Autism.West Midlands

St Paul's

Inspection report

277 St Pauls Road
Smethwick
B66 1HE
Tel: 00 000 000
Website: www.example.com

Date of inspection visit: 23 & 27 July 2015
Date of publication: 21/10/2015

Ratings

Overall rating for this service	**Good**
Is the service safe?	**Requires improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Overall summary

St Paul's is registered to provide accommodation for persons who require nursing or personal care for up to eight people. At the time of our inspection seven people were using the service. People who use the service may have a range of needs which include learning disabilities or an autistic spectrum disorder.

This announced inspection took place on 23 and 27 July 2015. The provider had a short amount of notice that an inspection would take place in order to ensure people using the service would be available for us to speak with.

At our last inspection in October 2014 the provider was not meeting the regulations which related to safeguarding people and assessing and monitoring the quality of the service. Evidence that we gathered during this, our most recent inspection, showed that the improvements had been made.

The manager was registered with us as is required by law. 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. On the day of our inspection the registered manager was

Summary of findings

not at work. The provider had a cover/acting manager in place who familiar with the operation of the service as they were the Head of Outreach and Supported Living for the provider.

Staff had been provided with training and were knowledgeable about how to protect people from harm. We saw that medicines management within the service was on the whole effective with some improvements required in the guidance available for staff in relation to 'as required' medicines.

There were a suitable amount of staff on duty with the skills, experience and training required in order to meet people's needs. People and their relatives told us they felt confident that the service provided to them was safe and protected them from harm.

People were supported to access a range of health and social care professionals to meet their health needs and maintain their well-being.

Staff were responsive in supporting people and interacted with them in a positive manner, using encouraging language whilst maintaining their privacy and dignity. People were encouraged to remain as independent as possible.

A variety of communication methods were adopted in order to maximise people's level of understanding. Staff were knowledgeable about how to access independent advice for people.

It was evident that the registered manager promoted a culture in the service of putting people's needs at the centre of decision making and shaped the service accordingly. People and their relatives were consulted about all aspects of the planning of their care and in relation to the activities they were involved in.

People were involved in a range of activities of their choosing, both within the service and in the community. During our visit we saw that people were in good spirits and meaningfully occupied.

Feedback was routinely sought from people, their relatives and stakeholders as part of the provider's quality assurance system.

People and their relatives spoke positively about the approachable nature and leadership skills of the registered manager. Structures for involving staff in their own and the services development were evident.

Quality assurance systems and assessments to identify issues that may put people using the service at risk, were in place. The acting manager was able to demonstrate analysis of learning and changes to practice from incidents and accidents that had occurred within the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was not always safe.

Guidance for staff in relation to medicines prescribed for people to use 'as required' were not robust.

Risks for people in regard to their health and support needs were assessed and reviewed regularly.

Staff were knowledgeable about how to protect people from abuse and harm.

Requires improvement

Is the service effective?
The service was effective.

Staff received regular training and had the appropriate level of knowledge and skills to meet people's needs.

People were supported to have a nutritionally balanced diet.

People were assisted to access specialist healthcare advice in a timely manner and in the environment that best suited their needs.

Good

Is the service caring?
The service was caring.

People and their relatives were complimentary about the staff and the care they received.

Information about the service was available for people and their relatives, using a variety of formats; this included how to access independent advice.

We observed that people's privacy and dignity was respected by the staff supporting them.

Good

Is the service responsive?
The service was responsive.

People and their relatives were actively involved in planning care. We saw that care was delivered in line with the person's expressed preferences and needs.

Activities offered within the service were planned in consultation with people and their relatives, with a focus on people's interests and abilities.

People and their relatives told us they felt able to report any concerns or complaints directly to the manager.

Good

Is the service well-led?
The service was well-led.

Good

Summary of findings

People and their relatives all spoke highly about the approachability and leadership skills of the registered manager.

Staff received regular support and told us this was as an opportunity for them to discuss their development and progress.

Quality assurance systems including feedback from people and other stakeholders of the service were routinely undertaken.

St Paul's

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 23 and 27 July 2015 and was announced. The inspection was carried out by two inspectors.

Before the inspection we looked at and reviewed the Provider's Information Return (PIR). This questionnaire asks the provider to give some key information about its service, how it is meeting the five key questions, and what improvements they plan to make. We reviewed the information we held about the service including notifications of incidents that the provider had sent us. Notifications are reports that the provider is required to send to us to inform us about incidents that have happened at the service, such as accidents or a serious injury.

We also liaised with the local authority and Clinical Commissioning Group (CCG) to identify areas we may wish to focus upon in the planning of this inspection. The CCG is responsible for buying local health services and checking that services are delivering the best possible care to meet the needs of people.

We spoke with one person who used the service, two relatives, two staff members and the Head of Outreach and Supported Living who was covering the service in the absence of the registered manager. Not all the people using the service were able to communicate with us so we spent time observing how staff interacted with them. We reviewed a range of records about people's care and how the service was managed. This included looking closely at the care provided to two people by reviewing their care records. We reviewed one staff recruitment record, the staff training matrix, two medication records and other records used for the management of the service; including records used for monitoring the quality of the service.

Requires improvement

Is the service safe?

Our findings

Our previous inspection of October 2014 identified that there were breaches with the law concerning how people who used the service were safeguarded by the provider. Our findings at that time were that reasonable steps had not been taken to identify the possibility of abuse and where the possibility of abuse was indicated appropriate action was not taken to ensure the person was safe. At this, our most recent inspection we saw that the provider had implemented clear systems for safeguarding people and reporting in relation to incidents that had occurred.

During our visit we spent time in the communal areas and observed that people were well supported by staff. Most of the people using the service had a limited ability to communicate with us. Relatives told us they were happy with the support available and that they felt the environment was safe for their family member to reside in. One relative told us, "I know that [person's name] is kept safe; if he wasn't being looked after I would know about it right away". Another relative said, "The environment is safe and the staff seem vigilant".

A staff member told us, "We are always considering peoples safety and know people well enough to identify when risks may increase; for example, if they are upset or angry". Staff we spoke with demonstrated that they were knowledgeable about the types of potential abuse, discrimination and avoidable harm that people may be exposed to and how they would respond to them. Staff had undertaken training and told us this had equipped them with the necessary knowledge and information in order to protect and keep people safe. We had received some notifications from the registered manager in regard to incidents that had taken place within the service with evidence that the local authority had also been notified where necessary.

Records looked at showed that assessments had been completed in respect of any risks related to people's health and support needs. We saw that plans for managing risks when people were accessing the community were clear and comprehensive, with a number of potential situations considered. People and their relatives had been involved and contributed to discussions about how risks should be managed. We saw assessments that referred to the individual's abilities and any activities where they needed assistance in order to avoid harm and reduce any related risks. For example, we observed staff supervising one person preparing their meal and supporting them to be involved by stirring the hot pan and add ingredients, so encouraging them to be independent whilst maintaining their safety. Staff we spoke with demonstrated that they were familiar with people's needs and described how to support them safely.

The acting manager demonstrated learning and developments that had occurred as a result of incidents and accidents that had occurred within the service. Staff were aware of the process for reporting accident and incidents. For example, following a recent incident, the service implemented new ways of supporting people to access their money safely by restricting the amount withdrawn at one time and ensuring that monies were transported back to the service for logging and safe keeping in a timely manner. Staff told us that changes to practice or learning from incidents were shared with them at daily handovers and staff meetings.

Records we saw demonstrated that the provider had undertaken the appropriate pre-employment checks, that included references from previous employers and criminal records checks to ensure suitable persons were employed. Staff confirmed they had been subject to checks and had to provide appropriate references before commencing work.

We saw that there were sufficient numbers of staff to meet people's needs. One person told us, "The staff pop in a lot and are always around if I need help". A relative told us, "There are enough staff and [person's name] gets what he needs and they keep his routine". Another relative said, "I think there are enough staff but they use agency staff sometimes and they don't always know [person's name] as well as the regular staff". The acting manager told us that they did use agency staff at times but that they endeavoured to use the same workers regularly in order to maintain people's routines. Staff rotas we reviewed demonstrated that when agency or bank staff were used, the same individual workers were used regularly.

We saw that people were well supported and responded to in a timely manner with at least one staff member allocated to support each person at all times. We observed that people knew the staff supporting them well and referred to them by name. The acting manager told us that staffing levels were determined in line with peoples support needs and in discussion with other involved healthcare professionals.

Requires improvement

Is the service safe?

We reviewed how medicines were stored, administered and handled. Relatives told us they felt medicines were provided in a safe way, at the appropriate times. A person told us, “I take my own medicine, but the staff are always here with me when I do”. We looked at the Medicine Administration Records (MAR) for two people; no gaps or omissions were seen in these records. Storage facilities for medicines were secure. Arrangements were in place to ensure that checks on medicines management took place each week; we saw action was taken when any omissions were identified. Supporting information was available for staff to refer to when people were prescribed a medicine to be given ‘as required’. However we noted that the information was not specific to the individual. In particular, when people were prescribed a medicine for pain it was not possible to know under what specific circumstances the medicine could be given. This meant that administration of as required medicines could be inconsistent.

Good

Is the service effective?

Our findings

People we spoke with and relatives we contacted were positive about the abilities and skill of staff within the service. Relatives told us they felt confident that staff were competent and trained to care for people's needs. One relative told us, "[Persons name] has a great relationship with the staff and they understand his complex needs". Another relative told us, "Staff do their best and they know how to care for and develop a trusting relationship with [person name]".

New employees received an induction which included basic training, familiarising themselves with the provider's policies and procedures and shadowing a senior member of the care team before undertaking all aspects of their role fully. A staff member said, "The initial induction here does prepare you for the job". Other staff we spoke with were complimentary about the induction they received when newly recruited.

Staff supported one person throughout their shift; they told us this one to one time with people had allowed them to establish trusting working relationships with them. They felt that working so closely with people enabled them to develop confidence in how they approached, supported and understood each individual's specific needs. From our observations it was clear from staff member's demeanour and body language when supporting people, that they were relaxed and confident. We saw all staff had received training in how to respond to people displaying behaviour that challenged; staff we spoke with were aware of how to use de-escalation skills they had acquired from this training on a day to day basis.

Staff had received training to improve and maintain their knowledge about how to look after people safely. Staff told us the provider offered a range of training in a variety of subject areas that were appropriate to the people using the service. Staff told us that management were supportive in respect of them wanting to undertake extra training to improve their knowledge about people's health conditions. One staff member said, "If you want or need to do any training you only have to ask at the office and they book it for you". Another staff member said, "The ongoing training we receive is very good". Staff received regular supervision with the registered manager. We saw that these processes gave staff an opportunity to assess their performance, review their knowledge and discuss elements of good practice. A staff member said, "I have monthly supervisions but I can speak to the manager at any time as they have an 'open door' policy".

Some of the staff had received training and understood the relevance of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS); we saw that those that hadn't were allocated training sessions to attend in the coming weeks. This is legislation that protects the rights of adults by ensuring that if there are restrictions on their freedom and liberty these are assessed by appropriately trained professionals. The staff we spoke with were due to attend training and had only a limited knowledge of the legislation. Records showed that people's mental capacity had been considered as part of their initial assessment. We observed that people's consent was sought by staff before assisting or supporting them. No DoLS had been authorised at the time of our visit.

We saw that people were supported to access food and drinks appropriate to their needs and choices. One person told us, "I am able to choose each day what I want to eat". One relative told us, "[Persons name] has specific dietary issues but staff monitor and support him with these". Another relative said, "[Person's name] They love to cook and staff help her; she gets a lot of pleasure from cooking". We saw that individual menus were planned with people each week and these were displayed for people to refer to in the format that most suited their needs. Individual care records had information in pictorial form about their food likes and dislikes. People were supported to prepare and shop for their meals. Staff told us they had received training in food hygiene and were aware of safe food handling procedures. We saw records were available in respect of people's specific dietary needs and any nutritional risks were updated accordingly. We found that people who had specific cultural needs in relation to food were supported to access appropriate alternative products.

Feedback from people, relatives and staff confirmed that people's health needs were identified and met appropriately. A person told us, "If I am poorly the doctor will be called; the staff care for me and look after me if I am poorly, this makes me happy". Records showed people were able to access a range of urgent and routine healthcare appointments including dentists through visits to the service or attending appointments in community, whichever suited their needs best.

Good

Is the service caring?

Our findings

People we were able to speak with and their relatives described how caring and kind staff were. One person told us, "I really like my keyworker; I have a very nice life and am very happy living here". We observed staff interactions with people and saw they had a relaxed and friendly approach towards them. A relative said, "[Persons name] needs a very sensitive approach and so staff speak to him gently and explain any changes to him in great detail, which works for him".

During our visit we spent time in the communal areas and saw that people were supported intensively and staff responded to them in a way that met their individual needs. Staff we spoke with knew people very well and this was demonstrated through the interactions we observed. Practical action was taken by staff to relieve people's distress and discomfort, for example we saw that staff comforted one person following an accident they had by reassuring them, using calming words and accessing emergency medical support to ensure no serious injury had occurred. The acting manager told us they strived to ensure that people always had staff who they had met before supporting them on a one to one basis to establish trusting relationships through consistency of approach and to promote well-being. For example, on each shift there was a team leader who was not allocated to support any one individual but could work alongside newer staff as required. One staff member told us, "If they are ever needed team leaders will step in and be 'hands on' too".

Relatives told us they were consulted and involved in their relatives care. A relative told us, "I have been included in everything and am always asked my opinion". The service used a variety of communication methods to provide the information and explanations people needed in respect of their care and treatment. We saw that people had been given the necessary information about their care in such a way that optimised their ability to understand; such as pictorial, verbal, non-verbal (sign language) or written formats. We observed staff interactions with people and these were appropriate and were done in a way that supported people to understand and make decisions. Records that we looked at contained comprehensive information about people's lives, family, likes, dislikes and needs.

People were encouraged by staff to remain as independent as possible, particularly in relation to the activities of daily living. A relative told us, "The staff support [person's name] by being by his side, encouraging and guiding him, but making sure he does things safely". A staff member told us, "We start with the smaller things that people can do and build on that; it gives people a sense of self-esteem and improves their confidence". Another staff member said, "I give people as much choice as possible, like what they want to wear, buy, or activities they want to do or not do; it is their life and I want to help them as best I can". We observed staff allowing people the level of freedom they sought whilst remaining available to ensure their safety and to assist them as necessary.

We observed peoples dignity and privacy was respected when staff were assisting them, for example, ensuring their clothing was properly adjusted. A staff member said, "I always explain to [person name] everything before I do anything and make sure they are ok with it". Another member of staff said, "When I support [person's name] to have a bath I always wait outside the door and just listen or ask if they are ok; I always give them as much space as I can".

Information about local advocacy services including their contact details were displayed in communal areas and we saw that the service had sought advocates for people when more complex decisions needed to be made. Staff we spoke with knew how to access advocacy services for people. A staff member told us, "I know and have made a referral for an advocate when I felt this appropriate".

People and their relatives had been asked about any cultural and spiritual needs they may wish to pursue as part of their initial assessment. Records showed aspects of peoples lifestyle choices had been explored with them or their relatives.

Good

Is the service responsive?

Our findings

Care plans were developed with people and their relative's involvement and were centred on their views and wishes. We saw that each person had personalised care plans that addressed all aspects of their needs and were available both in written and in pictorial formats to support each individuals understanding. One relative told us, "Yes we have been involved in creating the care plans; the care plans are brilliant". Another relative told us, "We are completely involved in any meetings regarding [person's name] care that take place or when any changes or updates are discussed". One staff member said, "We are always discussing people's needs every day, so all staff have an awareness; we share new ways in which to involve people in their care and identify activities they may like or want to try". We observed that people's care was delivered in line with their care plans.

Staff were knowledgeable about each individual's needs, their personal history and preferences. Care records contained a wealth of information about how people wanted to be supported in relation to their health needs, to achieve the goals they had set themselves and to undertake the activities they enjoyed. Records showed these were updated and reviewed regularly with people and their relative's involvement. We saw that people were actively encouraged and supported to access community activities and leisure services. Photos were displayed showing people involved in a variety of trips and outings.

A relative told us, "[Persons name] goes out most days doing all the things he loves, such a shopping, swimming and the gym". Staff we spoke with described each the person they were supporting in detail, including what activities they liked and how they were supported to access these. One person showed us their flat and went on to say how they had chosen how they had it decorated and what they bought for it. We saw that they had personalised it with items of interest or of sentimental value to them. The activities people had chosen were displayed on their pictorial timetables in their room. We observed a number of people were out early doing a variety of activities in line with their activity plans which they had been supported to develop. All our observations of staff supporting people were focussed on what the person wanted to do and staff were seen to go to great lengths to respond to their needs.

The service encouraged people to maintain relationships with family and friends. Visiting times were open and flexible for relatives and friends. A relative told us, "We are welcomed here whenever we choose to visit". We saw that links to the local community were made through outings to local places of interest and the regular use of leisure facilities.

People who were able or their relatives told us they felt comfortable raising concerns or complaints with the staff or registered manager. One person told us, "If I am upset about anything I would always tell the staff". One relative we spoke with told us, "I was concerned about an incident that happened and spoke to the manager; she listened and put changes in place which were acceptable to me". Another relative told us, "If I have the slightest concern I have only got to pick up the phone and it is sorted out there and then; the slightest thing they will get onto it right away". Information was available for people to refer to should they or their relative wish to complain. Information displayed included contact numbers for external agencies whom complaints could be raised with. We saw that complaints received were acknowledged, investigated and responded to in a timely manner.

People and their relatives were encouraged to express their views. Records showed that each person using the service had an allocated keyworker; who was also the staff member who supported the person most frequently and so understood their needs well. The keyworker met with the person and/or their relatives regularly to evaluate their goals, set new goals and to see what the person had enjoyed most. Discussion about any health issues and reporting on how their activity plan was working were documented.

The provider routinely sought feedback and learnt from people's experience of the service. Relatives told us meetings were held with them to contribute their thoughts and ideas about how their relatives care and how the service is developed. People, relatives, staff and stakeholders were also written to/or supported to complete questionnaires to give their opinion about the quality of the service annually. We saw the analysis of the most recent feedback received and this was mainly positive from those who responded.

Good

Is the service well-led?

Our findings

At our previous inspection in October 2014 we identified that that there were breaches with the law concerning the systems in place for monitoring and assessing the quality of the service. At that time we found that the recording of audits undertaken was not robust and the analysis of incidents or events that had taken place were inconsistent. During this our most recent inspection we found that improvements had been made; the acting manager further outlined plans to us being rolled out by the provider to implement even more robust reporting and analysis systems.

A system of internal auditing of the quality of the service was seen which regularly checked the safety and effectiveness of service provision, for example health and safety and the environment. Omissions or areas of improvement were identified and appropriate action had been taken. Records were reviewed which outlined what and when actions had been completed. We saw that opinions about the service gathered from people, relatives and stakeholders were analysed as a means of quality assurance. The results of the most recent survey had been analysed and plans to use the feedback to develop the service further were seen.

On the day of our inspection the registered manager was not at work. The provider had a cover manager who was able to assist us and was familiar with the operation of the service as they were the Head of Outreach and Supported Living for the provider. From the information we reviewed prior to our inspection it was clear that the registered manager understood their legal responsibilities for notifying us of deaths, incidents and injuries that occurred at the home or affected people who use the service. The acting manager described how they supported the registered manager in relation to plans or ideas to develop the service and visited the service regularly. Staff we spoke with were clear about the lines of accountability within the service and the arrangements for who to contact out of hours or in an emergency.

People, relatives and staff told us they were encouraged to give informal feedback about the quality of care through a variety of methods for example, keyworker meetings and through regular dialogue with the registered manager. A staff member told us, “I feel I am kept very involved by managers”. Another staff member said, “The management are great and this has resulted in staff feeling more positive about their work”.

Staff told us they received regular support, mentoring and were able to openly communicate with the registered manager. One staff member described the culture at the service as “Open” and said, “You can go to the manager and talk about anything”. Staff told us they were given the opportunity to review their performance and discuss their development and training needs. The acting manager told us that daily walkabouts and spot checks were undertaken by the registered manager. Staff told us they felt valued and they were clear about their roles and responsibilities. One staff member told us, “The manager is doing so well at her job”. Another member of staff told us, “We have regular supervision and I do feel I am valued here”.

People and relatives spoke positively about the visibility and accessibility of the registered manager. One relative said, “I am very happy with the care here; the manager knows everyone by name and [person’s name] always sees her around; she will always stop and have a chat”. A staff member said, “Involvement by the manager is good in meetings and handovers; they know about the people’s needs too”. We observed staff informally approaching the acting manager for support throughout our visit.

The provider actively promoted an open culture amongst its staff by supporting them to know how to raise concerns or whistle blow. The provider had a whistle blowing policy which staff could refer to if they had concerns about the service and wished to report these to external agencies. Access to a free independent confidential helpline was also made available by the provider for staff to whistle blow. Staff we spoke with confirmed they knew of the helpline and had read and signed to say they understood the providers whistle blowing policy. One staff member told us, “I am fully aware of how to whistle blow and would do it if I felt this was necessary”.