Kelly Street Supported Living Service

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Inspection report

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Date of inspection visit: 21 and 30 July 2014
Date of publication: 09/12/2014

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

Overall summary

We carried out this unannounced 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 and to pilot a new inspection process being introduced by the Care Quality Commission (CQC) which looks at the overall quality of the service.

The service was last inspected by CQC in November 2013 and found to be meeting regulations relating to care and welfare of people who use services, management of medicines and staffing.

At the time of our inspection Kelly Street Supported Living Service provided support with personal care to nine people living at Kelly Street and Ascot House. Each of the people supported by the service had learning

Summary of findings

disabilities, and some also had physical disabilities or required support to maintain their mental health. Some of the people who use the service had sensory impairments and complex communication needs. There were six people at home during our inspection visits.

The service had a registered manager in place. A registered manager is a person who has registered with the CQC to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

People received individualised support that met their needs. The service had systems in place to ensure that people were protected from risks associated with their support, and care was planned and delivered in ways that enhanced people's safety and welfare according to their needs and preferences.

Staff were appropriately vetted before starting work to ensure they were suitable people, and there were enough staff to safely meet people's needs in a timely manner.

People received one-to-one support when they needed it. Staff had appropriate qualifications, knowledge and skills to perform their roles, and the service had systems in place to encourage good practice and develop staff.

The service encouraged and supported people to undertake a wide range of activities, both individually and in groups. Staff supported people to attend health and medical appointments, and ensured that people received the medical care they needed when they were unwell.

Staff were appropriately supported through supervision and appraisal meetings, and the service had an open and transparent culture that encouraged feedback from people who used the service and staff. Feedback was acted upon, people were encouraged to make decisions about their care and support and the service ensured that information was provided to people in ways they could understand.

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?

Good

The service was safe. The risks associated with people's support were assessed, and measures put in place to ensure staff supported people safely. People were safeguarded from the risk of abuse as the service had systems in place to identify the possibility of abuse and stop it occurring, and staff knew how to report any concerns.

Staff demonstrated a good understanding of the requirements of the Mental Capacity Act 2005, and were aware of the steps to take should someone who use the service need to be deprived of their liberty for their own safety.

Staff followed procedures to reduce the risk and spread of infection when providing personal care. Medicines were administered safely and according to guidelines, and staff had been trained and assessed as competent in medicines administration.

Is the service effective?

Good

The service was effective. People received individualised care that met their needs. Staff were qualified, skilled and knowledgeable for their roles, and received appropriate support through supervision meetings and appraisal of their work.

People were supported by staff to choose, purchase and prepare food. Staff encouraged them to maintain a balanced diet, and risks associated with malnutrition were assessed and monitored. Staff supported people to attend health and medical appointments, and sought medical assistance when people were unwell. Each person who used the service had a Health Action Plan to help the staff meet their health needs.

Is the service caring?

Good

The service was caring. Staff were caring and knowledgeable about the people supported by the service. People and their representatives were supported to make informed decisions about their care and support, and information was presented in ways they could understand to facilitate this.

People's privacy and dignity were respected, and the service took appropriate steps to support people at the end of their life when that was necessary.

Is the service responsive?

Good

The service was responsive. Care was planned and delivered in ways that met people's needs, and support changed when needs or preferences changed. People were supported to achieve their goals, and the service facilitated access to a wide range of activities according to people's wishes.

Staff supported people to make decisions about the running of the service, and encouraged and supported people to participate in community decision-making forums.

Is the service well-led?

Good

The service was well-led. The service had an open and transparent culture in which good practice was identified and encouraged. Staff and people who used the service felt free to raise concerns and report any issues, and feedback resulted in learning for the service.

Summary of findings

Systems were in place to ensure that the quality of the service people received was assessed and monitored, and these resulted in improvements to service delivery.

Kelly Street Supported Living Service

Detailed findings

Background to this inspection

This inspection was carried out by two inspectors on 21 and 30 July 2014. 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 received one questionnaire from a person who used the service telling us their opinions on the quality of the service they received. We also looked at the information we already held about the service, including notifications sent to us informing us of events that occurred at the service, and of safeguarding alerts raised.

During our visits, we spoke with five people who used the service, one relative, five care workers, the registered manager and one of the deputy managers. We spoke with a second person's relative after our visit. We spoke with a professional who was also visiting the service on the day of our inspection, and spoke with another professional involved with the service after our visit. We observed the care and support provided to people, observed a shift handover session between staff, reviewed three people's personal care and support records and looked at the personnel records for four staff. We also reviewed other records relating to the management of the service such as complaints, meeting minutes, health and safety checks, incident and accident records and safeguarding records. After our visit, the registered manager provided us with further information about staff recruitment that was held at the provider organisation's head office, and not at the service premises.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'.

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Good

Is the service safe?

Our findings

People who used the service told us staff supported them to feel safe. One person said, "I feel safe when I go out with staff. I don't go out without them, they stop me panicking when I'm out." Another person told us, "The staff help me to walk up the stairs when I am not feeling well. They make sure I'm safe." The relative of a person who used the service told us they did not have any concerns about their relative's safety while at the service. They said, "They look after my relative very well. My relative has very high support needs and the staff here are on top of it."

Staff told us that people were supported at all times in the service and in the community, due to their level of insight and awareness of their own safety. The registered manager told us people were not subject to constant supervision. They said that people would not be able to manage in an emergency, so staff were always available when people were at home. Staff were also always available to support people when they wanted to go out. The registered manager told us that a representative from the Department of Health had attended a staff team meeting to discuss the recent Supreme Court judgement that widened the scope of the Deprivation of Liberty Safeguards (DoLS), and what this meant for people living in supported living. The registered manager was aware of the requirement to apply to the Court of Protection to deprive someone of their liberty when necessary for their own safety, the process to follow and where to seek advice and guidance.

Staff were aware of the requirements of the Mental Capacity Act 2005. One care worker told us, "Everyone here can make day-to-day decisions for themselves. They don't have capacity most of the time to make the larger decisions, and this can fluctuate depending on their mental health and other factors." Some people's personal care and support documents were inappropriately signed by staff on the person's behalf, without any record of mental capacity assessments or 'best interests' decision-making to decide that the staff member was best placed to make that decision on their behalf. However, the registered manager told us that the local authority had applied for deputyship for each person from the Court of Protection to be able to make decisions about their finances and welfare on their behalf. The service was awaiting the decision from the Court of Protection regarding deputyship before revising the documents. Records showed that staff had been trained in the requirements of the Mental Capacity Act 2005, and the registered manager told us the service had sought the assistance of an independent mental capacity advocate for one person who used the service who needed to make some decisions about health care they received and did not have capacity to do so.

People were aware of abuse and how to report it if it occurred. One person told us, "I would tell my keyworker or the deputy manager straight away." We saw minutes of a tenants' and relatives' meeting from early in 2014 in which safety and abuse were discussed, with pictorial information about how to report abuse. Staff were aware of abuse and how to report it, and we looked at training records that documented that all staff had been trained in safeguarding adults.

Risks associated with people's support were assessed, and guidelines were in place to make sure staff knew what to do to support them safely while encouraging independence. For example, we saw that one person who used a wheelchair most of the time was supported and encouraged to walk for short periods, several times per day to stimulate their muscles. There were guidelines in their personal care and support records developed by an occupational therapist to ensure staff knew how to support them safely.

People with specific medical conditions that may pose a risk to their welfare and safety had guidelines to minimise the risks associated with these conditions. For example, one person had epilepsy, and their records contained an epilepsy management plan with information about their condition, types of seizures they experienced, and guidelines for staff to respond.

People's medicines were obtained, stored and administered appropriately and safely. People were supported to administer their own medicines when they could do so safely, otherwise staff provided full support. One person who used the service told us, "Staff help me to take my tablets, I keep them in my room". MARs we looked at were completed correctly and without errors, and were checked weekly by the deputy manager of the service. Where people had been prescribed medicines to be taken 'when required', rather than according to a schedule, we saw there were guidelines from the person's GP about the circumstances in which they were to be taken, and each

Good

Is the service safe?

instance was appropriately recorded. Where these were medicines to help people to calm down when they were agitated or upset, records showed these were used appropriately.

We observed one person's medicines being administered through their percutaneous endoscopic gastrostomy (PEG) tube by staff. Staff followed guidelines that had been developed by the district nurse, and we saw records documenting they had been trained and assessed as competent to administer the medicines by this method.

During our visit we observed a shift handover between staff. This was comprehensive and staff passed on essential information to keep people safe, such as changes to medication and the outcomes of a medical appointment that morning, handover of petty cash and information about financial transactions that had occurred that day, and any other information required.

There were enough staff available to ensure people were safe. One person living at Kelly Street had one-to-one support during the day of our visit due to their high physical support needs, and staff told us, and rotas we viewed confirmed, that this was usual. At nights, there was one waking night staff member and one sleep-in staff member. Staff told us the sleep-in staff member was there to support the waking night staff member should they need additional support in an emergency. At Ascot House, all people who used the service had one-to-one support from staff at all times they were at home and in the community, including each person having a sleep-in staff member to support them during the night. The registered manager told us there was enough flexibility in the staffing team to be able to provide additional staff when people's needs changed and they required more support, or for holidays and activities. Staff we spoke with, and rotas we viewed, confirmed this.

Staff were subject to appropriate vetting procedures to ensure they were suitable people for their roles. Staff recruitment information was provided to us by the registered manager after our visit, as documents were held at the provider organisation's head office rather than at the service. We saw completed application forms detailing each staff member's employment history and reason for leaving previous roles in health and social care, and two written references. Each staff member also had an Enhanced Disclosure and Barring Service check documenting that they weren't barred from working with people who need support.

There was an on-call system for staff to use for management support outside office hours, and staff told us this worked well. As the on-call system was shared between the managers of a number of supported living services of the same provider, we asked the registered manager how information was shared between them. They told us that managers provided a synopsis of each service and the people who use it, including support needs and risks. They told us they had enough information to ensure people were safe and received the support they needed.

Staff followed appropriate procedures to reduce the risk and spread of infection when providing personal care. We noted that personal protective equipment (PPE) such as gloves and aprons were available for staff to use, and people who use the service told us that staff always wore PPE when providing personal care. We observed staff wearing appropriate PPE when administering medicine through one person's PEG tube. Records showed that staff had been trained in infection control and food safety.

Good

Is the service effective?

Our findings

People who used the service and their relatives told us the staff supported them with the daily living and personal care tasks that helped them to live a good life. One person said, "The staff really help me. I used to stay in bed a lot, but now I get out and do things, tidy my room, cook food, go shopping." Another person told us, "I go shopping with my keyworker, prepare the dinner, choose what to buy and what to eat." A relative told us, "My relative can't really do much for themselves, the staff have to do everything. My relative is always well looked after, I don't have any concerns." Staff we spoke with demonstrated that meeting people's needs was the objective of the service. One care worker told us they had a background in mental health, and were specifically employed to work with those people who used the service who needed that support. The registered manager told us they looked for specific skills, values and personality traits when recruiting to ensure staff could meet the needs of the people who used the service.

Staff personnel records showed they were qualified for their roles, and received ongoing training to update their skills and knowledge. Many staff had worked for the organisation for a long time, in various roles, or had moved over from the organisation that had previously provided personal care support at Kelly Street. New staff received comprehensive induction training based on Skills for Care's Common Induction Standards, and staff held qualifications such as the level two or three Diploma in Health and Social Care. The registered manager held a National Vocational Qualification in Leadership and Management to level four. The staff team was supported by a number of agency staff, however we noted that they had worked regularly at the service for a number of years and were very familiar with the people who used the service and their needs. The registered manager told us they had been approved to recruit to the vacant posts filled by regular agency staff.

Staff were appropriately supported in their roles by the registered manager and the deputy manager through regular supervision meetings and annual appraisals, in which their work for the previous year was reviewed, their competency and values assessed and objectives set for the coming year. Supervision records we looked at were comprehensive and covered any issues or concerns about the support provided to people, training and development needs, and feedback on the staff member's work. Feedback provided was clear, positive and developmental. However, we noted that only staff who were permanently employed received formal supervision and appraisals, and not agency or bank staff. The registered manager told us that being able to formally supervise the agency and bank staff was one of the main reasons for seeking approval to recruit to the vacant posts.

We looked at the service's staff training matrix, and saw staff had been trained in a variety of topics relevant to their roles. These included safeguarding adults, boundaries and good practice, personal care support, moving and positioning, understanding sensory impairment and autism awareness. Where required, we saw that staff had also been assessed for their competency every two years in areas such as administering medicines, PEG feeding and shift leader responsibilities.

People were supported to eat appropriate food and drink that met their needs. People's nutritional needs were monitored through assessment and care planning, and guidelines had been developed for staff by a community dietician or speech and language therapist. For example, one person's records showed that they had trouble swallowing, and they had a plan for staff to support them to eat developed by a speech and language therapist. Another person ate through a PEG tube, and we saw their feeding plan, which had been developed by a nutritionist, was followed by staff. Most people who use the service had their weight monitored monthly, although for one person this was undertaken by the staff of the day centre service they attended as the day centre had a wheelchair scale. We saw that the day centre staff reported the person's weight to the staff of Kelly Street each month. Records showed that when staff were concerned about a person's weight, they sought advice from medical professionals.

People were supported by staff to make a shopping list, choose and purchase groceries, and to cook their own meals. One person said, "I make the mashed potatoes, and staff help me." Another person told us, "I choose what I want to eat and what I buy when I go shopping, then I prepare the dinner with my keyworker." A third person said, "The staff cook for me. I tell them what I want and they make it." A relative told us, "The food is good here, I eat it when I'm visiting. The staff make me a meal if it's a mealtime." Staff told us they encouraged people to purchase and prepare healthy and nutritious meals, and food we saw in the fridges and cupboards confirmed this.

Good

Is the service effective?

Records showed that the service sought involvement of medical and healthcare professionals when necessary, and people were supported to maintain their health. Each person had a Health Action Plan as recommended by the Department of Health for people with learning disabilities, which outlined their health needs and who would meet them. Personal care and support records showed that staff regularly supported each person to see the health and medical professionals they needed to, and each instance of doing so was recorded on a form with details of the appointment, the outcomes and actions for staff.

At the time of our visit, one person who used the service was in hospital receiving treatment. We viewed their personal care and support records, and saw their keyworker had raised concerns and sought assistance from the person's GP. Staff had also called for after-hours assistance from the local after-hours care provider, and this resulted in the person being taken to hospital. Staff responded quickly and appropriately when concerns had been identified about the person's health.

People were supported to see other health professionals, such as occupational therapists, podiatrists, massage therapists and psychiatrists. Staff of the service participated in care programme approach (CPA) meetings where this was part of people's treatment and support plans.

Good

Is the service caring?

Our findings

People and their relatives told us that staff were caring. One person told us, "I like living here, the staff are nice." Another person said, "I know the staff very well by now. I've been living here a long time." A relative told us, "It's very nice here, very good. Staff look after [my relative] very well, [my relative] is always very clean."

Staff demonstrated a good understanding of people's needs, in particular their communication needs, and worked according to people's preferences when providing support. For example, people's care plans recorded their preferences and routines for personal care, and one person who used the service told us staff followed these. They told us, "I wash my arms and shave, and the staff help me to wash the parts I can't reach. The staff always tell me what they are doing". When we observed staff administering a person's medicine through their PEG tube, staff talked through each of their actions as they did them, and chatted with the person to make them feel more comfortable. We observed a staff member supporting someone to transfer from the sofa to a wheelchair, and they spoke about what they were doing and made sure the person agreed at each point of the transfer. Staff training records showed that staff had been trained in the principles of dignity when providing personal care.

Staff supported people to use communication aids when they needed to, such as using Picture Exchange Communication System (PECS) and other pictorial communication aids, including communication passports. Staff also used objects to assist people to make choices and express their decisions, and some people used Makaton, a type of sign language. For example, one person who had a visual impairment was supported to plan a holiday, and staff described brochures of different destinations so they could choose which they wanted. Staff also described the different activities they could participate in while on their holiday so they could decide.

Decision-making was documented in the minutes of each person's monthly keyworker meeting. People's records showed that they, and those close to them, were involved in reviews of their care and support.

People told us staff knocked on their bedroom door before entering, and otherwise respected their privacy. During the staff handover, staff spoke about ensuring they supported people to change their incontinence pads when this was needed, and not on a schedule. One staff member told us, "When I think about supporting people, I ask what sort of care would I want? I would want to be supported to be happy, to be independent, to have my needs met and to be safe. I would want staff to be kind to me! That's the sort of care I strive to provide, that's what drives me."

Staff supported people to maintain relationships with their families and friends. One person told us, "The staff help me to phone my family on special occasions, and I have them and my friends come to visit." Another person said, "My mum helps me and comes to visit me all the time, the staff help me to organise it." A relative told us, "I visit every day, and I'm always made to feel welcome. Staff support my relative to come and visit me as well. We're all one happy family now."

As the service mainly supported younger people, end of life care was not routinely planned for and people who used the service did not have specific end of life plans. However, as the local authority had applied for deputyship through the Court of Protection for each person who used the service, they would support the person to make any advanced decisions should the need arise. We asked the registered manager about how people who use the service and staff were supported on the occasion of the death of a person who used the service in 2013. They told us that the provider organisation provided funding for transport for people to attend the funeral, for a memorial wake to be held in the person's honour, and for flowers. Counselling services were also made available through the provider organisation's employee helpline..

Good

Is the service responsive?

Our findings

People received individualised support that met their needs. People who used the service and their relatives told us staff worked with them to determine the support they needed. One person said, "I try to do things for myself but I ask for help if I need it. The staff are always there for me." Another person said, "The staff help me to try new things that I haven't done before." At the time of our visit, one person who used the service was in hospital, and staff visited them every day to provide support. A relative we spoke with told us, "The staff always provide good support while my relative is in hospital. They visit every day, and help my relative with everything they need while they're there."

People's personal care and support records showed that support changed depending on changes to their needs, wishes and goals. Care plans were reviewed regularly. Keyworker monthly reports noted any changes to the person's support and progress towards goals. For example, one person wished to go on a holiday, and their keyworker monthly reports documented the steps taken by the person with staff support to choose a holiday destination, plan the trip, and go on the planned holiday. Records showed that people usually achieved their goals, and actions taken towards the goals, as well as reasons for the goals not being achieved, were clearly recorded in each person's care and support records. One care worker told us, "My job is to support people to do the things they want to do. Sometimes it can be hard as people here have significant disabilities, but I have to find ways to try. I'm so proud of the progress [person] has made in the three years I've been their keyworker, and knowing I played a small part in that makes me very happy."

People and their relatives were appropriately supported to make decisions about their care. We saw that information was presented to people in ways they could understand, and provisions were made to use a number of methods and communication tools depending on people's needs. One person's relative told us, "The staff always ring me and let me know what's going on, but they know [my relative] very well and can understand them, even though they don't speak. They leave the day-to-day decisions to [my relative]."

At Kelly Street, we saw that tenants' and relatives' meetings occurred regularly, and minutes showed that decisions were made in these meetings and they weren't just about sharing information. For example, in one meeting the attendees decided the flat needed a new DVD player and worked out how much each person needed to contribute to purchase one. In another meeting, the attendees decided on a number of activities the people who used the service would arrange for the group with staff support. At Ascot House, people received one-to-one support and we observed staff supporting people to make decisions about their day-to-day care, such as activities they wanted to do and what they wished to cook for dinner.

Staff supported people to choose and undertake a wide range of activities, and to find new things to do. Each person had a comprehensive pictorial timetable of activities such as shopping, swimming, music therapy and going to local day centres. One person who used the service told us they chose what to do each day, and staff supported them. They said, "Today I went shopping and staff helped me to pick out this top, and tomorrow I go to work." Each person's personal care and support records included a 'community participation' care plan, which outlined their preferred activities and how they liked staff to support them. We saw that these included regularly scheduled activities as well as special events such as day trips and holidays.

The service sought feedback from people who used the service and their relatives, and we saw that this was acted upon. We looked at the minutes of relatives' and tenants' meetings, and saw that the provider organisation sent out an annual feedback questionnaire. For people who needed it, these were in an easy-read or pictorial format so they could understand and provide appropriate feedback.

The service also supported people to participate in wider community events. One person's personal care and support records showed they were supported by staff to participate in the local authority's 'Mobility Forum' for people with physical disabilities to discuss their experiences. Two other people were supported by staff to attend and participate in the local authority's 'Service User Group' for people with learning disabilities who used services in the borough.

The managers received and responded appropriately to complaints. One relative told us they had made a complaint "a few years ago" and were satisfied with the outcome. They told us, "If I have any issues I raise them with the manager. We have a good relationship." The

Good

Is the service responsive?

service had a form titled 'Unhappy about something' which was presented in an easy-read, pictorial format and allowed people to provide feedback. We looked at the record of one complaint that had been received by the service, and saw that the complaint had resulted in action and learning for the service.

Records showed that appropriate information was shared with other service providers to ensure good quality care and support. We saw that staff supported people to attend appointments and passed on appropriate information to hospitals and healthcare providers to ensure people's health needs were met. People who attended day centres had communication books for sharing information about the person's day, moods, activities they had taken part in and other relevant information.

Good

Is the service well-led?

Our findings

The service had a culture that was open and transparent, and encouraged good practice. Staff told us they attended regular team meetings. The registered manager told us the team meetings provided good opportunities for discussion and guest speakers. Staff told us the meetings were useful, and they included discussion about values, diversity, health and safety, training, incidents and activities, and allowed sharing of good practice. Guest speakers included a speech and language therapist and a psychologist, who both discussed general practice issues and addressed specific needs of people who used the service.

The provider organisation's operations services manager supported the registered manager through quarterly quality monitoring visits. They checked many of the same areas of the service as our inspection, and resulted in an action plan. We looked at the report arising from the most recent visit prior to our inspection, in June 2014, and saw that progress was underway or completed for several of the actions noted in the plan. For example, the action plan recorded that the service's safeguarding adults risk register needed updating, and this had been done by the time of our visit.

The service's managers undertook several regular checks and audits of various areas of service delivery, such as medicines audits, health and safety checks, first aid box checks and equipment checks. These ensured that issues were identified and addressed, and where actions had arisen from the checks we saw that progress was noted.

We looked at the service's accident and incident records, and saw that each incident and accident was comprehensively recorded with details about any action taken and learning for the service. The folder included the service's procedure for staff to refer to when necessary, and records showed this had been followed for all incidents and accidents recorded. Information held by CQC showed that the registered manager submitted statutory notifications about safeguarding alerts involving people who used the service, and for incidents affecting the service. Records showed that these were reported to other agencies where appropriate, such as the local authority safeguarding team, and the registered manager and staff worked well in cooperation with these agencies when required.

The service had a whistleblowing policy for staff to follow, and staff told us they were free to report any concerns to managers and knew they would be addressed. For example, one care worker told us they had been concerned about the practice of one agency worker and felt they put people who used the service at risk while supporting them. They had reported this and felt that the registered manager dealt with the situation appropriately.

The service encouraged professional development for staff, and the registered manager and the deputy manager of Kelly Street had been promoted to their roles from within the organisation. Staff told us they were encouraged to undertake qualifications and training to develop their skills and knowledge. The provider organisation encouraged staff to improve their practice and support each other through peer support networks, and in 2014 had run two themed weeks to explore good practice in mental health awareness and safeguarding adults. These involved training sessions, discussion and guest speakers.