

Autism East Midlands Northamptonshire Supported Living

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Requires Improvement ●

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

Northamptonshire Supported Living Service is a domiciliary care agency. They provide personal care to people living in their own individual flats within a supported living setting. 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 the inspection four people were receiving personal care.

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

Right support

People were supported by staff who knew them well and focused on people's strengths and promoted what they could do. Staff supported people to access a range of healthcare services.

Restrictive practice had improved. The service worked with people to plan for when they experienced periods of distress so that their freedoms were restricted only if there was no alternative. Staff followed best practice and records were clear in identifying the need for any restrictions.

Staff supported people with their medicines in a way that promoted their independence and achieved the best possible health outcome. Staff received training on medicines and any health conditions a person may have.

People were supported with their communication. Staff were trained to understand different communication methods and provided personalised support to people. Information was made accessible in different formats, such as, easy read and pictorial.

Staff supported people to make decisions following best practice in decision-making. The service made reasonable adjustments for people so they could be fully in discussions about how they received support.

Right care

The service had enough appropriately skilled staff to meet people's needs and keep them safe. Staff completed nationally recognised training and received regular support from managers to ensure their skills and knowledge was kept up to date.

Staff promoted equality and diversity in their support for people. They understood people's cultural needs and provided culturally appropriate care. Care plans reflected people needs, wishes and choices.

Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs.

Right culture

Oversight of service to assess, monitor and improve the service had improved. However, some systems and processes required embedding into practice. The manager had implemented new systems which were still in their infancy.

People were supported by staff who understood best practice in relation to the wide range of strengths, and needs people with a learning disability and/or autistic people may have. This meant people received compassionate and empowering care that was tailored to their needs.

People and those important to them, including advocates, were involved in planning their care. The service enabled people and those important to them to work with staff to develop the service.

Staff ensured risks of a closed culture were minimised so that people received support based on transparency, respect and inclusivity. The manager was supportive to staff and worked directly with people and led by example.

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).

The provider, manager and staff were dedicated to achieving best outcomes for people. The provider had a clear vision for the service and promoted improvement and feedback.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 16 March 2022) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection. We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements.

This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the

overall rating.

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 well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Northamptonshire Supported Living

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 one inspector.

Service and service type

This service provides care and support to people living in '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 not a registered manager in post. However, there was a manager in post who was applying to register with CQC.

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.

Inspection activity started on 3 October 2022 and ended on 10 October 2022. We visited the location's office/service on 3 October 2022.

What we did before inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. 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. We used all this information to plan our inspection.

During the inspection

We communicated with one person who used the service and one relative about their experience of the care provided. We spoke with five members of staff including the home manager, deputy director, team leaders and care workers.

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

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good: This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to assess the risks to the health and safety of people using the service or take action to mitigate risks. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation.

- On our last inspection we found 'unauthorised' restrictive interventions had been completed. On this inspection, records evidenced, and staff told us, every attempt to avoid restraining people was implemented, and restraint was only used when de-escalation techniques had failed and when necessary to keep the person or others safe. Staff restricted people's freedom based only on their individual needs and in line with the law.
- On our last inspection we found the manager had not always completed post incidents reviews (debriefs). On this inspection, we found after staff used restrictive practice, they took part in debriefs and staff confirmed that debriefs were also completed after any incident (including when restraint was not used) to consider and discuss what could be done to avoid the need for any interventions in similar circumstances.
- People lived safely and free from unwarranted restrictions because the service assessed, monitored and managed safety well. Staff managed the safety of the living environment and equipment well through checks and action to minimise risk.
- People's sensory needs were assessed and staff did their best to meet them.
- Staff could recognise signs when people experienced emotional distress and knew how to support them to minimise the need to restrict their freedom to keep them safe. Each person's care and support plan included ways to avoid or minimise the need for restricting their freedom.
- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so.
- Staff had training on how to recognise and report abuse and they knew how to apply it. Staff told us, safeguarding training included signs and symptoms of abuse, how to report any concerns and who to report them to. Staff understood they could report concerns to external agencies as well.

Using medicines safely

At our last inspection the provider had failed to ensure the safe administration of medicines had been completed. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act

2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation.

- On our last inspection we found people's medicine administration records had gaps in the recording of administration. On this inspection, medicine administration records evidenced people were supported to take their medicines as prescribed. Staff had received appropriate training and competencies assessments to ensure they knew how to administer medicines safely to people.
- 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.
- Staff had clear guidance for people who had medicines on a 'as required' basis, such as for pain relief. Records showed when these had been administered and the outcome was recorded, to ensure they were being used in line with the prescribed reason.

Staffing and recruitment

At our last inspection the provider had failed to ensure sufficient number of suitably qualified, competent and skilled staff were deployed. This is a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation.

- On our last inspection we found recruitment records did not all evidence safer recruitment checks had been completed. On this inspection, staff recruitment files reviewed evidenced 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.
- On our last inspection staff and relatives told us that there were not always enough staff to support people safely. On this inspection we found sufficient staff were deployed daily. One staff member said, "We have enough staff to ensure people get their needs met and we can support them out as they wish."

Preventing and controlling infection

- The service used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them.
- Staff used personal protective equipment (PPE) effectively and safely.
- The provider had an up to date infection, prevention and control policy in place.

Learning lessons when things go wrong

- The service managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned.
- The service recorded any use of restrictions on people's freedom, and managers reviewed use of restrictions to look for ways to reduce them.

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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to assess the risks to the health and safety of people using the service or take action to mitigate risks. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.- training

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation.

- At our last inspection we found staff had not always received appropriate training to meet people's needs. At this inspection we found training had improved and the provider had a robust training schedule in place. Updated training and refresher courses helped staff continuously apply best practice
- People were supported by staff who had received relevant and good quality training in evidence-based practice. This included training in the wide range of strengths and needs of people with a learning disability and or autistic people may have, mental health needs, communication tools, positive behaviour support, human rights and restrictive interventions.
- Staff told us, and records evidenced the manager supported staff well. Staff received an in-depth induction and shadow shifts before working directly with people. One staff member said, "New staff have to shadow existing staff first, read care plans and risk assessments and do their basic training before being allowed to lone work with people." Another staff member said, "We are all very supportive of each other, the manager is also a fantastic support."

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

- People had care and support plans that were personalised and reflected their needs and included likes, dislikes, routines and details on what people could do independently and what support was required with specific tasks. However, one person's care and support plan had some missing information regarding their mental health diagnosis. The manager updated this immediately on inspection.
- People's needs were assessed before they moved into the service. The pre assessment included the person's holistic needs and identified any compatibility concerns with other people already living at Northamptonshire Supported Living. Pre assessments were used to ensure staff had the skills to meet these needs. Relatives told us they were involved in pre-assessments and shared important information about their loved one.
- The provider and manager were in the process of improving people outcomes and goals and were trying to identify activities that would meet these needs. For example, college courses or social gatherings.

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

- People received support to eat and drink enough to maintain a balanced diet. Staff encouraged people to eat a healthy and varied diet to help them to stay at a healthy weight.
- People were involved in choosing their food, shopping, and planning their meals. Staff supported people to be involved in preparing and cooking their own meals in their preferred way.
- People could have a drink or snack at any time, and they were given guidance from staff about healthy eating.
- Staff supported people to eat and drink in line with their cultural preferences and beliefs.

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

- People had health passports which were used by health and social care professionals to support them in the way they needed.
- Multi- disciplinary team professionals were involved in support plans to improve as person's care. People were referred to health care professionals to support their wellbeing and help them to live healthy lives. We saw evidence of dentist referrals, GP involvement and referrals to speech and language therapists.

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, and whether any conditions relating to those authorisations were being met.

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.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained 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; 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

At our last inspection the provider had failed to have robust systems and processes to assess, monitor and improve the service. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation. However, systems and processes required embedding to evidence sustained good practice.

- Audits had not identified the missing information found on inspection. We identified some missing and incorrect information in one person's care records. This information was added immediately to care plans and risk assessments. The manager implemented new systems to review all care records.
- Systems and processes were not always effective in ensuring information was consistently recorded to check accurate and complete records were kept. Handover records, daily notes and medicine records did not always correlate. For example, we found when a person was administered an 'as required' medicine, this information had not been identified on daily notes or on an Antecedent, Behaviour, and a Consequence (ABC) records. The manager arranged a staff meeting to discuss and improve records.
- At the last inspection we found systems and processes were not always effective in ensuring restrictive practice was recorded, medicines were administered as prescribed and feedback on the service was sought. On this inspection we found systems and processes were in place and effective in these areas.
- People were able to feedback on the service via their keyworkers and within reviews. Keyworkers were matched with people based on personalities and preferences. People and staff were asked who they would like to work with. (A keyworker is a member of staff who works more closely with a person and their families.)
- Staff felt able to raise concerns with managers without fear of what might happen as a result. Staff told us, they felt listened to and valued at work. One staff member said, "[Manager] is fantastic, we can talk to them and give feedback. Everyone can have their say."
- Staff had regular meetings to support good communication and to feedback on the service. One staff member said, "Communication is brilliant. We have regular meetings, share information and discuss

people's needs."

- Management were visible in the service, approachable and took a genuine interest in what people, staff, family, advocates and other professionals had to say. Managers worked directly with people and led by example.

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 service apologised to people, and those important to them, when things went wrong
- Staff gave honest information and suitable support, and applied duty of candour where appropriate.

Continuous learning and improving care; Working in partnership with others

- The provider and manager worked hard to instil a culture of care in which staff truly valued and promoted people's individuality, protected their rights and enabled them to develop and flourish.
- The provider had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible.
- The service worked well in partnership with advocacy organisations and other health and social care organisations, which helped to give people using the service a voice and improve their wellbeing.