

The Learning Support Centre Limited

The Learning Support Centre

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

This was an announced inspection which took place on 11 and 12 October 2018. We gave the provider 24 hours' notice to ensure someone would be available at the office.

The Learning Support Centre (LSC) provides a range of support to students with disabilities who access study in a higher education setting. The support provided by LSC includes personal care, this aspect of the service is regulated by the Care Quality Commission. At the time of our inspection there was one person using the regulated activity who was studying at Newcastle University.

This was the first inspection of the service since it was registered with the Care Quality Commission.

A registered manager was in place. 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.

People received safe care as they were supported by staff who knew how to protect them from harm. Staff were aware of people's individual risks and plans were in place to minimise these while maintaining the person's independence.

The registered manager supported staff by arranging training so staff developed the skills to provide care and support to people, which was in-line with best practice. People receive care and support that was in line with their consent.

People were supported by staff who knew their individual dietary requirements and how to support them in the right way. People had access to healthcare professionals when they required them.

People were treated well which had a positive impact on their well-being. They were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible, the policies and systems in the service supported this practice. Staff supported people to make choices about their care and the views and decisions they had made about their care were listened and acted upon.

People were involved in the planning and review of their care and support. Information was provided to people should they wish to raise a complaint. The provider had not received any complaints over the last 12 months.

Staff said the management team were supportive and approachable. Communication was effective, ensuring people, their relatives and other relevant agencies were kept up-to-date about any changes in people's care and support needs and the running of the service.

People had the opportunity to give their views about the service. There was consultation with people and family members and their views were used to improve the service. The provider undertook a range of audits to check on the quality of care provided.

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.

Staffing capacity was sufficient to provide safe and flexible care and appropriate checks were carried out before staff began work with people.

Systems were in place to protect people from abuse as staff had received training with regard to safeguarding. Staff were able to identify any instances of possible abuse and would report it if it occurred.

Staff did not need to support people with their medicines.

Is the service effective?

Good ●

The service was effective.

Staff received training and they were supported to carry out their role.

Effective communication ensured the necessary information was passed between staff to make sure appropriate care was provided.

People's rights were promoted and protected and there was evidence they were involved in decision making about their support.

Is the service caring?

Good ●

The service was caring.

Staff were aware of people's individual needs, backgrounds and personalities. This helped staff provide individualised care to the person.

People were encouraged to express their views and make decisions about their care.

People were matched with support staff and had the opportunity to build trusting relationships with them due to the consistency of staffing.

Is the service responsive?

Good ●

The service was responsive.

Support plans were person-centred and people's abilities and preferences were clearly recorded.

Processes were in place to manage and respond to complaints and concerns. People were made aware of how to make a complaint should they need to.

Is the service well-led?

Good ●

The service was well-led.

A registered manager was in place who encouraged an ethos of involvement amongst staff and people who used the service.

Staff said they felt well supported and were aware of their rights and their responsibility to share any concerns about the care provided at the service.

The provider monitored the quality of the service provided and introduced improvements to ensure that people received safe care that met their needs.

The Learning Support Centre

Detailed findings

Background to this inspection

This inspection took place on 11 and 12 October 2018 and was announced.

We gave the provider 24 hours' notice to ensure someone would be available at the office. We carried out a site visit on the first day of inspection and on day two we carried out telephone interviews with staff and had contact with the person who uses the service and other stakeholders.

The inspection was carried out by one adult social care inspector.

Before the inspection, we had received a completed Provider Information Return (PIR). The PIR asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we held about the service as part of our inspection. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send CQC within required timescales. We also contacted other stakeholders who could comment about people's care.

During the inspection we spoke with the co-ordinator of the service. We reviewed a range of records about people's care and how the service was managed. We looked at care records for one person, recruitment, training and induction records for three staff, staffing rosters, staff meeting minutes and quality assurance audits the registered manager had completed. After the inspection we telephoned and spoke with two staff members. We contacted one person and one stakeholder by email and we received one response.

Is the service safe?

Our findings

We were told people were safe and staff told us they felt safe with the support they received from the service. A staff member told us, "I do feel safe working for the agency."

People who used the service and staff were kept safe because suitable arrangements for identifying and managing risk were in place. People's care plans highlighted any areas of risk to people's safety and wellbeing, in areas such as mobilising, falling or choking. Where a risk was identified, there was clear guidance included in people's care plans to help staff support them in a safe manner. Staff could explain how they would help support individual people in a safe manner. A staff member from Newcastle University, student health and wellbeing service told us, "I get a sense of clear and competent management of risk from senior management of the service."

Staff were clear about the procedures they would follow should they suspect abuse. They expressed confidence that the management team would respond to and address any concerns appropriately. Staff had received training in relation to safeguarding. Staff understood the need to protect people who were potentially vulnerable and report any concerns to managers or the local authority safeguarding adults team. One staff member told us, "I have done safeguarding training. If I had any concerns I would inform the co-ordinator or manager."

Staff told us they thought there were sufficient staff to support people. One staff member commented, "I do think there are enough staff." Staffing levels were determined by the hours contracted for individual care packages. These were totalled and planned for by the provider. This enabled senior staff to plan for each person's care and match this to available staff. A person's dependency was assessed and people would be supported by the required number of support workers. Care plans were well recorded and gave staff detailed information on how to provide safe and appropriate care.

People and staff had access to emergency contact numbers if they needed advice or help from senior staff when the office was not open. One staff member commented, "The co-ordinator is contactable, if I needed any advice. I support [Name] during the day when they have lectures."

The co-ordinator told us staff were provided with protective clothing, having access to gloves and aprons. Staff confirmed they had the equipment they needed to do their job safely. They had completed training in infection control.

Staff were aware of the reporting process for any accidents or incidents that occurred. These would be reported directly to staff at the office. The co-ordinator told us that any incidents would be looked at individually and action would be taken as required to help protect people.

Staff had access to a medicines policy for the assistance and administration of medicines. Currently people did not require did support with their medicine, where this had been prescribed.

The provider had robust recruitment processes which included completed application forms, interviews and reference checks. The provider also checked with the disclosure and barring service (DBS) whether applicants had a criminal record or were barred from working with vulnerable people. This helped to ensure only suitable staff were recruited. The staff member from Newcastle University commented, "This is the third year of our contract with LSC and the company has been 100% reliable in recruitment, training and provision of support staff."

Is the service effective?

Our findings

Staff had opportunities for training to help understand people's care and support needs. A staff member commented, "We do e-learning and face to face training." Another staff member said, "There are opportunities for training." Other staff comments included, "We do training about the specific needs of people", "We got training about eating and drinking", "I did training about cerebral palsy" and "[Name]'s family provided training before we started supporting [Name]."

Staff told us when they began working at the service they completed an induction and they had the opportunity to shadow a more experienced member of staff. This ensured they had the basic knowledge needed to begin work. One staff member commented, "I shadowed two different sessions with another worker." Staff told us induction included information about the agency and training for their role. They were issued with an employee handbook and key policies and procedures to make them familiar with the standards expected of them. The induction included studying for the Care Certificate to increase staff skills and knowledge in how to support people with their care needs. The Care Certificate was introduced in April 2015 and is a standardised approach to training for new staff working in health and social care.

Staff training records showed staff were kept up-to-date with safe working practices. There was an on-going training programme in place to make sure that all staff had the skills and knowledge to support people. The organisation promoted staff development. The co-ordinator told us, "If staff find extra courses or training that they are interested in we can fund it." Staff completed training that helped them to understand people's needs and this included a range of courses such as a comprehensive disability awareness and rights induction, cerebral palsy, mental capacity, dysphagia (swallowing difficulties), mental health awareness, autism awareness, sight assistance, hearing impairment, mindfulness (state of well-being) and assisted technology."

Staff were supported with regular supervisions and appraisals. They told us they received supervision from the management team, to discuss their work performance and training needs. One staff member said, "I get supervision from the co-ordinator." Staff also said they found these meetings useful and records confirmed they were encouraged to raise any support needs or issues they had. Staff told us they could also approach the management team at any time to discuss any issues. One staff member commented, "[Name], the co-ordinator is very approachable." Another staff member said, "You can get in touch any time if you have any questions."

People's needs were assessed before they started to use the service. Assessments were carried out to identify people's support needs and they included information about their medical conditions, dietary requirements and their daily lives.

People's care plans provided guidance for staff as to their specific dietary requirements which included food intolerances and the support they required with eating drinking.

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.

The service worked within the principles of the MCA and trained staff to understand the implications for their practice. People who used the service had capacity to make decisions. Records showed they were involved in developing their care and support plan, identifying the support they required from the service and how this was to be carried out. One support worker told us, "[Name] is involved, they have a view of the support they get. They sign off my timesheet electronically at the end of each session."

Records showed people were registered with a GP and received care and support from other professionals, such as the speech and language therapist and medical consultants. People's healthcare needs were considered within the care planning process. Assessments had been completed on physical and mental health needs. From our discussions and the review of records we found the staff had developed good links with other health care professionals to help make sure people received prompt and effective health care.

People's needs were discussed and communicated at staff handover sessions when staff changed duty. This was so staff were aware of risks and the current state of health and well-being of people. There was also a handover record and communication book that provided information about people, as well as the daily care entries in people's individual records. One staff member commented, "We have a verbal handover and there is written information to read about what has been happening." Another staff member said, "Communication is effective." A staff member from Newcastle University, health and wellbeing service told us, "In terms of what they do well. LSC maintain timely and professional communication with all stakeholders."

Is the service caring?

Our findings

Staff received training in equality and diversity as part of their induction. They received training in person-centred approaches to help them recognise the importance of treating people as unique individuals with different and diverse needs. The service's commitment to equality, diversity and human rights was evident on their website and within the employee handbook staff received when they were employed.

The registered manager told us how they helped people to access work and not be discriminated. "We send people information on access to work – access to work is a grant that can help fund personal assistants including personal care for disabled people in the workplace. We are supporting services user's opportunity and empowering them to go for jobs knowing they can set up their own support, this often reduces the employer discriminating, as access to work takes the responsibility of reasonable adjustment away from smaller employers."

The coordinator told us people were matched with support workers and people's support plans listed the qualities they wanted. For example, sense of humour, gender of carer and age range. We were told a support worker could be changed if there was not compatibility with the person where they did not share a similar outlook and sense of fun.

The organisation promoted a strong ethos of involvement and inclusion to keep people who used the service involved in their daily lives and decision making. The registered manager told us, "[Name] attends all service review meetings with LSC and the University."

The culture promoted person-centred care, for each person to receive care in the way they wanted. Care was delivered to ensure that people were encouraged to make choices about their day-to-day lives. This included using communication practices to help people make choices and express their views and communicate. Information was available to help staff provide care the way the person may want, if they could not verbally tell staff themselves.

Staff had a good understanding of the needs of the people they were supporting. A stakeholder told us, "Staff maintain professional boundaries within the scope of the contract but also within the scope of their CQC registration."

Staff were aware of their responsibilities which related to confidentiality and preserved people's personal information. Staff understood their legal duty to protect personal information they encountered during the course of their work. Staff understood the importance of respecting private information and only disclosed it to people where the person had given consent.

People received information about advocacy in the information pack when they started to use the service. Staff informally advocated on behalf of people they supported where necessary, bringing to the attention of the coordinator any issues. Advocates can represent the views of people who are not able to express their wishes, or have no family involvement.

Is the service responsive?

Our findings

Initial referrals for the services offered by LSC are identified by the university upon a student's application to the Universities and Colleges Admissions Service (UCAS) or via social services. LSC provides personal assistance in supporting disabled students in their study. Therefore, students who also require support with personal care, in some instances use the service of LSC.

LSC did not provide or support people to access social and leisure activities as that was not part of the service agreement. LSC staff supported people whilst they were attending lectures.

From the information in the assessments individual support plans were developed and put in place to ensure staff had the correct information to help them maintain people's health, well-being and individual identity.

Support plans covered a range of areas including, diet and health, communication, activities and leisure, psychological health, personal care, managing medicines and mobility and safety. We saw if new areas of support were identified then support plans were developed to address these.

Support plans were person-centred and well detailed to guide staff's care practice. The input of other care professionals had also been reflected in individual care plans. For example, the speech and language therapy team, SALT and guidance was in place for a person with dysphagia, (difficulties with swallowing.)

Support plans provided instructions to staff to help people learn new skills and become more independent in aspects of daily living whatever their need. They reflected the extent of support each person required. Care records were up-to-date and personal to the individual. Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. Staff completed a daily diary for each person and recorded their daily routine and progress in order to monitor their health and well-being. People's care records were kept under review. Monthly evaluations were undertaken by staff and support plans were updated following any change in a person's needs.

Regular reviews of people's support arrangements took place to ensure their requirements were being met and if there were any changes in their care and support needs. People were also asked for feedback at reviews about the service. The Newcastle University staff member commented, "An annual review takes place between LSC and Student Wellbeing each summer."

Written information was available that showed people of importance in a person's life. People were also consulted and the co-ordinator told us their wishes would be respected where they did not want family members to be informed about events taking place in their life.

People received information about how to complain. This was detailed in the information pack they received when they started to use the service. The agency's complaints policy provided guidance for staff

about how to deal with complaints. The co-ordinator told us no complaints had been received.

Is the service well-led?

Our findings

The registered manager was also the registered provider. They had become registered with the Care Quality Commission in November 2016.

The registered manager was fully aware of their registration requirements and notified the Care Quality Commission of any events which affected the service.

The co-ordinator of the service assisted us with the inspection. Records we requested were produced promptly and we accessed the care records we required.

The culture promoted person-centred care, for each individual to receive care in the way they wanted. There was evidence from talking to staff that people were encouraged to retain control in their life and be involved in daily decision making.

The atmosphere in the service was relaxed and friendly. The office provided a welcoming atmosphere and facilities for people and staff to call in. Staff we spoke with were very positive about their management and had respect for them. One staff member told us, "It is excellent working for the organisation." Another staff member commented, "Management are very approachable."

Staff members were positive about the service. Staff said they were well-supported and were invested in by the provider. One staff member commented, "I enjoy it, working for the company." We noted there were incentives for staff members for example, to ensure they completed training in a timely way they received a financial bonus.

The provider had created a management and staff team that were experienced, knowledgeable and familiar with the needs of the people receiving support. The co-ordinator was based at the location office and they had responsibility for the day-to-day running of the service.

Staff told us there was regular contact with office staff. One staff member commented, "We can see [Name], the co-ordinator, at university as they also provide support so they are often on campus." Staff said communication was effective and there was on-going communication about the running of the service. One staff member said, "We get e mails, texts and a weekly newsletter to keep us up-to-date."

Regular meetings were held where the management were appraised of and discussed the operation and development of the service.

The registered manager told us all coordinators had National Association of Disability Practitioners (NADP) membership. "All our LSC Care support co-ordinators are members of this association, which means they attend conferences and have access to over 900 members. They can access advice from peers and training opportunities, the impact this has on our service user is that our staff are knowledgeable so they can confidently advise service users, resulting in service users feeling safe and giving them confidence in our

service."

Regular audits were completed internally to monitor service provision and to ensure the safety of people who used the service. Where any deficits were identified action was taken to make improvements. The audits consisted of a wide range of monthly, quarterly and annual checks. They included, health and safety, complaints, safeguarding, infection control, training, care provision, medicines, personnel documentation and care documentation. Audits identified actions that needed to be taken. The co-ordinator told us the registered manager also visited and carried out an audit to check how the service was operating.

Feedback was sought from people through meetings and surveys. Feedback from the person using the service in the provider survey was positive. Staff meeting minutes recorded that the survey for 2018 and lack of responses from people had been discussed. The registered manager told us, "Student feedback is reported back to the universities and colleges with the student's consent, by working closely with stakeholders we can ensure students support packages or appropriate and responsive." Feedback from staff was sought through regular staff meetings and an annual survey. The provider also monitored the quality of service provision through stakeholder surveys, results from the 2017-2018 survey were positive.

A stakeholder told us, "My conversations with the registered manager about personal care for students with complex disabilities have been honest and confirmed the trust we have in the company to maintain clear boundaries to deliver appropriate support to students with complex and mobility needs."