

Leonard Cheshire Disability

Northumbria Supported Living Service

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

Northumbria Supported Living is an independent supported living service and is regulated to provide personal care and support to people living in their own homes or as tenants at Bradbury Court. Bradbury Court is a development of nine fully accessible one-bedroom studio flats in Ponteland, Northumberland. The properties are owned and managed by Leonard Cheshire Disability.

Northumbria Supported Living is not regulated to provide accommodation which meant we did not inspect the premises at Bradbury Court. They support people of all ages with differing needs including older people, people with physical disabilities and specialist needs such as acquired brain injury and spinal injuries. The service is registered to support 10 people. At the time of inspection there were seven people using the service. This service provides care and support to people living in a 'supported living' setting, so that they can live in their own home 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.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The service, led by a registered manager who had been in the role for just over a year, had successfully improved following concerns after the last inspection that people's needs were not being fully met. We found there had been significant improvements in the service and a cultural shift from allowing people to become too dependent on staff, to a service that supported and celebrated people's ability to improve their independent living skills.

People who used the service and their relatives were extremely complimentary about how staff cared for them and supported them to live their lives as they wanted. People were treated with dignity and respect for the things that made them unique, such as their love of particular sports or their sense of humour.

People's healthcare needs were well met by a dedicated staff team who knew them well and were themselves well supported in terms of training and supervision.

There were no concerns regarding the safety of the service and senior staff had worked proactively to improve processes such as medicines and finance management. Risk assessments were detailed and person-centred.

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

The registered manager had successfully improved the culture and attitude of the staff team, who were working together consistently towards a range of independent living goals for people who used the service. The registered manager had plans in place to build on this foundation of staff continuity and a shared focus. We were assured that managerial oversight was strong and all people who used the service and staff we spoke with confirmed the registered manager was supportive and always approachable.

Further information is in the detailed findings below.

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 has improved to Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Northumbria Supported Living Service

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We visited the service on 16 May 2018 and the inspection was announced. Because staff and people were often out in the local community, we gave the provider 48 hours' notice to make sure that staff would be available at the office. The inspection team consisted of one Adult Social Care Inspector.

Before our inspection we reviewed all the information we held about the service. We also examined notifications received by the CQC. Notifications are changes, events or incidents that the provider is legally obliged to send us within the required timescales. We contacted professionals in local authority commissioning teams, safeguarding teams and Healthwatch. Healthwatch are a consumer group who champion the rights of people using healthcare services.

During the inspection we spoke with seven people who used the service. We observed interactions between staff and people who used the service throughout the inspection. We spoke with five members of staff: the registered manager, the team leader and three support workers. We looked at three people's care plans, risk assessments, medicines records, staff training and recruitment documentation, quality assurance systems, meeting minutes and maintenance records. Following the inspection we contacted three external professionals and three family members.

Is the service safe?

Our findings

At the previous inspection we had rated the service Requires Improvement due to some poor practice with regard to the storage and administration of medicines. At this inspection we found there had been significant improvements, with the registered manager and team leader regularly auditing medicines and putting in place practical improvements. For example, converting the medicine administration records (MARs) into A3 documents so that staff could more easily double-sign and annotate the document. Protocols for 'when required' medicines were detailed and body maps were used for the safe administration of topical medicines (creams). We found no errors in the MAR documentation and medicines, including controlled drugs, were managed in line with good practice. Controlled drugs are medicines liable to misuse.

Risk assessments had been re-written since the last inspection and we found the new documentation was person-centred and accessible for any new member of staff. Instructions regarding how best to support people and reduce the risks they faced were extremely detailed and cross referenced other relevant care plans. All staff we spoke with demonstrated a good awareness of these plans.

Safeguarding training was in place and all staff were aware of their safeguarding responsibilities. There was a list on the managers who were on call in the office, should staff have concerns out of hours.

People we spoke with told us, "There was a time when it was all agency and they didn't know what they were doing. It wasn't fair. Now it's much better – you know who is helping you and they know you. There are no problems now". One person gave us a thumbs-up and a smile when we asked if staff looked after them well. Relatives we spoke with said, "I have no concerns about safety whatsoever," and "It's always a happy place and the staff look after them." External professionals we spoke with also confirmed the registered manager had ensured people who used the service were made safe after some concerns last year about staffing levels and medicines administration.

Pre-employment checks were in place, for example Disclosure and Barring Service checks and identity checks, to ensure prospective staff did not present a risk to vulnerable adults. We saw the registered manager had introduced an audit of personnel files and found gaps in the previous management of these, and had addressed any shortfalls. This demonstrated the registered manager was proactive in identifying where lessons could be learned regarding previous poor practice.

Appropriate infection control policies and equipment were in place and staff confirmed they had all the necessary personal protective equipment they required.

Staffing levels were appropriate to the needs of people who used the service and the rota was well planned.

Is the service effective?

Our findings

People were fully involved in the planning and review of their own care, from attending interviews of prospective staff if they wished, to specifying what skills they would like staff members to have.

Staff received a range of mandatory relevant training to ensure they were able to meet people's needs. This included diabetes awareness, moving and handling, safeguarding, managing potential and actual aggression (MAPA), first aid, whistleblowing and fire safety. The manager regularly reviewed staff training to ensure it was up to date. We saw training compliance had been at 40% when they took over but was above 90% at the time of inspection. One staff member, new to care, confirmed they had been well supported through the Care Certificate and made to feel part of the team. The Care Certificate is an agreed national set of standards for staff new to health and social care. They said, "They made sure I was comfortable with everything and I got all the support I needed."

Each person had a health plan in place in their care file and staff liaised well with external healthcare professionals to ensure people got the support they needed to have healthier lives. One healthcare professional told us, "Staff are very proactive in their response to deliver care. They have regular meetings with families and always ensure that the service users have a good quality of life. They're good at trying options around moving and handling and honest and transparent when things have not been going very well." We found people were achieving good health outcomes thanks to the care planning and delivery of staff.

The focus in meal preparation had moved away from the previous culture of sharing communal meals at a set time and a large number of takeaways to a culture whereby most people enjoyed taking part in shopping for and preparing their own meals. One person showed us how they were helping prepare an omelette during the day and another person helped to make a baked potato filling. People we spoke with and their relatives were extremely pleased with this shift in culture. They told us, "I do all my own cooking now – I used to spend a fortune on takeaways," and, "They like to have a normal routine so doing the shopping and the cooking is really good for them." One person had chosen to adopt a lower calorie diet and had successfully lost weight. This meant people were encouraged and supported to maintain a healthy diet whilst also increasing their levels of independence.

We saw evidence of consent being sought throughout the inspection and also in care planning documentation. Documentation allowed for best interests decisions to be recorded but everyone at the service at the time of inspection had capacity to make their own decisions and this was fully supported by staff.

Is the service caring?

Our findings

People's independence was encouraged and supported on a daily basis. We saw people coming and going to the local shops and others going further afield using public transport. Prior to the registered manager taking over, one person had not left the service unsupervised. The registered manager ensured risk assessments were undertaken. They and staff were beginning to ensure the individualities that made people different were not used as barriers to their independence. On the contrary, staff were beginning to find ways to ensure people challenged themselves, with each person having a range of goals for 2018. For one person this meant finding employment and attending a new day centre, for another a day trip including the use of a flight simulator. We saw each person had contributed to the detailed planning of how to make these goals achievable and realising them. One relative told us, "They are a new person!"

Three-monthly tenant meetings took place, although there was plenty of ad hoc communication between all staff members and people who used the service in the interim. We observed these interactions to be open and informative.

One external professional we spoke with described the care review meeting they had been invited to attend: "It was excellent, they asked the person who they wanted to come along and what they wanted in place to make it work for them. The service made it a fun, engaging experience and really focussed on listening to what that person wanted." People were therefore regularly and wholly involved in the planning and delivery of their care.

We observed people being treated with respect and dignity throughout the inspection. People who used the service and relatives confirmed this was always the case, stating, "They treat me as an equal," and "They have the utmost respect for him." Feedback was similarly consistently positive about the compassion and patience shown by staff, with all people who used the service confirming they got on well with support workers and relatives agreeing. Representative comments included, "What the girls do is fantastic," and, "The staff are amazing helping me." One person gave the staff a double thumbs-up gesture.

Staff communicated well with people who used the service. For example, staff ensured one person always had a pen and paper about them to help themselves understood. For another person staff asked them to repeat themselves and gave them time to articulate their wishes. Staff broke down longer sentences and ensured the person was not unsettled by questions that were too open. These communications strategies were clearly set out in people's care planning and staff adhered to these plans. Another person had previously become anxious each day and found it difficult to remember what task they had or hadn't done that day. Staff had implemented a memory board whereby the person could chart the important things they had done that day. We found this to be working well.

Is the service responsive?

Our findings

People's needs had been comprehensively assessed and planned for, with new-look documentation in place that set out each person's needs, the risks they faced, and how staff should support them. These plans also focussed on the aspirations people held for the coming year and documented how staff should support people with these aims. We found these documents were accurate, up to date and accessible. Staff knew how and when to seek external help or to escalate a query to their manager. Relatives gave good examples of when the staff team had responded to people's changing needs, for example, "We were concerned a bit about their neck but credit to them – they got onto it straight away, looking into neck braces and getting the right support. We can't fault them now."

People were enabled to participate in the activities and hobbies meaningful to them. One person had played a pivotal role in the hiring of their own staff team to ensure that the support workers were able to drive them. This meant they could remain independent. People enjoyed accessing a range of external venues such as shops, woodwork sessions and music gigs. Where people requested support at hours outside of normal working hours to facilitate these interests, the registered manager and staff ensured this happened. One person told us, "I do so much more now. I'm loving life."

As part of planning towards meeting people's aspirations we found a number of positive outcomes for people. For example, one person had previously always used taxis to attend their favourite venues. With the support and encouragement of staff they now used their free bus pass to visit family members and attend places of interest. They told us, "Taxis used to cost a fortune but now I can go everywhere for free!" One person's relative told us about a similar outcome: "They were at Beamish last week. Something like that used to feel like a bother but they are so good at getting people into normal routines – they just hop on a bus, one change and they're there." This meant people were successfully achieving their aspirations and also more meaningfully engaging in their community.

Nobody using the service at the time of inspection felt the need to raise a complaint and all were comfortable raising concerns with staff. One person told us, "It wasn't good enough having all those agency staff that didn't know what they were doing – we told them and they got it sorted." A relative told us, "They do listen. Things were not going well a year ago but they have taken on board our concerns and turned the place around."

Whilst all people had been asked about their choices and plans regarding end of life care, staff respected their decision not to discuss the subject at the time. This was appropriately documented.

Is the service well-led?

Our findings

A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager had been in post for just over a year and had made a range of positive changes to a service that had stagnated prior to their arrival.

The atmosphere was buoyant with staff and people who used the service sharing common goals. All people we spoke with were excited about the upcoming summer fete, which would welcome the local community into the service and help with fundraising. Some staff were also doing the Great North Run to support this.

Staff told us, "The manager is great – they are so flexible when things crop up and they are always there for support", and "The manager has been really welcoming and focussed on me being comfortable with what I'm doing." Likewise the registered manager praised the staff team, who had, for the most part, embraced the cultural shift from a residential model to one which was rightly focussed on people being able to live independently. Relatives who had met with the registered manager told us, "It was a big task but they have made such changes. If you'd have asked me a year ago I would not have been happy but they are doing really well now" and, "The manager was really upfront about the things they wanted to improve and they've done it, credit to them."

Auditing was clear and accountable, with the registered manager and team leading making demonstrable improvements to the service in the past year. The registered manager confirmed they were well supported by a regional manager who came to the role at the same time as them, stating, "They have been nothing but excellent – every time I've needed help they've been there."

The registered manager had clear plans for sustaining the improvements made and continuously developing and improving the service, most notably building on recently improved community links, further fundraising and more use of technology and innovation. For example, one plan was to use voice recordings of people who used the service, celebrating recent achievements or giving updates to visitors, in communal areas. This would make these updates more accessible to people who may not be able to read and also involve people who used the service on an ongoing basis in how the service is run. We found this to be indicative of a service that was well-run and focussed on the aspirations and needs of people who used the service.