Naswell Care LTD

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Inspection report

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31 October 2022

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Ratings

Overall rating for this service	Inadequate

Is the service safe?	**Requires Improvement**
Is the service effective?	**Inadequate**
Is the service well-led?	**Inadequate**

Summary of findings

Overall summary

About the service
Naswell Care Ltd is a supported living service providing personal care to people who may live in single or shared occupancy households with their own tenancy agreements. At the time of the inspection, the service was supporting four people with personal care living in four different households.

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:
Not everyone was being supported in a way that enabled them to have choice and control in their daily lives. People's physical and emotional needs and consent to care had not been comprehensively assessed. People's views about their wishes and goals had not been fully sought. Medicines care plans were not always complete or accurate.

Staff recognised signs when people experienced emotional distress and knew how to support them; however, they did not always have access to detailed information about people's triggers and strategies to be used to support them.

The registered manager would not be able to monitor people's care needs and incidents effectively as staff did not always keep complete care records.

People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. This put people at risk of receiving inappropriate support.

Right Care:
People's communication needs had been assessed. The provider had not ensured people could interact comfortably with staff and others involved in their treatment/care and support.

People did not always receive care that supported their health needs such as access to routine health care appointments. Care practices did not always focus on people's personal aspirations or needs. The provider

was not ensuring recognised best practice was followed. This put people at risk of not receiving care which was person centred and focused on their wishes.

Right Culture:
People were not always supported to be empowered to live a life of their choice. The provider had not ensured that current care practices and policies were embedded in the care people received.

This meant people were not always supported by a service which valued and promoted people's individuality, independence and human rights.

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 Good (published 21 September 2017).

Why we inspected
The inspection was prompted in part due to concerns received about Naswell Care Ltd. We received concerns in relation to staffing and the care people were receiving. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from good to inadequate based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Naswell Care Ltd on our website at www.cqc.org.uk.

Enforcement and Recommendations
We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to the safe and personalised care and the management of the service at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up
We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

Special Measures
The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration,

we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe and there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was not always safe. Details are in our safe findings below.	**Requires Improvement**
Is the service effective? The service was not effective. Details are in our effective findings below.	**Inadequate**
Is the service well-led? The service was not well-led. Details are in our well-led findings below.	**Inadequate**

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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 carried out by 2 inspectors 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 four '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, a registered manager was in place.

Notice of inspection
This inspection was announced.

We gave a short period notice of the inspection because some of the people using it could not consent to a home visit from an inspector. This meant that we had to arrange for a 'best interests' decision about this.

Inspection activity started on 27 October 2022 and ended on 31 October 2022. We visited the location's

office/service on 27, 28 and 31 October 2022.

What we did before the inspection
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 reviewed the intelligence that we held about the service and feedback from the local authority. We used all of this information to plan our inspection.

During the inspection
We visited 2 people in their homes and spoke to the staff members who supported them. We spoke with 3 people's relatives or representatives about their experience of the care provided. We also spoke with the provider, registered manager as well as an additional 3 staff members and received feedback from 1 professional.

We reviewed a range of records, this included 4 people's care records and medication records. We looked at staff recruitment files and a variety of records relating to the management of the service, including policies and procedures.

Requires Improvement

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 Good. At this inspection the rating has changed to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Using medicines safely

- People were at risk of receiving inappropriate care as clear risk assessment and management plans were not always in place to guide staff on how to support people safely. One person had a history of pressure ulcers, however there was no assessment or risk management plan in place to guide staff on supporting this person to maintain good skin integrity.
- The mobility care plan for 1 person had not been updated to reflect how staff should support them to transfer using equipment. Staff did not have access to detailed information on how and when the equipment should be used to minimise the risk of harm to the person.
- People were not always supported to take their medicines safely as effective processes were not always followed. The management and administration of people's routine prescription, 'as required' medicines and medicines prescribed mid cycle such as antibiotics were not complete and accurately recorded. This put people at risk of not receiving the correct medicines.
- The provider had not considered the risks and additional safety measures needed for the management of 1 person's controlled drug prescription which could be misused by others.
- Staff had access to PPE which was available in people's homes. However, we were not assured staff consistently wore PPE. Through our observations and feedback from people's relatives and representatives, we found staff did not always wear PPE in accordance with current government guidance. This put people at risk of the spread of infection.
- The provider had not ensured staff had the skills to confidently support people. Staff told us the training they had received to support people with heightened emotions or distress was not adequate to support people with complex behavioural needs. The registered manager was unable to demonstrate how they had ensured themselves that agency staff who supported people had been suitably vetted and had the skills they required before they started to support people. This put staff and the people they supported at risk of being exposed to harm.

The assessment and control measures relating to the management of people's risks had not always been put into place to protect people from harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- Safe recruitment practices were being used to ensure people were supported by staff who had been vetted before providing support to people. The registered manager had implemented a 'telephone screening' interview with potential employees to discuss their care experience and any discrepancies in their employment histories. Regular agency staff were used to support people while the provider was recruiting

permanent staff.
● Sufficient number of staff were deployed to meet people's needs and where possible staffing levels were adjusted according to people's lifestyles and support requirements such as going on holiday or trips to the pub.
● However, from speaking to staff and relatives/representatives and reviewing staff rotas, we found people did not always receive care from staff who understood their needs due to staffing shortages and/or deployment of staff. People's relatives and representatives' comments also raised concerns about the consistency of regular staff members. Their comments included 'There are too many faces to support [person]' and 'A team of regular staff may not always be available because of holiday or sickness, that's the time the relationship falls down'. This placed people at risk of receiving in appropriate care.

Preventing and controlling infection
● We observed people's homes were clean, however the arrangements on how staff should support people to keep their homes clean and report any maintenance issues to their landlords were not clear.

Learning lessons when things go wrong
● We found evidence some investigations had occurred after significant incidents in the service, such as medicine errors. Where required, the registered manager had taken disciplinary action with staff who were involved in the incidents.
● Team safety huddles had been implemented by the registered manager to discuss the incidents and the actions needed to prevent further occurrence.

Systems and processes to safeguard people from the risk of abuse
● The provider had systems and policies in place to safeguard people from the risk of abuse. For example, a system of managing and monitoring people's daily expenditures were in place and monitored by the registered manager.
● Relatives and representatives of people who used the service raised concerns with the provider when people were unable to express their views and concerns. The registered manager frequently engaged with people which enabled them to act on any feedback or issues.
● The provider's safeguarding policy guided staff with the local authority and the provider's safeguarding procedures. The service reported safeguarding concerns to the Local Authority when they identified a risk of harm.
● Staff were provided with safeguarding training and told us about the procedures that they followed to report concerns of possible harm and keep people safe. Staff also told us about the escalation procedures if their concerns were not listened to.

Inadequate

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 Good. At this inspection the rating has changed to Inadequate. This meant there were widespread and significant shortfalls in people's care, support and outcomes.

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

- People did not always receive care and treatment which was based on evidence based assessments. The provider was not able to demonstrate how people's care had been assessed and was being delivered in line with the Right Support, Right Care and Right Culture guidance and other evidence-based guidance when supporting people with a learning disability and autism. This put people at risk of not receiving personalised care and not being given consistent opportunities to have maximum choice and to live their life as they wished.
- People were at risk of not receiving consistent personalised care as they were not always supported by consistent staff members who knew them well. People's care plans did not always provide staff with personalised information such as their preferences, wishes and aspirations.
- People who experienced heightened emotions and behaviours which challenge others were at risk of receiving inappropriate care as comprehensive positive support plans and monitoring charts were not always accurately maintained. Records of the triggers and management of people's behaviours were not always detailed or accurate. The decisions about the strategies used to manage and restrict one person's addictive habits and the person's approach to staff was not clear.
- Staff told us they needed further guidance and training when supporting people with behavioural and emotional needs. This put people at risk of not receiving personalised care as staff did not have the skills and access to detailed guidance on effective strategies to support people and help reduced the reoccurrence of behaviour incidents.
- People's preferred methods of communication had not been fully identified. Alternative ways of communicating with people had not been considered or implemented. This meant people may not always be given the opportunity to fully express their wishes, ill health or pain.
- People were at risk of not receiving personalised care around their health needs such as epilepsy and bowel needs, as staff did not have access to comprehensive and tailored records to guide them in assessment and management of people's individual needs.
- The assessment and management of people's medicines were not always personalised and being monitored in accordance to Stopping over-medication of people with a learning disability, autism or both (STOMP) guidance. This meant people could be at risk of being over medicated.
- The provider had not ensured personalised care plans and health action plans detailing how people should be supported to stay healthy were in place and regularly reviewed. The agreed management and monitoring of people's individual health care needs and accessing routine health care appointments had not been maintained. This meant people were not always supported to maintain their own health and wellbeing including access to screening and primary care services.

● Records of health care professionals' assessments and involvement were documented and followed by staff. However, the outcomes and recommendations of health professional assessments such as the management of people's oral care and mobility needs were not always reflected in people's care plans.
● The provider was unable to demonstrate how they supported people to maintain their tenancy and their own home in life with their choice and preference.

The provider had failed to ensure people's support was personalised and underpinned by evidence-based guidance. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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.
● The provider was unable to demonstrate how they had assessed people's mental capacity and how people had been involved and empowered to make day to day choices such as their meals and activities.
● The assessment of people's mental capacity to make specific decisions about their care and any associated unwise or best interest decisions on their behalf had not been completed. The registered manager was able to describe decisions which had been made in people's best interest, however there was no evidence to support these decisions such as administering medicines covertly or restricting one person's addictive habits.
● Whilst we observed staff supporting people in line with the spirit and principles of the MCA and code of practice, not all staff had been trained in MCA. However, we were informed staff had received MCA training after the inspection.

People's consent to care, mental capacity assessments and best interest decisions had not always been assessed inline with the Mental Capacity Act 2005. This was a breach of regulation 11 (Consent to care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience
● Staff received an induction period and training including the care certificate (The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors). Staff were observed and assessed as competent by the team leaders before supporting people.
●The registered manager was supporting team leaders to enhance their skills and responsibilities across the service. They had been delegated to provide staff with support and carry out supervisions and to share any concerns and the records of supervisions with the registered manager.
● Staff received most of their training via an online training platform. The registered manager explained they recognised staff required further training in positive behaviour support. Plans were in place for staff to complete more classroom-based training either inhouse or externally to help enhance and embed their knowledge.

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

● People received their meals and drinks which met their dietary needs. Staff were aware of people's dietary requirements and had access to information on how to prepare their meals and drinks in line with health professional's recommendations.

● However, it was not clear how staff were supporting people to eat nutritionally balanced meals of their choice and monitoring risks relating to people's dietary requirements.

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

● People had been referred to specialist health care professionals such as Occupational Therapists, Speech and Language Therapists and specialist consultants if there had been a change in their health and well-being.

Inadequate

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 Good. At this inspection the rating has changed to Inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

- The provider did not operate effective systems to ensure people's care records were personalised and accurate. They had not identified gaps and inaccuracies in people's care records including records of people's mental capacity assessment to make decisions about their care or evidence that people (or their representatives) had been involved in their care planning.
- Systems used to manage, and monitor people's medicines did not ensure people receive their medicines as prescribed. Medicines audits and stock checks had not identified gaps in people's medicines charts and discrepancies in the stock balance of people's medicines. Systems were not in place to review the administration and outcomes of 'as required' medicines and whether people had been at risk of being over medicated (STOMP principles).
- Effective systems were not always in place to monitor people's clinical risks and monitoring charts. This meant the registered manager would not be able to identify if people's health needs were changing or whether recommendations had been fully implemented. The registered manager had identified records needed improvement to demonstrate the care staff provided and any incident reports, however had not taken action to address this. Without accurate and concise record keeping by staff, the team leaders and registered manager may miss opportunities to review people's needs and seek appropriate support which may reduce further incidents.
- Effective systems to manage and monitor people's health care risks and routine health appointments were not being used.
- The provider had failed to maintain effective systems to scrutinise the skills of staff and the background of agency staff who were supporting people. The provider had not ensured agency staff and experienced staff always matched the needs of people using the service.
- Ineffective systems were being used to manage and monitor the training and support of staff. This meant the registered manager did not have a clear oversight of the training and support requirements of staff and whether staff had good understanding of meeting the needs of people with a learning disability and autistic people, including knowing how to interact with them in the best way.
- Incidents were recorded and reviewed by the registered manager who had implemented a system to enable staff to reflect on incidents and discuss new strategies. However, the provider could not be assured that timely actions had been taken to prevent further reoccurrence as there was limited evidence that the outcomes and actions taken as a result of investigations, incident reviews and routine auditing had been completed.
- Through their own systems and policies, the provider could not demonstrate how they had planned the

service around current support and tenancy guidance when supporting people with learning disabilities and autism.

The provider had failed to ensure effective governance systems were being used to drive improvements. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

● It was unclear from the provider's systems how they had ensured their policies were being implemented and their vision and values were being maintained across the service. From our observations and talking with staff and people's relatives and representatives, we found there wasn't a coherent and collaborative approach to the management of the service. The managers of Naswell Care Ltd did not have a shared understanding of key challenges and risks, such as risks relating to the deployment of suitably skilled staff.

● The roles and responsibilities of the management team were not clear which had resulted in conflicting decisions on how the service should be managed. Therefore, the role and the accountability of the registered manager had been compromised at times. For example, there hadn't been a consistent approach in the management of incidents and disciplinary processes such as medicine errors and staff not turning up for their shift.

● Staff reported the managers were supportive however some staff shared with us that the provider's on call system was not always available and responsive to their needs. This put people at risk as staff were required to make decisions without the support and authorisation of senior staff or managers. The registered manager told us they had implemented a new system to provide staff with additional support, however further time was needed to upskill on call staff and to ensure the system was effective.

● The provider had not ensured the registered manager had regular access to a schedule of professional development and support. This meant the registered manager did not always have opportunities to address their responsibilities, challenges and risks within the service and ensure their knowledge was current.

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

● The registered manager was aware of their responsibilities and role under the duty of candour. They told us about the importance of being transparent and how they managed and shared incidents and significant events with people's relatives and key professionals.

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

● Staff found the registered manager approachable and responsive to their suggestions and views about the quality of care being delivered. Comments from staff about the registered manager included "[Registered Manager] is brilliant, one of the good ones" and "Anything [staff] thinks and [staff] is not happy with, then will pass onto the manager."

● People's relatives and representatives provided mixed feedback about the quality of care and the communication from the service. Some relatives praised staff and told us they were always approachable, whilst others commented that communication from the service could improve, especially when they had raised concerns about the quality of care.

Working in partnership with others

● Staff worked closely with health and social care professionals and sought advice and specialist support if changes in people's health and care needs were identified. For example, staff had sought additional support

from professionals when people required their COVID-19 vaccination.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent People's consent to care, mental capacity assessments and best interest decisions had not always been assessed inline with the Mental Capacity Act 2005.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The assessment and control measures relating to the management of people's risks had not always been put into place to protect people from harm.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care People did not always receive person-centred care which was underpinned by evidence-based guidance.

The enforcement action we took:

We have issued the provider with a warning notice and told them to take immediate action to address the breach of regulation.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to ensure effective governance systems were being used to drive improvements.

The enforcement action we took:

We have issued the provider with a warning notice and told them to take immediate action to address the breach of regulation.