Staff supported people to take their medicines in their preferred way.
- People had been supported to personalise their homes with photographs and favourite items.

Right Care

- The service had enough appropriately skilled staff to meet people's needs. People were safe and protected from social isolation. They followed their own interests at their own pace.
- Staff understood people's individual ways of communicating such as using body language or sounds.
- People's support plans and risk assessments reflected their preferences and needs.
- People received kind, patient and compassionate care. Staff respected people's privacy and dignity.
- Staff worked well with other agencies to protect people from risks. Staff had relevant training on

safeguarding and how to recognise and report abuse.

Right culture

- People were supported to lead empowered lives. The ethos, values, attitudes and behaviours of the management and staff were in line with the key principles of guidance such as Right Support, Right Care, Right Culture and STOMP (Stopping over medication of people with a learning disability, autism, or both). Staff felt well supported by the provider and could raise any issues.
- Audits and analysis of core information took place regularly and contributed to improvements in practice and outcomes for people.
- People and those important to them were involved in planning their care. Care plans were reviewed regularly.
- Staff knew people extremely well and were responsive to their support needs.

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

Rating at last inspection

This service was registered with us on 18 February 2021 and this is the first inspection.

Why we inspected

We undertook this inspection to assess that the service is applying the principles of Right support, Right care, Right culture. This was a planned inspection based on when the service first registered with us.

Follow up

We will 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led section below.

Positive Support For You CIC

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

Two inspectors carried out the inspection.

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.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the settings are small, and people may have been out, and we wanted to be sure there would be people at home.

Inspection activity started on 21 April 2022 and ended on 3 May 2022. We visited the office location on 3 May 2022.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with all three people who used the service and spoke with their relatives. We spoke with three support staff, the registered manager and the Positive Behaviour Support lead practitioner. We spoke with one advocate and one social care professional over the telephone. We contacted 10 more staff via email, and five more health and social care professionals via email.

We reviewed a range of records. This included each person's care records and samples of medication records. We looked at two staff files. A variety of records relating to the management of the service, including auditing, training data, policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Risk assessments were in place for people and were person-centred. There was a particular focus on using PBS to inform how risk assessments and care plans were written and followed. Staff were well equipped to positively distract people if and when they were anxious.
- Risk assessments were reviewed regularly and gave staff clear guidance about how to support people to stay as safe as possible. They were accompanied by extremely detailed one page profiles and guides to how people may communicate heightening anxiety (and how staff could help reduce this).
- There was a culture of positive risk taking so that people could try new experiences. One relative said, "[Person] feels safe at home but out and about too – they keep [person] safe and they don't do anything they don't want to."
- Staff recognised when people were experiencing anxiety or emotional distress. They supported people sensitively to help calm people. One relative said, "There has been such a change in their behaviour. They are so much calmer now. Staff pick up on all their ways of communicating."
- Staff ensured the living environment was safe for people, completing a range of checks on a regular basis.

Using medicines safely

- Medicines were managed safely. There was a particular focus on reducing reliance on medication where it was not necessary. This was in line with national good practice such as STOMP (Stopping over-medication of people with a learning disability, autism or both). Staff had ensured people's reliance on 'when required' medicines had been significantly reduced or stopped.
- Staff had received medicines training and had their competency to administer medicines assessed regularly. One staff member said, "I'm confident with medicines and they check on us regularly."
- Medicines records and practices were regularly reviewed and audited by senior staff.

Staffing and recruitment

- There were sufficient staff to safely support people and for them to follow hobbies and interests. Staff confirmed this, as did staffing records. Relatives raised no concerns about staffing levels.
- There were established teams in place to give people a continuity of care. The registered manager ensured changes to staffing were limited. One relative said, "They have got to know their staff team and in fairness it rarely changes. It makes a difference to them feeling safe and settled."
- The number and skills of staff matched the preferences of people using the service, where possible. For example, people always had support from staff who could drive them to their favourite places.
- Staff were recruited safely by the use of pre-employment checks and ongoing competence assessments and supervisions.

Preventing and controlling infection

- People were supported to keep their homes clean and completed a range of tasks to help with this.
- Effective measures were in place to help prevent the spread of infections such as COVID-19. These included the use of Personal Protective Equipment (PPE) and following government guidance around staff testing for COVID-19.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Staff helped protect people from the risk of abuse. People interacted well with staff and relatives told us they had confidence in staff keeping people safe. One relative said, "There is no doubt about how comfortable they are there, and how we would notice if anything was amiss."
- Staff were trained to recognise potential signs of abuse. They demonstrated a good knowledge of what could constitute a restrictive practice and how to report concerns if they had any.
- Accidents, incidents were recorded and reviewed by the management team. The implementation of PBS meant there was a detailed focus on indicators of potentially challenging behaviour. This helped reduce the occurrence of more serious incidents and ensured any improvements to practice could be identified and put in place.

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 of 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.

Staff support: induction, training, skills and experience

- Staff received regular supervision and assessment of their competence to support their continual development and training. Supervisions were themed, for instance around safeguarding, or staff mental health wellbeing. One staff member told us, "Communication is great and there is a lot of support in team meetings or in person if you need it."
- Staff received training in a range of core areas such as moving and handling, first aid and safeguarding. They also received a range of additional training that enabled them to support people on a person-centred basis. This included PBS training and NAPPI (Non-Abusive Psychological and Physical Intervention), in which the registered manager was the trainer.
- Staff were positive about their training, induction and support. One said, "There is so much training but it's mostly really interesting. They make it engaging". Recent staff surveys also indicated positive feedback in this regard.

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

- People were enabled and encouraged to live healthier lives through greater choice and access. People were supported to see health professionals. Regular reviews of their health needs were well planned. One professional told us, "The outcomes for people have been really good – the service has successfully supported them into their own independent space."
- People had experienced positive health and wellbeing outcomes since using the service. All relatives we spoke with felt people had experienced improvements to their mental health.
- Staff supported people to live full lives. Where additional help or guidance was required by external professionals, staff ensured this was in place. For instance, from Speech and Language Therapy.

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 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.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff understood the principles of the MCA and all care planning was informed by people's best interests, as established through their own histories, preferences, and conversations with relatives and others who knew them best.
- Capacity assessments were decision-specific, up to date and detailed. They demonstrated good practice.
- Staff respected people's choices in their day to day lives and supported them in making daily decisions such as what to eat at meal times and which places to visit.

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

- The registered manager and other leaders were aware of the principles of Right Support, Right Care, Right Culture and how this should underpin the support people received. Support plans were detailed and had people's goals and aspirations at the heart of them.
- Staff completed a comprehensive assessment of each person's physical and mental health needs prior to them using the service. Increasing opportunities for independence was built into people's care planning from the outset. Where it was beneficial for people to have a longer phased move to the service, to keep staff they had been familiar with at another service, the provider facilitated this.

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

- People were supported to eat and drink to maintain a balanced diet. They were involved in choosing their food and planning their meals. Staff understood people's favoured means of communicating whether they liked or disliked certain options.
- People were supported to eat and drink in line with their preferences and needs.

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 of 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; Respecting and promoting people's privacy, dignity and independence

- People received support that promoted their dignity and independence. They were treated kindly, patiently and as valued members of society. We observed staff interacting patiently with people, who were clearly comfortable around their staff. People were visibly happy and relaxed being supported by their staff team. Relatives recognised and appreciated this. One said, "Things have got much better. We are regulars at the pub now when we go for our meal – people know us and it feels good." One advocate said, "There is an extraordinary amount of trust and empathy between support staff and clients."
- Staff felt fully supported to give people the attention they required to be their best selves. People were supported to be independent in ways they could meaningfully achieve, such as helping plan and complete their shopping and keeping their home tidy. Staff recognised the significance of the achievements people made. One relative said, "I've been surprised by how much they have helped [Person] to achieve – staff deserve a lot of credit for their patience."
- There was a consensus of opinion from relatives that people received a continuity of care from stable teams staff who knew them well. Relatives felt this had contributed to people feeling less anxious and growing in confidence. When new staff started, they were given the time needed to get to know people.
- Daily records described people's needs and recorded interactions in a factual but respectful way. This meant analysis and oversight of people's needs could be effective.
- Staff understood and respected that people needed their own space at times.

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

- People were fully involved in the development of their care plans, particularly goals and aspirations. Relatives confirmed their views were sought at the outset, and on an ongoing basis. The registered manager had arranged family days where relatives could meet staff and other relatives and talk about what was going well, and whether they had any ideas about the care. One relative told us, "They send us a lot of photos to make sure we are up to speed and are involved."
- Staff supported people to make decisions about their day to day life. They had a strong understanding of people's interests and were able to help them have a fulfilling time.

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 of 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; 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 follow their preferences and to try new things (or things they had always wanted to try). For instance, looking after horses at a local farm, and visiting a sustainable development centre of learning. One relative said, "[Person] loves looking after their horse and they are always out and about. Lockdown was tough but even then staff were flexible and thinking of ways to keep doing things."
- People were able to go out in their cars and we saw this was well planned and a regular occurrence. They went to regular favourite places and enjoyed days out, for example to Alnwick Gardens or a theme park. People were supported to form and develop the routines they were most comfortable with and staff understood these well. For instance, one person liked to get their newspaper and a drink first thing. People were able to lead lives they wanted to.
- The provider had minimised the impacts of recruitment difficulties brought about by the COVID-19 pandemic (and other factors) by ensuring people had a consistent staff team, wherever possible. Relatives confirmed staff had worked additional hours to ensure this happened. Staff told us management staff had supported to ensure people did not have to rely on unfamiliar staff.
- Staff supported people in line with their personalised care needs and preferences. They had a strong understanding of what was a good day for people, and what might indicate they needed more/different support. Care plans were regularly reviewed and updated with any new information.
- We visited people's homes and were welcomed by people, some of whom wanted to share their experiences and goals with us.
- Staff supported people to set and achieve meaningful goals. These were acted on and reviewed regularly. Staff worked flexibly and found ways around or over any barriers. Staff recognised that independence meant different things for different people and helped people set goals accordingly, for instance learning new self-care skills.

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.

- Staff understood the different ways that people communicated. We observed them interacting and responding to people sensitively and promptly, in a way that demonstrated they understood people's needs. Support plans had been updated regularly as and when staff developed further understanding of

particular key phrases of signs. One relative said, "They pick up on body language really quickly and there are so many less issues than where they were before. They have 100% succeeded in what they said they would do – more independence and really person-centred."

- People's support plans and activity plans were written from their perspective and in a detailed way. People used photographs to celebrate the things they had done. The provider was planning the implementation of an electronic care records system, which they hoped would help people and staff use more visual content to help with care planning.
- Key documents such as safeguarding and complaints procedures were available for people in a number of different formats, including easy-read.

Improving care quality in response to complaints or concerns

- The provider had appropriate complaints procedures and policies in place. There had been no recent complaints. All relatives we spoke with felt comfortable raising any issues with the registered manager if they needed to.

End of life care and support

- Nobody in receipt of care required support regarding this aspect of care. The registered manager had good links with outside organisations, should they need additional expertise in this area.

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 of this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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

- Audits were effective at identifying any shortfalls or errors. These were few and there was evidence of lessons being learned from them. The registered manager and PBS lead practitioner analysed daily records in detail to ensure staff were making detailed, accurate and person-centred records. There was a focus on lessons learned and giving staff the opportunity to debrief following any incidents or concerns.
- The provider invested in staff training and support. Staff recognised this and worked hard to ensure people achieved the best they could. Staff consistently told us they felt well supported and involved in the running of the service.
- Staff were clear about their roles. They understood the provider's vision and values and how to apply these in practice. The focus on PBS was evident through conversations with staff, support plan documentation, data records and outcomes for people. This meant people achieved a better quality of life and saw a reduction in the things that made them concerned or anxious.
- The provider had stayed informed regarding national policy and practice, such as Right Support, Right care, Right Culture, and STOMP, and ensured these informed practices.
- The provider informed CQC of notifiable events, in line with legal requirements.

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

- Staff were consistently supported to utilise good practice to help people feel at home and to increase their independence. The registered manager and PBS lead practitioner promoted an open, inclusive and empowering culture. One staff member told us, "They are passionate about what they do and the people we support," and another wrote in a recent survey, "There is a helping culture and I would highly recommend to support workers."
- Staff confirmed that leaders regularly visited services and helped with care delivery during unexpected staff absences, in order to maintain a continuity of care for people. The registered manager and PBS practitioner lead for the service demonstrated a comprehensive knowledge of the people who used the service. They had employed a further psychologist to ensure their focus on PBS was sustained and any practice improvements identified.
- Relatives knew who to contact and confirmed the registered manager was accessible and approachable.

One relative said, "I can't fault them". External partners provided similar feedback, with one social care professional stating, "I have found that the service is very transparent and is easily contactable."

- Relatives felt involved in the planning of support and were consistently impressed with the outcomes staff had helped people achieve, as well as the reduction in their anxieties. One said, "There has been a real reduction in the type of behaviours [Person] used to have." They ran regular staff surveys and held regular staff meetings.

Working in partnership with others

- The service worked well with other health and social care organisations to ensure people's needs were met and additional opportunities were explored.
- The registered manager and PBS lead practitioner had accessed a range of external resources and sources of best practice guidance to inform practice and to inform the culture. This included being an active member of the Restraint Reduction Network (RRN). The RRN rings together educational and health and social care providers to try and reduce reliance on restrictive practices. This was evident in the provider's policies, procedures, staff conduct and, most importantly, experiences and outcomes for people.