

North Northamptonshire Council

Specialist Support Services for Younger Adults with Disabilities North

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Specialist Support Services for Younger Adults with Disabilities North is a domiciliary care agency who are registered to offer support to older and younger adults with; physical disabilities, learning disabilities, autistic spectrum disorder and mental health. They provide personal care to people living in their own homes. At the time of inspection, the service was supporting 63 people with personal care.

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

The service did not have enough staff to meet people's assessed needs. Staff were working long hours with limited breaks to ensure care calls were completed. This had impacted on the personalised care people received. We were told that not all staff knew people's needs.

Records of care tasks had gaps in the recordings, this meant there were limited assurances that tasks had been completed. However, people told us staff stayed the allocated amount of time.

Risk assessments and care plans were not all up to date and did not always contain sufficient information to ensure staff knew people's needs. People did not always have a consistent staff team or know who was attending their calls due to the issues with staffing.

Medicine administration required improvement. We found concerns with the recording of medicines.

Systems and processes to ensure oversight of the service had not always been completed. The registered manager did not always have the time to complete the oversight required due to the issues with staffing.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service did not always support this practice. People were not currently able to have the choice of gender or staff due to the issues with staffing.

Safeguarding systems were in place and staff knew how to recognise the signs of abuse. People told us they felt safe.

Staff wore appropriate Personal protective equipment (PPE) for the tasks they were completing. Staff took part in regular COVID-19 testing.

People were supported by staff who had been safely recruited, had sufficient training and who people described as "kind and caring."

Staff supported people to access health professionals when needed. Any advice was recorded and acted upon.

People, relatives and staff knew how to complain and knew who the registered manager was.

People and staff were offered opportunities to raise any concerns in meetings or reviews.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture.

Right support:

- Staff encouraged people to make choices and to be as independent as possible. However, due to staffing issues choices in staff preferences were limited.

Right care:

- People were supported by staff who had a kind and caring nature. Staff promoted people's dignity and privacy. People's human rights were upheld.

Right culture:

- Ethos, values, attitudes and behaviours of managers and care staff ensure people using services lead confident, inclusive and empowered lives.

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

Rating at last inspection

The last rating for this service was good (published 9 November 2018)

Why we inspected

This was a planned inspection based on the previous rating and was prompted in part due to concerns received about staffing and pressure care. A decision was made for us to inspect and examine those risks.

Enforcement

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.

We have identified breaches in relation to risk assessment, medicines, oversight and staffing at this inspection.

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

Follow up

We will continue to monitor information we receive about the service until we 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Specialist Support Services for Younger Adults with Disabilities North

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

The inspection was completed by two inspectors. One inspector completed the site visit and the other inspector made calls to staff, relatives and people.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 7 September 2021 and ended on 13 September 2021. We visited the office location on 7 September 2021 and made calls to staff, people and their relatives after.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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.

During the inspection

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

After the inspection

We spoke with five people who used the service and one relative about their experience of the care provided. We spoke with eight members of staff including registered manager, service manager, senior care workers and care workers.

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated 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; Learning lessons when things go wrong

- Not all risk assessments had been updated or reviewed after an incident. For example, one person's falls risk assessment had not been updated after the person had fallen, the risk assessment contained incorrect information and no review had been completed to establish if existing strategies were still relevant.
- Safety checks on people's manual handling equipment had not been completed monthly as per the providers procedures. Records showed that for two people their manual handling equipment had not been checked by staff as 'safe to use' since May 2021. This put people at risk of unsafe equipment being used.
- People were at increased risk of pressure damage. We found conflicting information recorded in a person's care plan, records of repositioning tasks and pressure mattress checks. For example, the care plan stated four hourly repositioning, however, the repositioning charts stated two hourly repositioning. Records evidenced that there were gaps of over five hours in repositioning records.
- Staff did not always have the information required to support people safely. For example, one person had no information within their care plans or risk assessments regarding the type of seizures they may experience, any indicators that may suggest seizure activity or what staff were required to do in the event of a seizure. This put the person at risk of staff not responding appropriately to their health condition.
- Records of seizure activity were not always documented correctly. Staff had not recorded the duration, time or presentation for one person who had experienced three recent seizures. This information is required to support health professional to make diagnosis and to plan appropriate treatment for people.
- Not all care plans held up to date, correct information. For example, one person had conflicting information recorded regarding how much thickener was required to mitigate the risk of choking. This put the person at risk of aspiration. This information was updated immediately.
- When staff administered as required (PRN) medicines they did not always record a reason. This meant the effectiveness of the medicine could not be reviewed and people could be at risk of receiving their PRN medicines not as prescribed.
- When staff transcribed medicines, we found they had not followed best practice. For example, transcribed medicine administration records (MAR) had not been signed by two staff to ensure the information recorded was identical to the prescribed dose. One person's MAR had the dose transcribed incorrectly. This put people at risk of receiving incorrect medicines.
- MAR had not always been signed when medicines were administered. For example, we found gaps in the recording of administration of medicines for two people.

We found no evidence of harm to people. However, the provider had failed to assess the risks to the health and safety of people using the service or take action to mitigate risks. The provider had also failed to ensure

the safe administration of medicines had been completed. These are breaches of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- The service was running on 35 full time vacancies at the time of inspection. Staff had been asked to work when on annual leave and on days off.
- The registered manager told us, there had been an increase in missed calls and medicines errors due to the staffing issues. The registered manager had to complete care calls to ensure people had their needs met, although this meant they were unable to complete all of their roles as manager.
- Staff and people told us that due to the lack of staffing some calls had to be cancelled, reduced or times changed. One staff member said, "Arrival times have to be juggled to make it fit, this has impacted on people. People get upset when we move their calls." Another staff member said, "Most of the carers are shattered and working extra hours to cover."
- The provider made the decision to reduce all social calls due to not having the staff to fulfil these tasks. A person was not able to return home after a hospital admission due to the service not being able to staff the person's increase in need.

The provider had failed to ensure adequate staffing were deployed. This is a breaches of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Safe recruitment practices were in place and the provider used references and the Disclosure and Barring service (DBS) to ensure staff did not have any criminal convictions and were suitable to provide support for the people living at the service.

Systems and processes to safeguard people from the risk of abuse

- The provider had effective safeguarding and whistleblowing systems in place and staff receive training on safeguarding.
- Staff had a good understanding of what to do to make sure people were protected from harm or abuse.
- The registered managers were aware of their responsibility to liaise with the local authority if safeguarding concerns were raised.

Preventing and controlling infection

- Staff wore appropriate personal protective equipment (PPE) when supporting people. One person said, "They (staff) always wear a mask, apron and gloves when helping me."
- The provider was supporting staff to complete regular testing for COVID-19.
- There was an updated infection control policy in place.

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 the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Fluid charts were not consistently recorded. One person's fluid chart evidenced that staff had not offered the person the required 1500ml per day on multiple occasions. However, we found no evidence of harm and this appeared to be an issue with recording rather than the person not being offered fluids.
- People who required a specialised or modified diet had this need met by staff. We found records of fortified supplements and records of food eaten, with amounts logged.

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

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

- Care plans did not always contain sufficient information. For example, when people required medicines to support with constipation their care plans did not contain information relating to what was normal for that person. The registered manager agreed to amend the care plans immediately.
- Care plans contained person-centred information within them. For example, people's likes, dislikes, routines and choices. Care plans held specific information within them detailing how a person wanted to be supported. One staff member said, "The care plans are good because if you don't know someone you can read their care plan and find out about them and it gives you things you can talk about with them."
- People's holistic needs had been assessed before they were offered a care package. This ensured staff could meet people's needs.

Staff support: induction, training, skills and experience

- Staff told us, they received training appropriate to their roles. The training matrix evidenced staff had received training in line with the providers policies.
- Risk assessments had been completed for staff with specific needs or health conditions.
- New staff received an induction and completed shadow shifts before completing any lone working.

Staff working with other agencies to provide consistent, effective, timely care

- When people needed referring to other health care professionals such as GP's, occupational therapists or district nurses, this was arranged by staff or relatives. Staff supported people to attend any appointments required.
- Within the care plans all communication from healthcare professions had been logged and acted upon.

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.

- People were supported to make decisions. Staff ensured people were given information in a way they understood to ensure they had capacity to make decisions themselves. When a person lacked the capacity to make a decision a best interest meeting was held.
- People had documented consent in place for photos, care plans and finances

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us staff were, "Kind, caring and helpful." People and their relatives were positive about the staff's attitude and interactions.
- People's care plans included details of religion, culture and preferences. One person's care plan detailed their religious beliefs and how staff should support the person to fully meet these needs. The care plan was detailed and covered all aspects of the person's life linked to their religious beliefs.
- Staff supported people to attend celebrations and special events.

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

- We saw evidence in care plans that people had been involved and asked likes/dislikes, preferences and routines. One person told us, "I was involved in my care plan and the whole process is person centred."
- People were treated respectfully and were involved in every decision possible. A person said, "I lead my care. Absolutely." A relative told us, "Staff let (person) make decisions that (person) can make for themselves and give (person) a choice."
- No one being supported currently required the support of an advocate. An advocate is someone that helps people to speak up about their care. However, the registered manager would support people to access advocacy services should they need to.

Respecting and promoting people's privacy, dignity and independence

- Staff had training on dignity and respect and told us how they ensured people's dignity and respect. They used examples such as closing doors, knocking and waiting for a response before entering someone's bedroom or bathroom and ensuring curtains or blinds were drawn when personal tasks were being completed.
- People told us they felt staff always promoted their dignity, respect and independence

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. 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

- Due to staffing issues, not all staff knew the people they were supporting. One person told us, "90% of them [staff] know what they are doing, 10% don't know my routine, and don't know what they are doing." Another person said, "The regular staff know me inside out, however sometimes staff change at short notice." This meant people did not always receive person centred care.
- People did not always know what staff were coming to support them or the times they were coming. One person said, "They [staff] don't tell me when they are going to turn up, they come on a Monday, but I never know what time, I don't get a rota."
- The registered manager told us, although people were offered the choice of gender of staff supporting them with personal care, and the choice of preferred staff to support them. They could not always honour these choices due to staffing issues.
- People who required their weight to be reviewed regularly did not always have this need met. One person required staff to complete monthly weights had not been supported to weigh themselves since February 2021.
- Care plans had not been reviewed in line with the providers policies. Care plans were meant to be reviewed every six months to ensure they were reflective of people's needs. One person had not had a care plan review since December 2020. Oral care plans were meant to be reviewed monthly. However, we found two people's oral care plans had not been reviewed since May 2021.

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 registered manager understood their responsibility to comply with the Accessible Information Standard and could provide information about the service in different formats to meet people's diverse needs.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place. Any concerns or complaints had been dealt with appropriately and within the providers timeframes.
- People, staff and relatives told us they knew how to complain and felt they would be listened to and their concern rectified.

End of life care and support

- At the time of the inspection, the service was not supporting anyone who required end of life support. Most people had end of life care plans in place.
- The registered manager told us that if anyone required end of life support, they would ensure all staff had the appropriate training and support and they would liaise with the appropriate health care professionals.

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 the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to 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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people. Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff felt they worked excessive hours, with limited breaks and felt undervalued. This was due to the current staff shortages. One staff member told us, "The team is disheartened, I understand why staff are leaving. We do extra hours even when on holiday [annual leave]. We are broken."
- Systems and processes were not consistently followed to ensure care plans and risk assessments were kept up to date, this was due to the registered manager needing to complete care calls.
- Systems and processes in place to ensure people received person centred care was not effective at the time of inspection. People were not always aware of which staff were coming to supporting them, call times were changed or reduced, and social calls were stopped. This was linked to the staff shortage the provider was currently facing.
- Audits completed on medicines had not identified the concerns found with PRN medicines.
- Systems and processes in place to ensure records of care tasks were comprehensively recorded were ineffective. We found concerns with the recording of fluids, oral care and seizure activity.

We found no evidence of harm to people. However, the provider failed to ensure adequate systems and processes were in place to assess, monitor and improve the quality and safety of the care provided. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Senior care staff completed regular monthly audits on staff training, supervisions, observations and handovers. These audits identified any issues and actions were recorded.

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

- Staff were offered regular team meetings to discuss concerns, updates and make suggestions. Staff told us they felt supported by their direct line managers and could raise any concerns.
- People, relatives and staff knew who the registered manager was and could contact them as required.
- The registered manager gained feedback from people, relatives and staff. People and relatives gave feedback on their care, during reviews and meetings. Staff were able to feedback on the service during supervisions or team meetings.

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 registered manager understood, and would act on, their duty of candour responsibility, however, no incidents had occurred which would require action or investigation in this regard.

Continuous learning and improving care; Working in partnership with others

- The registered manager was open and transparent throughout the inspection. They were honest about the challenges the service was currently facing and the impact this had on people and staff.

- The registered manager was committed to improving the service and ensuring people's needs were met. The registered manager was working with partner agencies to put action plans in place to mitigate the risk of lack of staffing and the impact this had on the care people received.

- The concerns found on inspection regarding staffing issues were being addressed by the senior management team.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to assess the risks to the health and safety of people using the service or take action to mitigate risks. The provider had also failed to ensure the safe administration of medicines had been completed.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider failed to ensure adequate systems and processes were in place to assess, monitor and improve the quality and safety of the care provided.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider had failed to ensure adequate staffing were deployed.</p>