

Seco Support Limited

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Inspection report

Office 7F Metropolitan House
Longrigg, Swalwell
Newcastle Upon Tyne
NE16 3AS

Tel: 01914956266

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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

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

SECO Support is a 'supported living' service providing personal care to one person in their own tenancy at the time of 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 the person to follow their interests and engaged with them well; this included regular walks out and trips in the person's car.
- The person was supported to access specialist health and social care support. They had begun to experience good health and wellbeing outcomes as a result.
- Staff worked hard to balance keeping the person safe, but in the least restrictive way. The service used Positive Behaviour Support (PBS) to help ensure there were positive strategies in place. 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 the person to take their medicines safely.

Right Care

- Staff were appropriately skilled. There were sufficient staff to meet the person's needs safely.
- Staff understood the person's preferred ways of communicating.
- Support plans and risk assessments were detailed and had regard to the person's preferences and needs.
- Staff upheld the person's dignity. Care was kind, skilled and patient.
- Staff had relevant training on safeguarding. They knew how to recognise and report abuse. They worked well with other agencies to identify and reduce risks.

Right culture

- 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 best practice guidance by The

British Institute of Learning Disabilities (BILD). Staff felt well supported and understood their roles and responsibilities.

- Key information and documents were regularly reviewed and audited. Lessons had been learned from previous incidents.
- The person and the people important to them had evidently been involved in care planning and reviews.

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 31 March 2020 and this is the first inspection.

Why we inspected

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

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 findings below.

Seco Support Limited

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

One inspector carried out the inspection.

Service and service type

This service provides care and support to a person living in a 'supported living' setting, 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 the person's personal care and support.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

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 the person and support staff may have been out.

Inspection activity started on 13 June 2022 and ended on 30 June 2022. We visited the office location on 30 June 2022.

What we did before inspection

We reviewed information we had received about the service. 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 the person who used the service, their relative, support staff and external health and social care professionals. We contacted five more staff via email.

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

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

- Systems were in place to reduce the risk of any potential abuse. Staff worked openly with the person's relatives and external professionals to identify and minimise risks.
- Staff had completed safeguarding training as well a training specific to minimising risks to the person.
- Safeguarding alerts were made appropriately to the relevant agencies and the registered manger worked well with external teams to reflect on and reduce risk.

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

- Staff assessed and managed risks to the person's health, safety and wellbeing. Risk assessments were detailed and regularly updated with new information.
- Staff worked hard to balance the need to minimise risk but also ensure the person had a range of opportunities.
- The person interacted warmly with their support staff during the inspection visit. Their relative told us, "[Person] is a lot safer there now."
- Staff made detailed records of accidents and incidents. These were analysed by the registered manager to identify potential trends. Where mistakes were made, staff were supported to learn from these and to improve practice in future.

Staffing and recruitment

- There were enough staff to meet the person's needs. The service had recently completed recruitment of a full staff team for the person, meaning there was minimal reliance on any agency staff. The person was supported by a consistent team of staff. Their relative said, "Now they have a settled, full team in place, we have more peace of mind."
- Staff were recruited in a safe way. The provider had an effective recruitment and selection policy and procedure in place which included all appropriate checks.

Using medicines safely

- Staff safely managed the person's medicines and worked with a GP to review their medicinal needs.
- Staff were appropriately trained in managing and administering medicines. Their competence was regularly assessed by senior staff.
- Regular medicine checks and audits were carried out to identify any errors and take appropriate action. The registered manager was responsive to advice given about the need to review medicines audits so they highlighted and reported on specific good practice.

Preventing and controlling infection

- The person was protected from the risk of infection. Staff followed appropriate infection control measures

such as regular hand washing and wearing PPE.

- Staff were regularly tested for COVID-19.

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 training in a range of core areas such as first aid and safeguarding. They also received a range of additional training that enabled them to support the person. Some staff felt they would benefit from further bespoke training to help support the person in the least restrictive way. The registered manager demonstrated that further training was already scheduled.
- Staff gave positive feedback about the training and induction they had received. Supervisions happened regularly and covered a range of topics.

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

- Staff supported the person to have greater choice through an ongoing improved understanding of their needs and preferences. There were regular reviews of the person's health needs. One professional told us, "They proactively look at care planning and change it when required."
- The person had experienced positive health and wellbeing outcomes since moving to the service. The person's relative and external professionals agreed that the person's health needs were well monitored and met.
- Staff supported the person to lead a fuller life. 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 the person's best interests.
- Capacity assessments were decision-specific and demonstrated good practice.
- Staff respected the person's choices in their day to day life and worked with them, their relative and others to plan longer term routines.

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

- The registered manager was aware of the principles of Right Support, Right Care, Right Culture and how this underpinned the support the person received. Support plans were detailed in terms of day to day support. They were informed by an understanding of the need to always use the least restrictive practices and to focus on positive outcomes.
- The provider had learned from early experiences of supporting the person at short notice. They had reflected on how to improve this initial assessment process. They worked closely with people who knew the person best to ensure changes to support planning were made well in advance.

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

- The person was supported to eat and drink to maintain a balanced diet. They were excited about the pizza they had helped make during our inspection visit and regularly enjoyed helping with baking and other meal preparation. Staff kept a record of their favourite food items and included these in weekly shops.

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 partner in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- Staff understood the person's needs extremely well. They demonstrated respect and interest in them. They had developed a good understanding of when they were having a good or bad day, and how best to support them in those situations.
- Staff supported the person's independence and recognised how to build this with small steps. The registered manager had further meetings planned with the person's relative and wider support team to explore how they could support further independence.
- The person was happy and relaxed being supported by their staff team during our inspection visit. They shared smiles with staff they trusted and had a rapport with.
- Staff felt well supported to give the person the attention they required. They worked a rota which had first, second and third roles, which rotated, meaning they could give an intensity of the support some of the time and at other times be helping with domestic, documentation or other duties nearby. Staff told us this worked well.
- The person received a greater continuity of care following the service recruiting a full staff team and no longer being reliant on agency staff. The person's relative and external professionals confirmed this had had a distinctly positive impact on their wellbeing. Their relative said, "It was really difficult in the early days and anxiety was sky high but it's so much more settled now, and having the team in place is so much better."
- Daily records were detailed, respectful and factual. This meant analysis and oversight could be effective.

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

- The person, their relatives, and external professionals best placed to provide input, were involved in the development of their care plans. Staff knew the person well and contributed to ideas about how care and support plans could change over 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

- Care planning was person-centred. There were clearly established routines in place to help the person access their chosen activities. Plans were underway to explore more activities over the summer, including the person using their car more regularly, going for walks and exploring new places.
- Staff had a strong understanding of what was a good day for the person, and what might indicate they needed more, or different, support. We observed how staff subtly redirected conversations if the person was experiencing any anxiety. Care plans were regularly reviewed and updated with new information.
- Staff had supported the person to attain positive short-term goals. The registered manager acknowledged, and relatives agreed, that there now needed to be more longer-term planning around the person's potential goals and aspirations. Multi-disciplinary meetings were already arranged to explore this. Staff worked flexibly and responded to what worked best for the person. One external professional said, "They are responsive."
- The person spent time with the relatives regularly and had enjoyable routines in place, such as a trip out followed by a takeaway on one night.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service met the AIS. Staff understood the different ways that the person communicated. We observed staff interacting and responding sensitively and promptly with the person.
- Support plans were detailed and person-centred. The service used an electronic care records system, and all staff were comfortable using this. We found a small number of instances of care notes not being updated in a timely fashion. The registered manager addressed this during the inspection.
- Staff sent text messages and photographs to the person's relatives each day to update them about what they were doing. Their relative said, "I have to say, they've come on leaps and bounds and they have been very responsive to our requests."

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. Relatives and staff felt they could raise any issues with the team or the registered manager.

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 mostly effective at identifying any shortfalls or errors. Some audits could be improved further with the inclusion of more details around what good practice looked like, particularly the medicines auditing. The registered manager agreed to review this, as well as the measures in place for ensuring care records were entered in a timely fashion.
- The registered manager and quality assurance staff reviewed incident records and other information to identify trends and ensure lessons could be learned. Staff had the opportunity to reflect on when things had not gone as planned, in a supportive environment. One staff member said, "When mistakes have been made the management have been very supportive and helpful."
- The provider had invested in staff training and support. They used a blend of face to face and online training. Staff consistently told us they were well supported and involved in the running of the service. Team meetings took place regularly. One staff member said, "I feel involved in how service is run and most opinions and ideas are valued by management."
- Staff were clear about their roles and the provider's vision regarding care. PBS was integral to care delivery, alongside the provider's use of a 'relationship model', whereby they hoped to see positive outcomes for people through widening their contacts and relationships.
- The provider had stayed abreast of national policy and practice, such as Right Support, Right Care, Right Culture and BILD good practice. They had recently joined the Restraint Reduction Network (RRN). The RRN brings together educational and health and social care providers to try and reduce reliance on restrictive 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

- The registered manager and team leader promoted an open, questioning culture where staff could contribute ideas.
- Staff confirmed that the registered manager regularly visited the person and they had formed a good rapport. The registered manager and team leader demonstrated a comprehensive knowledge of the person and acted in their best interests through a multi-agency approach.

- Relatives had confidence in the registered manager and the person's support team. They said, "[Registered manager] and [team leader] are really approachable and are always trying things. They're very good. We are nearby and have a lot of contact with them. We can access the electronic care records system, too, so it's very open." External partners provided similar feedback about the registered manager's approachability and willingness to work with them toward shared goals.
- Relatives felt involved in care planning through regular meetings and other contact.

Working in partnership with others

- The service worked well with other health and social care organisations to ensure the person's needs were met and additional opportunities were explored.