

St. Loye's Foundation

St. Loye's Care and Support

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 inspection was unannounced and took place on 28 April 2016. The inspection was carried out by one inspector. The service was last inspected on 17 September 2014. No concerns were identified with the care being provided to people at that inspection.

St Loye's Care and Support provides an enabling service to people with a range of support needs to help them continue their lives with dignity and independence and be participating members of their own communities. At the time of this inspection there were two people whose support included assistance with their personal care needs. Our inspection mainly focussed on these two people, although we also met and heard about other people receiving the service who did not require personal care. Most people received support during weekdays only, although the service was able to support people overnight or at weekends on a short term basis, for example for holidays or short breaks.

There was a registered manager in post. 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.

We met one person who received support with their personal care needs. We also met two people who received support without personal care who were willing to speak with us about the service they received. They told us they were entirely happy with the support they received. Comments included "I get on with all of them. They are never bossy. I give them ideas and we have a discussion about what I can do." After the inspection a relative contacted us. They said "We are confident that (the person) is in a safe and cared for environment at St Loyes."

Safe procedures had been followed when recruiting new staff. Checks and references had been carried out before new staff began working with people. New staff were recruited with skills and experience relevant to the people they would be supporting. People who used the service received support from a small team of staff they had chosen, and who they knew and trusted.

People received a reliable service. People told us they knew who would be supporting them each day, and they had agreed the times when staff would arrive and finish. They were confident staff would arrive at the agreed time. Any changes to the planned programme of support visits were discussed and agreed with the person.

Staff were kind, cheerful and understanding of each person's individual needs. People were treated with dignity and respect. Staff had an understanding of the Mental Capacity Act. They understood the importance of encouraging and supporting people to be assertive and make their own decisions about all aspects of their lives.

Each person had been involved and consulted in drawing up and agreeing a plan of their support needs. The service used a computerised system of care planning that allowed each person and their staff team to access their care plan and details of their support needs remotely through the provider's secure internet system. The care plans explained each person's goals, and also included their chosen activities each week. Staff were given detailed information on how the person wanted to be supported to reach their goals. Progress was evidenced through daily reports and regular reviews of each person's support.

Staff received training, supervision and guidance which meant they had the knowledge and skills to meet each person's support needs. New staff received thorough induction training before they began working with people. All staff received regular ongoing training on topics relevant to the needs of the people they supported.

The service supported people to learn new skills and achieve their goals. They worked with each person to agree a plan, and from this they helped the person to find local facilities such as work opportunities, educational courses, clubs, groups, libraries and other resources in the local community. Staff supported people to attend or participate in the activities they had chosen. During our inspection one person attended college, and other people went out on various activities such as swimming, shopping, and visits to the library, supported by a member of their chosen staff team.

The provider had a range of monitoring systems in place to ensure the service ran smoothly and to identify where improvements were needed. People were encouraged to speak out and raise concerns, complaints or suggestions in a variety of ways including questionnaires and forums.

At the time of this inspection the service did not support people with their medicines. However, all staff had received training on safe administration of medicines and policies and procedures were in place if needed at any time in the future.

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.

People received a safe service from a small, reliable and stable staff team they knew and trusted.

Staff understood the risks to each person's health and safety and knew how to support them to reduce risks where possible.

People were supported by staff who had been carefully checked before they were employed to ensure the risks of abuse to people were minimised.

Is the service effective?

Good ●

The service was effective.

Staff had the skills and knowledge to meet people's needs and support them to achieve their goals and aspirations.

Staff were well supported and supervised.

Is the service caring?

Good ●

The service was caring.

Staff supported people in a positive, friendly and caring manner.

Staff promoted each person's rights to make decisions about their care and treatment.

Is the service responsive?

Good ●

The service was responsive.

People were supported to identify their care and support needs and agree a plan setting out how their needs and aspirations will be achieved.

Staff supported people in a wide variety of activities, interests and learning opportunities to enable them to achieve their goals.

People knew how to make a complaint and were confident they would be listened to and acted upon.

Is the service well-led?

Good ●

The service was well led.

There was a management structure in place that ensured people received support from a motivated and skilled staff group.

There were systems in place to monitor the quality of the service and seek people's views.

St. Loye's Care and Support

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 28 April 2016 and was unannounced. It was carried out by one social care inspector.

Before the inspection we reviewed the information we held about the service. We looked at the information we had received from the service including statutory notifications (issues providers are legally required to notify us about) or other enquiries from and about the provider.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information in the PIR and also looked at other information we held about the service before the inspection visit.

During our inspection we spoke with the manager, three people who used the service, one relative and four staff. We looked at the care records of two people who used the service.

We also looked at records relevant to the running of the service. This included staff recruitment files, training records, care plans and quality monitoring procedures

Is the service safe?

Our findings

People received a service that met their needs safely. The service supported two people with personal care. One person was at college on the day of our inspection and we were unable to meet them. We met the second person but they were reluctant to speak with us. They gave some brief but positive responses to our questions. A relative contacted us by e mail after the inspection and told us "We are confident that (the person) is in a safe and cared for environment at St Loyes. (The person's) disability means they cannot go out alone so enabling support is vital for them to have a fulfilled day. When other family members and friends have seen (the person) around in Exeter they have commented about the good support given by the enablers."

We also met two people who did not receive personal care but were happy to speak to us about the support they received from staff. They both confirmed they were very happy with the service and felt they the support they received was safe. One person explained the risks to their health and welfare, including allergies and injuries. They told us "Staff understand the risks". They went on to say, "They constantly check me by saying 'Are you ok? Do you need anything?'"

Risks to people's health and welfare have been assessed and kept under regular review. Care plans contained risk assessments covering all potential risks. For example, one person had been assessed by the Speech and Language Therapy team (SALT) as being at risk of choking. The person's care plan file contained information from the SALT team about the risk of choking and the actions needed to minimise the risks. Risks associated with epilepsy had been thoroughly assessed. Staff were given detailed information and training to ensure they understood the things that might trigger an episode, and how to support the person to minimise the risk. Staff had to read the whole care plan and risk assessments before they were allowed to work with a person. All risks had been analysed.

One person had a history of hitting out if they became agitated or upset. This information was explained in the care plan including information to staff about how to recognise the person's body language and non-verbal communication signs. This had resulted in a significant decrease in incidents because staff understood what the person wanted to say and were able to communicate and reassure the person.

Risks of abuse to people were minimised because the provider had a robust recruitment procedure. We looked at the recruitment records of staff employed since our last inspection of the service. The records showed that all new staff were thoroughly checked to make sure they were suitable for the jobs they had applied for. These checks included seeking references from previous employers and carrying out disclosure and barring service (DBS) checks. The DBS checks people's criminal record history and their suitability to work with vulnerable people. Recruitment of new staff was carried out by the provider following their recruitment policies and procedures. New staff were not allowed to begin work until the provider was satisfied all checks and procedures had been completed.

New staff received training on safeguarding during their induction. They knew where to find information on how to recognise abuse, whistle blowing, and who to contact if they suspected abuse. The registered

manager told us the topic of safeguarding was regularly covered in supervision sessions. Staff were issued with a handbook at the start of their employment including information on how to ensure people are protected from abuse. Staff also had access to all of the provider's policies and procedures, including safeguarding policies, on the provider's computer network system.

Each person received support from a small team of staff they knew, and who they liked and wanted to be supported by. The staff team was stable, which meant staff could be confident that changes in their staff team were kept to a minimum.

The service used a computer system to plan staff rotas and ensure people knew the day and time of each enabling support visit, and the name of the member of staff allocated. People told us the service was reliable and staff very rarely or never failed to arrive at the expected time. One member of staff told us they had experienced occasional problems with their rotas in the past. We spoke with the registered manager who told us they were aware of difficulties with the computer system. They told us staff had found their rotas were not entirely easy to read, and this meant there was a risk they may not see any changes to their usual rota. The provider was looking at ways of changing or adapting the computer system to address these problems. In the meantime they were managing the problem by sending a text message to staff each time their rotas was changed.

At the time of this inspection there were no people who required support from staff with their medicines. Each person lived with their families, who ensured their medication needs were met. All staff had received training on the safe administration of medicines and there were recording systems in place if any person required support with their medicines in the future.

Staff sometimes supported people to manage small amounts of daily spending cash. We were unable to see records of cash handled by staff at the time of this inspection. After the inspection the registered manager told us they had updated the financial risk assessment procedure and introduced a cash recording form for all transactions.

Is the service effective?

Our findings

People received a service that effectively supported them to meet their aims and aspirations. The provider had a mission statement which stated they aimed to support people to lead a happy, healthy and fulfilled way of life. When a referral for a new person was received by the agency they spent time getting to know the person and finding out about their support needs and the things they wanted to achieve in their life. New staff were recruited with specific people in mind – for example, one person liked to do outdoor activities such as camping, and a new member of staff was recruited with skills and interests to match the person. .

Staff received a range of training to ensure they had the skills and knowledge to meet each person's individual needs effectively. The training records showed all staff had received mandatory training on topics relating to people's health and safety, such as first aid, moving and handling, and safeguarding. The training records also showed staff had received additional training on topics relevant to individual support needs. This included an in-depth two day course on autism. Training was delivered in a variety of ways including classroom based courses and courses delivered on-line. Staff told us the training was mainly of a good standard, although one member of staff said they felt they would have benefitted from better training on how to use the provider's computer systems.

Staff told us they felt well supported. They received regular one-to-one supervisions and staff meetings. For most staff supervision was provided every eight weeks, although for some staff who only worked a few hours each week, the frequency of face-to-face supervision was less.. The registered manager told us they kept in touch with these staff by telephone to make sure they were kept updated and informed. One member of staff told us the staff meetings usually lasted for two hours. Within this time there was a mini 'brainstorming' session which allowed them to explore issues and receive specific training relevant to the topics they had identified.

Staff told us there was good communication, support and team working among them. Comments included "The team are the best I have ever worked with."

People told us the service met their needs effectively. One person said, "They understand about all of my complicated conditions. They know if I need some 'time out'. I like to go into the sensory room if I need to relax."

One person had identified one of their aims was to work in a café. The staff team had agreed a plan with the person to help them achieve this. For example, they had supported the person to gain a qualification in basic food hygiene and learn new cooking skills. They had helped people participate in work experience and volunteering opportunities to gain the skills they needed to achieve their aims. They used their computerised care planning system to record outcomes and to measure success. Staff spoke with pride of the successful outcomes for people and their role in supporting people to achieve this.

We heard about some of the successful outcomes for people as a result of support from the service. For example, when a person left full-time education they had a very limited diet, which had a negative effect on

their health and well-being. The service had worked with the person, their family and a range of professionals to agree ways of increasing their diet. The registered manager described how they had worked with the person to help them learn new cooking skills and to introduce a range of new ingredients such as vegetables into their meals. They had made significant progress and the person's health had improved as a result. The person's relative told us "(The person) has developed some of their skills in St Loyes, particularly with cooking, which is improving their understanding of food, and very slowly increasing their very limited diet."

We also heard how the staff recognised a person was low in mood and worked with the person and other professionals including a GP and consultant to agree a package of treatment and support. This included helping the person to gain a voluntary work placement working with animals, which had enhanced the person's quality of life. The person enjoyed helping others and felt valued. As a result the person had grown in confidence and self-esteem.

Staff had a clear understanding of the Mental Capacity Act 2005 (the MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. We saw staff encouraging people to make decisions throughout our inspection, for example on the activities they wanted to do. One person told us "I get on with all of them. They are never bossy. I give them ideas and we have a discussion about what I can do."

The registered manager explained how they upheld people's right to make their own decisions about their lives, for example when other people have tried to stop the person doing things they did not approve of, or they felt the decision was not in the person's best interests. The service has worked closely with other agencies and professionals to ensure each person's rights and best interests have been upheld.

Is the service caring?

Our findings

People told us the staff were caring. We saw staff working closely with people, giving praise and encouragement in an understanding and friendly manner. For example, one person had just been to the local library with a member of staff. They showed us their library card which allowed them to use the library computers and audio books, and explained the support they needed from the staff to help them improve their literacy and numeracy skills. The member of staff and the person talked to us enthusiastically about the way they worked together to help the person improve their ability to use the library, helping the person to find books and resources they wanted. We saw them working together and laughing and chattering together, in a variety of activities aimed at increasing the person's skills. The member of staff's positive and friendly manner made the activity fun. The person told us "Me and (staff name) have some brilliant ideas!"

The service promoted each person's rights, putting them first in all aspects of the service. For example, each person chose their own team of staff they wanted to support them.

Staff supported and empowered people to speak up and be assertive about the things they wanted to do. A person told us that they had previously received support from other services where they felt less able to speak up. They told us staff at St Lloyes had encouraged them to say no if they didn't want to do something.

Staff showed how they cared in a variety of ways. We heard an example of a member of staff who adjusted their hours according to a person's needs. They had extended a support session to stay with the person during a work experience placement until the person was picked up. We heard examples of how staff supported people to follow their faith by adjusting their support times to enable people to meet the commitments of their religion. We also heard how staff supported people to meet new friends.

A relative told us, "All of (the person's) current support staff are very caring towards (the person) and provide good feedback on their day. Central to how (the person's) day is planned is around their likes and dislikes and the enablers are able to deal with (the person's) anxieties in a professional manner."

Staff told us they were confident that every person received support from a caring team of staff. There was an ethos of mutual care throughout the organisation. Comments included "The organisation is caring. They treat everyone with respect from the cleaners to the Chief Executive Group. We are all treated the same."

A member of staff gave examples of how they showed how they cared about each person, for example linking arms with a person who was unsteady on their feet when they went for a walk together. One person liked a reassuring 'hug' from them at the end of their session. They also explained how they supported people to manage their money safely and explained how they had helped people with the 'little things in life' that enabled people to gain independence. They told us "We care about all of these people."

Is the service responsive?

Our findings

People received a service that responded effectively to their individual needs. Each person received a 'bespoke' service that had been carefully designed and agreed by, or with the person, their relatives, advocates and professionals involved in their care. A relative told us "We have had regular meetings in St Loyes to discuss (the person's) plan which gave us the opportunity to add our input. When (the person) had (their) last seizure in Jan 2015 the doctors felt the response and report provided was as good as they had seen."

The service used a computerised care planning programme. The programme used large, clear tabs with symbols and plain text to help people draw up their own care plan, with assistance from their team of staff where necessary. Most people and staff viewed the care plans by computer, but there were also paper copies they could use if they preferred. Each person and members of their staff team were able to access the care plan remotely and securely using their own home computer or smart phone device. The registered manager told us in their Provider Information Return (PIR) the information "may need breaking down into bite sized chunks" to help people identify and achieve their goals.

Each care plan contained detailed information covering all areas of each person's support needs, including personal and health care needs. The plans set out each person's interests and abilities and explained clearly how the person wanted to be supported each week, the activities they wanted to do, the places they wanted to go, and how this would be achieved. The computer care plans had been introduced in the previous six months. The service aimed to review each care plan with the person and their representatives every three months. They had not managed to achieve this, although they were confident any changes in support needs had been updated immediately they had been noted.

Daily reports were completed by staff at the end of each support session. The reports contained good information about the person and the activities they had participated in. Outcomes were recorded to show how the person was working towards achieving their goals. One person showed us their own 'support diary' in which they had made their own daily record of the activities and support sessions. They told us "I ask them to help me with my spellings."

People were supported to participate in a wide range of activities either in the community or at the provider's head office (Beaufort House). There was a sensory room, computer facilities and arts and craft facilities at Beaufort House. The service supported people to identify the things they wanted to do, and then sourced suitable facilities in the local area such as educational establishments, work placements, clubs, sports and leisure. One person was attending college on the day of our inspection. Another person returned from an activity in the community in the afternoon and spent some 'time out' playing computer games and watching videos on 'You Tube'. People talked about activities they enjoyed such as learning new cooking skills. For example, one person told us they had recently enjoyed a cooking session where they had made raspberry coconut ice and also shortbread with sunflower and pumpkin seeds. A member of staff told us how they had arranged 'mock interview' sessions for a person who wanted to gain employment.

Each person received a copy of the complaints policy and knew how to raise a complaint or a concern. In the last 12 months the service had received one complaint. This had been investigated fully, acted upon and a response made to the complainant. The service had followed this up a little while later to make sure the person remained happy with the outcome of their complaint, and to make sure the actions taken had successfully addressed the issue.

Is the service well-led?

Our findings

People told us the service was well managed. A person told us the service was reliable, flexible, and able to adapt to changes in their weekly plans. For example one person told us about other family commitments that week and so they had requested and agreed some changes to their support timetable. A member of staff said, "They are really good, one of the best organisations I have worked with."

A relative told us the service was well-led, saying "(The person) has a clear plan provided to us for the following week. If there are any issues with staffing these are always resolved without excuses."

The service had systems in place to enable people to take full control of their own support needs and plan how this would be met. A 'visual planner' was available for people with disabilities such as visual impairment, or reading difficulties, to help them plan their future activities and support sessions. For example, one person visited Beaufort House each Thursday to use the visual planner. The information was transferred to their care plan. They were then able to view their care plan, weekly activity, and support timetable remotely on their computer or smart phone. They were able to choose the staff they wanted to support them according to staff availability. If there were any changes to the plan, for example if a staff member went off sick unexpectedly, the changes were discussed and agreed with the person.

In the last year a new manager has been appointed and registered. 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. They kept their management skills updated in a variety of ways, including attending clinical governance meetings and senior management meetings, where they had opportunities for shared learning by listening to the experiences of other managers. They read online publications such as 'Community Care' and followed up any relevant media news and legislation changes and learning to ensure best practice. They recently attended a professional safeguarding conference at Exeter Racecourse.

There were systems in place to review the quality of the service and to take actions where needed to make improvements. An audit of the service was due to take place in the near future and the registered manager told us they expected the audit to be very thorough, covering all aspects of the service. However, since the new manager had been appointed they had not been made aware of previous audit or any outstanding actions that may be required. This meant there had been no regular follow-ups or checks to ensure that any actions identified by the previous audit had been completed. We discussed this with the registered manager and they assured us they would ensure any actions from the audit are addressed and reviewed.

There was a management structure in place which provided clear lines of accountability, support and supervision. All staff, including the registered manager, received regular supervision sessions.

People were encouraged to give their views on the service in a variety of ways. For example, people who used the service, relatives and staff had recently been asked to give their views on the computer system

(known as The Hive) introduced in the last six months. People had told them there were many aspects of the computer system they liked, but there were also some parts of the system that were not so good. For example, some reports written by staff at the end of their support sessions had been 'lost'. This meant systems to measure progress towards goals were not fully effective. The provider had listened to this feedback and was in the process of taking action to address the issues that had been raised. The registered manager and provider were aware of the problems staff had experienced with scheduling their weekly rotas. They told us about actions they had taken, and were in the process of taking, to address these.

Every six months the provider held a forum for people who used the service, relatives and advocates to get together to discuss and agree ways the service could be improved.

Satisfaction surveys had been sent out in May 2015 to all people who used the service. People have been given details of the outcome of the surveys and reassured that actions would be taken to address any issues raised. Surveys were about to be sent out to people once again in the near future. The provider also planned to seek the views of the staff team through an independent and confidential organisation known as 'Survey Monkey'.

There had been no accidents or incidents in the last year. The registered manager assured us the provider had systems in place to ensure any accidents or incidents that occurred would be fully recorded, analysed, and actions taken to reduce the risk of recurrence. They would also consider how they could learn from the incidents to improve their practice in future.

The registered manager told us about their plans to make further improvements to the service in the next year, including further development of induction training for new staff, improvements to the satisfaction surveys to ensure they are appropriate to the needs of each person they support. They also planned to improve their clinical audits to create a format to ensure all information is current, relevant and qualitative.