

Naswell Care LTD

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service well-led?

Requires Improvement 

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 3 people with personal care living in single households of different sizes.

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.

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.

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

Right Support:

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 supported this practice. Effective systems were in place to involve people in decisions about their care or lawfully in their best interest.

People's views about their wishes and goals were supported. Staff promoted people's choice and independence and ensured they had access to a range of individualised activities.

People's physical and emotional needs had been assessed. Comprehensive care and medicines plans were in place which guided staff on how to support people and included strategies needed to reduce their risks which were known by staff.

Further time was needed for the provider's systems to be developed and embedded to monitor people's needs, incidents, records, and governance of the service. More information was needed around the management of people's routine health assessments and their health needs as people grow older.

Right Care:

People were supported by a regular and caring staff team who knew them well. The quality of people's life had improved.

Staff and managers were committed to providing person-centred support which focused on people's

individual needs and wishes.

Staff had been safely recruited and had received the training and support they needed to support people. Plans were in place to enhance staff development.

People's communication needs had been assessed and were being supported.

Right Culture:

The culture of service supported people to reach their potential and achieve their goals. People were empowered to live a life of their choice. The manager and provider valued feedback from people, relatives, staff and other stakeholders to help them drive improvement and improve the quality of people's lives.

Managers and staff were aware of current care practices when supporting people with a learning disability and autism. The manager had recognised the provider's policies needed to be reviewed to reflect their practices.

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 inadequate (published 9 December 2022).and there were breaches of regulation.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. We met with the provider regularly to discuss their progress in completing their actions.

Why we inspected

This service has been in Special Measures since 9 December 2022. We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements. This inspection was carried out to follow up on action we told the provider to take at the last inspection.

During this inspection the provider demonstrated that improvements have been made and the provider was no longer in breach of regulations. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

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 Inadequate to Requires improvement. This is based on the findings at this inspection.

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?

The service was safe.

Details are in our safe findings below.

Good 

Is the service effective?

The service was not always effective.

Details are in our well-led 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 

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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

This inspection was carried out by 2 inspectors.

Service and service type

This service provides care and support to people living in number of '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 there was no registered manager in post, however a new manager had been employed and supported this inspection. They had recently been interviewed and were now registered with CQC.

Notice of inspection

This inspection was announced.

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or manager would be in the office to support the inspection and we wanted to

be sure people would be at home to speak with us.

Inspection activity started on 27 June 2023 and ended on 6 July 2023. We visited the location's office/service on 27 and 28 June 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection and their latest 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 (PIR) prior to this inspection. 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 visited 2 people in their homes and spoke to the staff members who supported them. We received feedback from two people's relatives about their experience of the care provided. We also spoke with the nominated individual, the manager, Positive Behaviour Support (PBS) Consultant and office administrator. We also received feedback from 9 staff by email and 3 staff by telephone.

The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records, this included three people's care 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.

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 requires improvement. At this inspection the rating has changed to Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection, 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(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People's risks associated with their support needs had been identified, assessed, and were regularly reviewed. Risk management plans were completed, monitored, and kept under review to ensure appropriate levels of support were provided. Staff were aware of how to support people with their risks such as seizures and specialised diets.
- Positive Behaviour Support (PBS) plans were used to identify possible triggers where people may become anxious. PBS plans identified strategies for staff to follow to help deescalate people's anxieties.
- Any changes in people's behaviours were reported to the provider's PBS consultant and relevant external agencies to enable them to review people's support requirements.
- Staff were trained in the management of people's risks and Positive Behaviour Support. They were able to describe the actions they should take to keep people safe.
- Staff supported people to clean and maintain their home and raise any maintenance issues relating to their home to the relevant housing provider to ensure they lived in a safe environment.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place which safeguarded people from harm and abuse.
- We reviewed the providers safeguarding records and found incidents had been reported, recorded, and escalated to the appropriate agencies in a timely manner.
- People confirmed they felt safe being supported by staff. People were provided with opportunities to discuss any concerns with staff and managers. One person said, "Yes, I feel safe here. I would let [manager] know if I didn't." The provider was considering how to empower people to communicate any concerns using alternative communication methods.
- Safe systems were in place to help monitor and manage people's money, where people required support with financial matters such as shopping. Records were maintained of all transactions and audited to check balances were correct.
- Staff had been trained in safeguarding and had access to the providers safeguarding policies.

Staffing and recruitment

- People were supported by a core staff team, including regular agency staff who knew them well. This was confirmed by people.
- The manager had reviewed the staff rostering system and structure to ensure people were supported by a consistent staff team who had the skills to enable them to support people safely and to carry out activities of their choice.
- New staff were trained and given opportunities to shadow more experienced staff to enable them to fully understand people's needs.
- The manager was passionate about ensuring staff with the right skills, attitude and values were employed to support people in their own homes.
- People were protected from staff that may not be fit and safe to support them as safe recruitment practices were being used.
- The manager was considering ways of mitigating the risk of employing unsuitable staff when they had not been able to gain a comprehensive understanding of the employment background or character of potential new staff.
- Where required, disciplinary action was taken to address poor staff practices or conduct.

Using medicines safely

- People received their medicines as prescribed. Staff followed comprehensive medicines plans to support people to take their medicines safely and, in a person-centred manner.
- People's medicines were safely stored in their own flat. Systems were in place to check people had received their medication as prescribed, that medicines records had been completed and the stock of people's medicines had been checked.
- The manager was implementing communication systems to support people with limited communication to inform staff that they need their 'as required' medicine such as pain relief.
- Staff had received medicines administration training and had completed competency assessment.

Preventing and controlling infection

- The properties we visited were clean throughout. Staff supported people to ensure all areas of their home were regularly cleaned.
- Staff used the appropriate personal protective equipment (PPE) as per current government guidance. Audits were in place to monitor the PPE stock.
- Staff had been provided with the training they needed to minimise the risks of infection.

Learning lessons when things go wrong

- A comprehensive system was in place for staff to report and record accidents, incidents, and near misses.
- All incidents including those relating to people's behaviours and emotions were reviewed. Actions were recorded and taken such as additional staff training or reviewing people's support needs. Changes were made to people's care plans to reduce the risk of repeat incidents and shared with staff.
- Staff and managers communicated any concerns or incidents and reflected on their approach and whether any changes were needed to prevent further occurrences.

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 inadequate. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

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

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9, however further time was needed to embed some of practices in line with national guidance.

- People received effective person-centred care which reflected their preferences and supported them to make decisions about their care. Through our observations of staff and discussions with people, relatives and staff, we were assured that people were supported to have a fulfilled life and to access meaningful activities and maintain relationships with friends and families.
- One person shared about staff's involvement to help them support their favourite sports teams. Staff spoke positively about supporting people and improving their life. One staff member said, "For me I have to make their [people] day."
- However, we identified that whilst people's current health's needs were being managed, further time was needed, to ensure each person's wellbeing was effectively explored and managed. We discussed the monitoring and changes in people's health needs as they grow older. We sign-posted the manager to the relevant National Institute for Health and Care Excellence (NICE) guidance. This guidance prompts the provider to monitor changes in the health of people with a learning disability and autism as they get older.
- People had health actions plans in place which described their routine health appointments. Whilst information about the assessments of specialised professionals was recorded, we found details of people's routine appointments, any recommendations and next review dates were not always clearly documented. The manager acknowledged that further development was needed in this area.
- People's needs were fully assessed before they were supported by Naswell Care Ltd to ensure staff had the skills to support them in their supported living accommodation. Compatibility and staff skills was a key consideration for each person.
- People's care plans were detailed and contained person centred information and the support people required. Proactive strategies were used to ensure people had as much control and choice in their lives as possible.
- PBS plans were in place as needed. The PBS consultant had implemented monitoring tools which had

informed the care plans of people who may become distressed and anxious in certain situations.

- Staff used different technology, equipment and communication aids to help people remain as independent and safe as possible.

Ensuring consent to care and treatment in line with law and guidance

At our last inspection, people's consent to care, mental capacity assessments and best interest decisions had not always been obtained. This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

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.

- Staff worked in-line with the MCA (2005), providing people with maximum choice about how they wished to live their lives. Through our observations and feedback from staff and people, we judged that staff had a good understanding of gaining consent from people before delivering personal care.
- Continued improvements were being made to the assessment of people's mental capacity through using communication aides to help people understand any specific decisions.
 - People were involved in decisions about their care. Records of risk assessment and any limitations on how a person may wish live their life were discussed and agreed with them to help them live a healthier life.
 - A best interest decision had been made when people had to make significant decisions such as their accommodation. A health care professional reported that one person's transition into their new home had gone well due to the effectiveness of staff.

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

- The service worked closely with other professionals to help maintain people's well-being such as social workers, GPs and occupational therapists.
- People's care needs were regularly reviewed or reviewed when there were changes in their emotional and health well-being.
- A hospital passport was in place which provided hospital staff with information about the person, such as their medical needs, likes, dislikes and how to communicate with them.

Staff support: induction, training, skills and experience

- Staff reported they had seen improvements in their training and the support from managers.
- Staff received a combination of eLearning, classroom and on the job training. Competency assessments were being completed around key subjects such as moving and handling and medicines.

- Plans were in place to further develop the skills and confidence of staff through regular supervisions, appraisals, enhanced training, and additional competency assessments.
- Staff said they were able to raise any issues they had with the managers and felt they were listened to.
- Records showed, and staff confirmed that they had been effectively inducted and trained in their role to enable them to deliver safe and effective care.
- We found the PBS consultant often worked outside their consultancy role and supported people and staff. The manager agreed to act and address their training and support requirements to ensure they had the skills to support people and lead the staff team.

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

- People were supported to have control and choice of their meals and drinks. They were supported to be involved in the planning, shopping and preparation of their meals and snacks.
- Their dietary and nutritional needs were documented and known by staff. Recommendations from health professionals had been followed.
- Staff explained that they reported any concerns about people's eating and drinking to the manager.
- Where people required support with their eating and drinking, this was carried out by staff in a dignified manner.
- We were told cultural and religious food preferences would be met where required.

Adapting service, design, decoration to meet people's needs

- People's homes were personalised with their own belongings and photographs. They had been adapted to meet people's needs such as accessible bathrooms.
- Equipment was being used in line with health care professional recommendations.

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 inadequate. At this inspection the rating has changed 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.

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

At our last inspection the provider had failed to ensure effective governance systems were being used to drive improvements. had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Since our last inspection, the provider had appointed a new manager. They had significantly improved the governance processes of the service. They had implemented a range of quality monitoring tools to help them check the quality of the service being provided to people and the staff who supported them. For example, people's views were used to drive improvement. Systems were in place to train and monitor staff skills and development.
- However, parts of the quality monitoring systems needed to be further developed to cover all areas of the service. For example, the provider's recruitment audits had not identified that health questionnaires had not been completed by all staff. We reviewed several staff files and identified this had been an administration error which was addressed immediately.
- Incident reports relating to the monitoring of people's behaviours and health such as patterns in people's seizures or emotions were reviewed and known by the managers. However, the records of their analysis of incident records had not been consistently maintained.
- The manager had recognised the need to expand their auditing systems including night spot checks of staff and health action plans to help them to monitor the service and care people received.
- The manager was working with staff to identify further training needs such as record keeping. They had identified that additional work was needed to update the provider's policies and business contingency plan (including Covid-19 related contingencies) to ensure these documents met and reflect the practices of the service.
- The manager shared that since being post they had focused on the needs of the people who used the service. They were now directing their time on improving the provider's quality assurance arrangements and governance systems to help them monitor the good practices they had implemented.

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

- A new manager was in post and was in the process of being registered with CQC.
- The manager was passionate about creating a positive culture across the service and helping staff to reach their potential. This in turn helped to promote and ensure people had lived a good and meaningful life.
- The management structure had been reviewed to help support the day to day running of the service. Feedback about the management team from staff and people was positive. Staff comments included: "I think it [service] is going on a good track"; "Things are better, on with it with paperwork, rotas done and everyone is happy" and "He [manager] jumps in and gets involved with the clients."
- Health care professionals reported a general improvement in the management of the service. However, they felt further time was needed for the service to stabilise and be assured that their recommendations were being implemented and communicated to staff.
- Records showed and people confirmed that the manager met with people regularly to hear about their week or to address any issues.
- The nominated individual had improved their oversight and monitoring of the service. They shared with CQC that they would only expand the service when it was safe to do so.
- The manager received regular support from the nominated individual and was in daily contact with them.

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 manager told us they had worked on standardising the service and consistent use of procedures by staff such as reporting incidents. Staff and managers had clear processes to follow when things went wrong, and any lessons learnt were shared with staff.
- The manager reviewed any incidents and where required, strengthened the provider's procedures to help reduce further incidents.
- There was culture of learning, developing, and improving the care people received from Naswell Care Ltd.

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

- Staff spoke positively about the recent changes across the service and the new systems that had been implemented to improve people's quality of life and their skills to support them.
- Staff told us the management team was supportive and approachable. They spoke positively about the responsiveness of the management team and the change of culture of the service.
- People and their relatives were generally positive about the service and the care they received.

Working in partnership with others

- Good relationships had been developed between the staff and a range of healthcare professionals involved in people's care and people's families.
- Staff worked well with the housing provider and made them aware of any issues or concerns relating to people's tenancies and their homes.