

Leonard Cheshire Disability

Northumbria Supported Living Service

Inspection report

Bradbury Court
Thornhill Road
Newcastle Upon Tyne
Tyne and Wear
NE20 9NU

Tel: 01661867610

Website: www.leonardcheshire.org

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

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.

Northumbria Supported Living is comprised of a location which has 9 self-contained flats, and an outreach service in Gosforth, in which the individual is supported in their own home. 4 of the 10 people using the service were in receipt of personal care at the time of inspection.

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

Right Support

People enjoyed a good quality of life and achieved their goals and aspirations. Staff helped people to do so. Staff advocated for people where necessary and ensured they were as involved as practicable in decision making. People experienced good health and wellbeing outcomes. Leaders were aware of good practice principles in order to ensure the service provide the right kind of support for people to thrive.

Right Care

People lived a full life. Staff worked flexibly to support people's differing needs and independence. People had confidently returned to pre-pandemic hobbies and activities. Care plans were detailed and involved people. They were focussed on what people could achieve. Risks were managed effectively, taking a positive approach to risk. Staff communicated well with people, understanding their individualities and mannerisms. Staff liaised with external health and social care professionals to ensure people received the right clinical support.

Right culture

The culture of the service was centred around people's goals and aspirations. People played a part in how the service was run and enjoyed spending time independently, and with friends they have made. Leaders understood people's needs and ensured best practice was followed.

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 (report published 20 June 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Northumbria Supported Living Service

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

One inspector carried out the inspection.

Service and service type

This service provides care and support to people living in 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection the service had a registered manager in post. They were on annual leave at the time of inspection.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

Inspection activity started on 7 June 2023 and ended on 12 June 2023. We visited the service on 7 June 2023.

What we did before inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. We reviewed the Provider Information Return (PIR). A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 4 people who used the service. We observed staff interacting with people. We spoke with the team leader and 3 other support staff. We telephoned 3 relatives via telephone. We contacted 3 health and social care professionals via telephone and email. We spoke with the registered manager on the telephone on their return from leave.

We reviewed a range of records. This included 3 people's care and support records and medication records. We looked at 2 staff files. A variety of records relating to the management of the service, including auditing, training data, photographs, surveys, analysis, policies and procedures were reviewed.

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. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Staff helped people feel confident and safe, in their home environment and when out and about. Person-centred risk assessments set out how staff could support people well, balancing personal freedoms with the need to stay safe. One relative said, "I have every confidence in them. We've been there when [person] has had a [specific health incident] and the staff are so calm and know what to do."
- Staff understood the risks people faced and helped them accordingly. They knew how to communicate with people well, and how to understand when people were having a good day or may need more space, or support. Documentation was detailed and up to date, ensuring key information could be accessed easily. For instance, a one page profile, missing person profile, personal emergency evacuation plan.
- The provider had effective systems in place for assessing, monitoring and managing risk.

Using medicines safely

- Medicines were managed safely by staff who had a good understanding of people's needs. Staff worked well with external specialists to regularly review these needs.
- Staff received training and induction support regarding medicines. Their competence was regularly assessed by the registered manager, team leader and external nursing where staff were supporting people with specific medicines administration. This additional training meant staff could support people with medicines usage without the need for a visiting nurse, meaning the person had much more choice and freedom during the day.
- The registered manager completed regular audits. When errors occurred they were reflected on openly and used as an opportunity to review practice and learn lessons.

Staffing and recruitment

- Staffing levels were safe to meet people's core needs and to ensure they could remain independent. The service used some agency staff but the majority of staff had worked at the service for a number of years. The provider recognised the importance of continuity. One relative said, "Having those core people means [person] feels confident and can be themselves."
- Staff were recruited safely, with a range of pre-employment checks in place. The registered manager and regional management undertook out of hours unannounced visits to ensure people were safe and standards were maintained.

Preventing and controlling infection

- The provider had effective infection, prevention and control policies and procedures. People's rooms were clean. They took pride in helping keep communal spaces clean and helping others. Staff encouraged and supported people to take responsibility for daily chores, such as washing, cleaning and cooking.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People were confident in the staff who supported them. They were reminded of what actions they could take to raise any concerns at regular tenant's meetings. Staff received safeguarding training and knew how to report concerns if needed.
- The provider accurately recorded and analysed incidents, accidents or safeguarding matters.

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 remains good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager was open, approachable and had established strong working relationships with staff and external professionals. The culture was person-centred. Staff valued people's goals and aspirations and proactively helped them work towards them. Staff were proud of the impacts they had on people's day to day lives. One relative said, "The registered manager has come in and things have run smoothly. When they say they're going to do something it gets done!"
- People and staff felt valued and fully listened to. They were empowered to play a part in the planning of how the service was run. This took place through regular meetings. The provider recognised there was an opportunity to undertake more formal approaches to gather feedback, such as surveys/questionnaires, and they committed to doing this.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager had taken the time to get to know people who used the service, staff and relatives. Staff were experienced and confident in their roles, which they clearly understood. They led the service well whilst the registered manager was on leave. Everyone worked towards a shared goal of ensuring people led a full life.
- The provider had effective reporting systems in place which enabled a detailed and meaningful review of incidents. The registered manager and senior colleagues undertook regular audits across a range of topics and ensure care and documentation was to a high standard.

Working in partnership with others

- Staff worked well with external health and social care professionals. They worked proactively with them to ensure staff could help people achieve the best outcomes, for instance less falls or greater independence. One external professional said, "They have always communicated well and they are spot on in terms of knowing people and coming to us if things change."
- The registered manager demonstrated an awareness of some core areas of best practice and guidance, such as Right Support, Right Care, Right Culture. They ensured these were discussed with staff at team meetings. They were receptive to furthering their awareness of other good practice.

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

- Notifications to CQC had been made in a timely manner. When errors occurred people and their relatives were informed and the provider reflected on how to do things better in future.