

1st Enable Ltd

North East

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?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

North East is a supported living service registered to provide personal care for younger and older adults with learning disabilities, and/or autistic people. At the time of our inspection 17 people were using the service.

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

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.

Right Support: People's needs were assessed, and care plans were developed with the input of people and their relatives. People were protected from the risk of harm because robust safeguarding processes were in place. Risks to people's safety were considered and people were supported to understand how they could keep themselves safe. People were supported to develop their independent living skills. People were happy with the care and support they received. 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.

Right Care: People were supported by staff that knew them well and who were committed to providing person centred care. People were supported to lead active lifestyles of their choosing. People's wellbeing was promoted, and their rights protected. People's communication needs were assessed, and people were supported to use various communication tools to assist in their engagement with others. People received good quality care, support and treatment because trained staff could meet their needs and wishes. People were supported to maintain good health, were supported with their medicines and had accessed healthcare services when needed.

Right Culture: Staff demonstrated their commitment to the values of the service that put people at the centre of the care and support provided. There was an open and inclusive culture where people and staff were valued, and their views sought to help drive improvements. People felt consulted and involved in the running of the service because the care team listened and responded to people's views. The management team worked together to oversee the care people received and carried out regular audits to make sure the service was safe and best practice was promoted throughout. The service worked effectively with community health and social care professionals to ensure people's needs were met.

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 19 November 2021 and this was the first inspection.

Why we inspected

This was the first inspection of a newly registered service.

Follow up

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?

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 findings below.

North East

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

This inspection was carried out by an inspector 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 a number of '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 48 hours' notice of the inspection. This was because it is a large service and we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 21 February 2023 and ended on 16 March 2023. We visited the office and some people in their homes on 22 February 2023.

What we did before the inspection

Before the inspection we reviewed all the information we held about 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 contacted the local authority for their feedback and used all this information to plan our inspection.

During the inspection

During the inspection we visited and spoke with 8 people in their homes and spoke with 2 relatives who were visiting their family member. At our visits we spoke with 9 staff including, the registered manager, service managers, support staff and members of the provider's quality assurance team. We checked a variety of records relating to the management of the service, including staff records. We requested additional evidence to be sent to us. This included staffing and training information, and provider quality assurance records. We also spoke with 1 person and 7 family members by phone, to gain their views of the service.

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.

Systems and processes to safeguard people from the risk of abuse

- People were provided with care and support from consistent staff teams. Staff knew people well and understood how to protect them from abuse.
- Some people relied on non-verbal ways of communicating. Their body language was relaxed and positive indicating they felt safe. Those people we spoke with told us they felt happy and safe with the staff. We received positive feedback from all of the relatives we spoke with. For instance, one person's relative said, "[Person] is well cared for and happy with their care."
- Staff received safeguarding training and told us they felt confident recognising and reporting any abuse both internally and externally should they need to.
- The registered manager understood their legal responsibilities to protect people and shared important information with the local authority and CQC.

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

- People were able to take acceptable risks and supported to enjoy their lives safely.
- Risk assessments and care plans were in place to support staff to enable people to take acceptable risks. The risk assessments covered all aspects of people's health, daily living and social activities. People were supported to gain their independence with the use of positive risk taking.
- Staff were trained in de-escalation techniques to appropriately deal with situations where people may display distressed behaviour. Where needed, people had personal behavioural support plans, which staff followed. One relative said, "They are fantastic staff. [Person] can often not very nice towards them but they have a way of helping [person] to be calmer. They are very patient and give [person] hugs, they never complain."
- Accident and incidents were reviewed by the management team and records reflected lessons were learnt when things went wrong. This included taking action to prevent recurrences, and where necessary to improve staff guidance, training or practice.

Staffing and recruitment

- There were enough staff to meet people's care and support needs flexibly. During our visits there were sufficient staff to enable people to get out and about.
- One relative told us their family member had got to know staff over time and had built positive relationships because they had a consistent, core team around them. They added, "[Person] is happy. I talk to [person] all the time. They are well settled. [Person] has friends now, which they didn't have living at home."
- Staff were subject to robust pre-recruitment checks, which included looking at their character,

background and qualifications.

- Staff recruitment and induction training processes promoted safety and people views were sought in respect of new staff as part of the interview process. The service promoted people's involvement to make sure people liked the staff that were supporting them.

Using medicines safely

- People received the support they needed to take their medicines safely.
- Staff received appropriate training in dealing with medicines.
- One relative told us, "[Relative] The staff do [person's] medication. There have never been any mistakes."
- We reviewed people's protocols for medicines prescribed 'as required' and found they included all relevant information.
- Managers reviewed medicine errors to identify what had happened, whether anything could be done differently and whether any further action was required.

Preventing and controlling infection

- Staff supported people to be involved in keeping their homes nice and clean.
- The provider had appropriate policies and procedures in place regarding the prevention and control of infection and promoted safe working practices for staff in relation to Covid-19.
- People and their relatives told us staff were careful maintain good hygiene practices, to help keep people safe in their homes.
- Managers carried out spot checks to ensure staff were following good infection control practices.

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

- People's needs were assessed and planned for in line with good practice guidance.
- The registered manager met with people to discuss their needs before they started to use the service. People and their relatives took part in the assessment process. One relative said, "[Person's] care has been planned with the social worker. [Person's] every day needs are met and [person] has an activity plan. [Person] is totally looked after. "
- The registered manager told us that regular reviews of people's needs were important to ensure changing needs were met.

Staff support: induction, training, skills and experience

- People were supported by staff who were well trained, supervised and well supported.
- Staff received training and an induction when they first started and continued to receive training to develop their knowledge and skills. They confirmed they received training in areas of care and support central to their role.
- People felt staff were trained and experienced in their roles. For instance, a relative said, "There is little turnover of staff, I see this as a good sign. Staff retention is good. On the whole [staff] are very good. The activities manager is energetic, conscientious and good at what they do. They took on some young carers and they have stayed, coming on in leaps and bounds, really good at what they do. They are well trained and know what they're doing. They must be a good employer if staff stay on."

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Care records included clear information about the support people needed to maintain their health.
- People had access to healthcare and social care services where required. Information and guidance received from other professionals involved in supporting people was reflected in their care records.
- People received support to eat and drink enough and to maintain a balanced diet.
- People's nutrition and hydration needs and preferences were included in people's support plans.
- People were happy with the support they received with choosing shopping for, preparing and cooking their meals. One person said, "I am happy. I had cereal for my breakfast, Coco Pops. They were nice."
- One relative told us, "[Person] enjoys their food. Eats everything."
- Health services, such as dieticians and speech therapists were involved to help make sure people's diet met their individual needs, where needed.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty.

- The registered manager and staff understood the principles of the Mental Capacity Act (2005) and how to support people to make decisions for themselves when they had capacity.
- Staff described how they supported people to make daily choices. Where these were completed in a person's best interest the staff involved family and health and social care professionals. Records were kept of best interest decisions.
- We saw staff empowered people to make their own decisions about their care and support. On the day we visited people they were being supported to make choices on things like, what to eat and drink, and what activities they wanted to do.

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

- People confirmed they received kind care and support.
- We saw staff used positive, respectful language which people understood and responded well to.
- Feedback from relatives was positive. One relative told us, "[Staff accept [person] for themselves, which is really important to us all." Another relative said, "[Staff] are very caring towards [person] who is always well-presented and happy when we see them."

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

- People were treated with kindness and respect and the staff consistently responded to people's needs.
- One relative told us, "[Staff] know [person] really well and they go above and beyond. [Person] can get anxious about who might be coming to care, but soon realises it is a carer they know already and likes."
- We were told people were treated well and were having nice lives and positive experiences. One relative said, "[My family member] is well looked after and cared for. [Staff] have developed a good rapport with them. [Staff] love [my family member]. [My family member] has come on loads."

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

- People's care plans included their views and preferences.
- Relatives told us people were able to express their views and were involved in decisions about their care.
- We observed staff interacting with people and saw they offered choices and respected the decisions people made.
- Staff members told us people's day to day routines were based on their preferences and the care records we saw confirmed this.
- If people wanted or needed independent support with making decisions, they were helped to seek support from local advocacy services.

Respecting and promoting people's privacy, dignity and independence

- People's independence was actively promoted and people's privacy respected.
- Staff ensured people received the care they needed whilst being careful to maintain their dignity and privacy.
- People's privacy was preserved. At all times we saw staff respecting people's space and acknowledging when people wanted to be on their own. Staff showed genuine concern for people and made sure people's rights were upheld.
- People's confidentiality was respected, and people's care records were kept securely.

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

- People received personalised support based on their assessed needs and preferences.
- The service undertook a thorough assessment of people's care needs when they first contacted the service. Care packages were planned with people and relative's involvement to make sure people's needs could be met. One relative said, "We feed into the plan each year when it is reviewed. We have an annual review with the manager. They do communicate very well. The management team know [my family member] well now, they're a good team. They are approachable and they listen. I have no complaints whatsoever."
- We looked at a sample of care plans. We found they were personalised, detailing people's individual needs and how they liked to be supported and cared for.
- Staff told us people were all very different and the support they received was individual to their needs and delivered in a person-centred way. We saw evidence of this in people's varied daily lives.

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 keep in touch with those who are important to them.
- People followed their interests and had opportunities to take part in many and varied activities that had a positive impact on their lives and well-being.
- One person liked art and proudly displayed their artwork in their home. One person liked reading and read one of their new books to us.
- Relatives told us of the hobbies and activities people were supported with. One relative said, "[Staff] do a good job. [Person] has activities most days, staff go to church with [person]. They visit a farm where there are animals to pet." Another relative said, "[My family member] always has plenty to do and is quite happy. The staff take them out for trips in the car and [my relative] loves it. Lots going on" A third relative told us, "[Person] can choose what they want. They love to go swimming and to do activities with the staff".

Improving care quality in response to complaints or concerns

- There was a complaints policy and procedure in place and people who used the service and their relatives were given information about this.
- The relatives we spoke with had no complaint to share with us. Their comments included, "If I have any concerns or anything needs attention, I draw it to the managers' attention. We have a good rapport and I trust them with being on the ball and sorting things out for us", "[Staff] are very responsive to [my family member's] individual needs. I have no complaints " and "[Person] is well looked after and is always happy. I have no complaints at all about [person's] care".

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 were skilled in supporting people to communicate and express their views.
- One relative told us, "[Staff] respond to [person's] changing needs day by day. They have adapted to [person's] needs well over the time and have got to know [person's] well over this time. They have been lovely, a good team. [Person] now has quality time with them and [person] can show their preferences in their own way, which [staff] can understand because they have taken the time to get to know [person].
- Communication needs were met individually using easy read materials where appropriate and adapting information and communication to suit people's needs and preferences. This included the use of pictures and photos in people's support plans, picture exchange boards, objects of reference and Makaton.

End of life care and support

- No-one was in receipt of end of life care at the time of our inspection.
- The service had experience of caring for people at the end of their life. The registered manager told us the service would work in partnership with people, their relatives and community based health professionals. This was to make sure people had a dignified, pain free death and their preferences, and religious and cultural customs were properly observed.

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 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; Continuous learning and improving care

- The provider had clear systems in place to monitor the quality and safety of the service.
- The provider had a full schedule of checks and audits and these governance systems identified areas needing improvement. There was a clear focus on areas of risk and quality performance.
- Good practice was shared and adopted throughout the organisation and there was ownership of quality related issues.
- We could see there was a focus on continuous learning at all levels of the organisation a commitment to getting care and support right for people. Staff confirmed they received a comprehensive induction.
- The values of the service were very much embedded into everything, such as staff meetings and supervisions and the continual review of staff performance. The registered manager knew it was important for all staff to have a good understanding of the expectations and values.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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

- We received positive feedback from people, their relatives and staff about the outcomes people were achieving.
- People's care was planned, using a model of care that maximised people's choice and control, independence and community inclusion. People were empowered to lead the life they wanted based on their individual interests and goals, which were planned for and celebrated.
- The management team was committed to providing the best possible care and support for each person. They did this through empowering the staff team, with an emphasis on creating the best outcomes for people.
- The provider had signed up to the Restraint Reduction Network. The Network aims to reduce reliance on restrictive practices and make a difference in people's lives by sharing learning and developing quality standards and practical tools that support restraint reduction.
- The registered manager understood their duty of candour. This is their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm. Relatives said there was really good communication between them and the staff.
- The registered manager was aware what needed to be reported to us and the local authority in respect of safeguarding, accidents and incidents.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were actively involved in discussions about their care and support, what happened in their homes and wider issues, via service user forums. This included discussion about food, activities, and the development of new skills.
- Where feedback was provided, the management team listened carefully and implemented effective change where needed.
- People's close relatives confirmed their views were sought. They added they spoke with staff and managers on a regular basis. Their comments included, "[Staff and managers] communicate well with us too. We keep in touch all the time" and "If I needed help or advice about anything, I would contact the manager. I know her quite well; or one of the long serving members of the management team, they know what they're about."
- Questionnaires and meeting minutes were reviewed by the management team and action was taken as a result of people's feedback.
- People's equality characteristics were protected and care and support was tailored to the person.

Working in partnership with others

- The provider worked in partnership with a range of organisations, to help develop the service and to increase opportunities available to people.
- The service worked positively with health and social care professionals to ensure people's needs were met. They had formed positive links with people's housing providers and other organisations in the community such as local church and community organisations.
- The service worked with Inclusion North to make sure people using the service were included in all aspects of their service. Inclusion North is an organisation that works with organisations to make inclusion a reality for all people with a learning disability, autistic people and their families.