

HF Trust Limited

Self Unlimited - 70 High Street

Inspection report

70 High Street
Kibworth
Leicestershire
LE8 0HQ

Tel: 01162793848

Date of inspection visit:
17 March 2016

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03 August 2016

Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service effective?	Good ●
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Is the service caring?	Good ●
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Is the service responsive?	Good ●
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Is the service well-led?	Good ●
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Summary of findings

Overall summary

This inspection took place on 17 March 2016 and was announced and was carried out by one inspector.

70 High Street is a service that provides accommodation for up to six people. There were five people living at the service at this time. Care and support was provided to enable people to live as independently and as full a life as possible. People set their own goals and support was provided for people to achieve these.

There was a person who was in the management role who had just applied to become the registered manager of the service. 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 and associated Regulations about how the service is run.

One person we spoke with told us that they felt safe at the service. We saw that support was provided after the completion of risk assessment and in line with support plans.

Members of staff knew the individual needs and choices of people. We saw that the routines discussed were reflected in the support plans that we reviewed.

Staff voiced a thorough awareness of how to protect people from abuse and avoidable harm. They also knew what actions to take if they suspected or witnessed any issues that they felt were unacceptable. This meant that staff ensured any incidents of concern were dealt with and reported in a timely manner.

Staffing numbers were decided on after the routines and choices of people had been assessed. Therefore ensuring support was delivered by appropriate numbers of staff.

Medicines were stored and administered safely as staff had been trained to be aware of the current procedures and regular audits supported this. Staff had the necessary training and skills that were needed to provide them with appropriate knowledge to support people. We reviewed the training programme that showed that basic training was completed by all staff and then further refreshed when needed to update their skills. An induction programme was in place for all new staff that were employed at the service.

Healthcare professionals were contacted when required and any instructions were followed by staff. Care plans contained clear details relating to the individual conditions of a person and how to provide the appropriate support.

All staff were aware of the requirements of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) 2008. Our observations and review of records showed that people were encouraged to make independent decisions and choices. People who lived at the service confirmed that staff asked before any support was provided and that they decided how they spent their day.

There were systems in place to assess and monitor the quality of the service. This included regular discussions and meetings with the people who lived at the service. The provider regularly issued questionnaires to gather the opinions and thoughts of individuals, these were then collated and discussed with the staff team.

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 told us that they felt safe and that staff did listen to them if they had any concerns.

Staff recognised and knew how to deal with abuse. The provider had effective recruitment procedures and sufficient numbers of staff were deployed.

Staff had been trained regarding the safe and appropriate way to store and administer medicines.

People were supported and encouraged to make independent choices. Risk assessments were completed to support the safety of people.

Is the service effective?

Good ●

The service was effective.

The staff team were trained to have the skills and knowledge they needed to support people.

People were supported to access healthcare professionals when this was needed.

Staff provided options for meal times and encouraged a healthy balanced diet. People chose and assisted with the preparation of their meals.

Staff had training and expressed an understanding of the Mental Capacity Act (2005) and of the principles of the Deprivation of Liberty Safeguards (DoLS) 2008.

Is the service caring?

Good ●

The service was caring.

People were treated with consideration and respect at all times.

Their privacy and dignity was supported.

People were encouraged to be fully involved in making decisions about their daily lives and any support that they received.

We saw that staff treated people with consideration for their privacy and provided choices for people.

Is the service responsive?

Good ●

The service was responsive.

People's individual preferences had been assessed and were updated as needed. Support plans contained information about people's goals, choices and routines.

There were regular activities planned both in the service and also in the local community.

The provider had a complaints procedure that was accessible and supported with visual prompts. People were encouraged and supported to voice their views and any concerns, these were then addressed.

Is the service well-led?

Good ●

The service was well led.

Staff were aware of development within the service. They were also able to ask for additional training if they felt this was beneficial to their role.

People and their relatives were encouraged to provide feedback and to comment on the quality of the service.

The quality of the service and the premises were regularly audited and any actions required were completed to address any areas that required improvement.

Self Unlimited - 70 High Street

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 was 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 17 March 2016 and was unannounced. The inspection was carried out by one inspector.

Before the inspection we reviewed the information we held about the service. This included any notifications that we had received. Notifications tell us about important events which the service is required to tell us by law.

During our visit we spoke with four members of staff. We spoke with two people who lived at the service as they had agreed to speak with us. This was to gather their views of the service being provided.

We reviewed a range of records about people's care and how the service was managed. This included three people's care plans and associated documents including risk assessments. We also looked at three staff files including their recruitment and training records and the quality assurance audits that were completed regularly.

Is the service safe?

Our findings

When we asked one person who used the service if they felt safe, they said, "Yes, safe." Our observations at this time showed that staff supported people to make safe and appropriate decisions. Risk assessments for daily activities both inside and outside the service supported the safety of people. Assessments contained full information about how to minimise or eliminate any identified risk. For example, one person who could display behaviour that could be challenging at times had clear directions for staff about how they could identify the beginning of such behaviour and react when such behaviours occurred.

Staff knew how to support the person and how to react appropriately. Discussions with members of staff also confirmed that they knew people and their routines. Risk assessments were reviewed yearly, or when there was a change in the needs of the individual. We saw that risk assessments had been reviewed following a change in a person's behaviour. This was important to make sure that information was current and was based on people's actual needs.

Staff we spoke with had a thorough understanding of how to protect people from types of harm and abuse. They understood their responsibilities to report any safeguarding concerns to a senior member of staff. They also told us that they would discuss things as a team as staff worked closely together. The management were aware of their responsibilities to report any safeguarding concerns to the local authority. Staff told us that they would have no problems with speaking out and that any concerns they raised would be taken seriously. Staff training records confirmed that staff had received appropriate safeguarding training that was up to date.

Policies and procedures were in place to support staff with handling abuse. Staff also understood about whistleblowing and told us that they worked together and were open with each other. People who lived at the service also had information and picture prompts about letting staff know if they had concerns.

A review of the medicine administration records (MAR) sheets evidenced that staff completed records correctly and these were up to date. Any pain relief or medicines taken as required (PRN) were recorded to ensure that staff were aware of exactly what people took and what amount had been given. This supported the safety and wellbeing of people.

Our review of rotas and support plans showed that sufficient staff were in place after consideration had been taken about the activities each person had planned for the day. One person told us that staff helped them when they needed. For example, when a person requested to undertake things on their own, such as a specific activity or shopping, staff reviewed the risks. If this was achievable, staff would gradually monitor from a distance away, allowing the confidence of the person to develop but also watching for safety. This would gradually develop until the person had reached their goal fully, or achieved their full potential towards that goal in a safe way.

When we asked about daily outings, we were told that these were planned and the rota reflected the staffing numbers to support the safety of people. If staffing did not support the number of people choosing to go out at any one time, then this trip would be repeated until everyone had undertaken an outing of their choice.

Staffing levels were therefore appropriate for any trips or activities to be fully undertaken safely for people.

Staff told us that they felt there were enough staff as numbers were always assessed according to the daily routines planned. One staff member said, "Each person has the right number of staff to keep them safe." Another staff member told us, "We work together as a team and always make sure staff numbers are correct for people." We saw that the staff spent time with people on a one to one basis and that they had time to talk with each person and support them when they asked for help.

The provider had a recruitment and selection procedure in place to ensure that appropriate checks were carried out on staff before they started work. We looked at the staff records for three people who currently worked at the service. These files contained required information that included a photograph of each person recruited, a record of a Disclosure and Barring (DBS) check to ensure the person had not been barred from undertaking such work and there were also appropriate references. These checks helped to make sure that staff were suitable to work at the service.

All areas were clean and tidy. Cleaning schedules were in place and a health and safety audit was carried out regularly. Staff confirmed that they undertook fire drills and that testing of the systems were carried out regularly. We saw that regular testing of fire equipment and evacuation procedures had taken place. We saw that there were individual evacuation plans for each person and that an emergency evacuation plan was in place.

People received their medicines as they had been prescribed. We saw that medicines were stored, administered and disposed of correctly and there were policies and procedures in place to support these procedures.

Staff had received training in the safe management of medicines and their competencies were regularly assessed. We saw that there were systems in place to check the medicine and that the medication administration record (MAR) sheets we reviewed had been fully completed. This meant that staff followed the protocols that were in place when dealing with medicines to support their safe administration. This reduced the risks of medicine administration errors.

We saw that where people were prescribed medicines as PRN (as required) there were protocols in place for staff to follow to ensure that people received the right amounts at the right time. Such medicines were recorded to support the wellbeing and safety of people.

Is the service effective?

Our findings

People told us that they felt that they were cared for by staff. One person told us, "Yes, yes they help me. Look, I like this, staff help." Not everyone was able to respond or join in our discussions, however, staff respected the choices of people to leave the room or not talk with us.

Staff had described the routines, likes and habits of people and when we met with these particular people, we saw that staff knew people very well. We observed all members of staff communicating with people in a way that suited them, at all times being calm and considerate.

We saw that staff monitored the food and drink intake of people to ensure that staff supported people to make healthy choices. We were told that people had their favourite high calorie foods but with encouragement and providing full information about the results of too many of these foods, people enjoyed a balanced diet. One person told that they had choices of food and which meals they had. We saw that the choice of meals was based on the actual choices of people who used the service. Pictures of various foods were also available and used when this assisted the person concerned to make a choice of meals. Any weight loss, change in eating habits or refusal of certain foods were closely monitored and the appropriate action taken as necessary

Any discussions about meals and food were fully recorded. Staff explained that it was often better to sit on a one to one basis and chat informally with people to gain their preferences. One person told us that they were able to go shopping with staff. Throughout the day people were offered drinks and snacks or encouraged to decide if they wanted anything. People who used the service could access the kitchen and help themselves to what they needed. Support plans also included information on dietary needs and any support that was required.

The training matrix identified when training had been completed and the date it would need to be refreshed. Staff members we spoke with told us that they had training for every area of the support that they provided. They also told us that they could ask for further training that was relevant to their role or to further their professional development.

Records showed that staff had completed an induction that included training and being shown procedures within the service. New members of staff were also introduced to the people who used the service and their interaction was observed as part of the recruitment process. People were asked for their thoughts about the new member of staff and this ensured that staff were suitable in all aspects before they undertook any support on their own.

There were clear lines of responsibility within the service and staff told us that they felt supported by the management structures. Staff received face to face supervision meetings and spot checks were undertaken to review their practices. There were regular staff meetings held and the minutes of these demonstrated that issues raised by staff had been addressed and resolved.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw that where people may have been deprived of their liberty, contact was made to the relevant people. Following appropriate discussions and completion of the necessary assessments. The service had three DoLS applications pending at the time of this inspection, these had been completed after following the guidelines under the MCA.

Staff told us that they had received training in MCA and DoLS. They had an understanding of MCA and DoLS and could tell us about how people made choices. For example, one staff member told us that certain people had clearly pushed away or smile, depending on their choice. We were told that during the induction period, staff worked together to get to know these aspects of support. Staff were often known to people as they visited other services or joined in with celebrations at other services owned by the provider. This meant that staff were often known to the people who used the service before they became permanent staff at 70 High Street.

We saw that information in support plans showed that people were asked how they wished to be supported. This was also evidenced throughout this inspection when staff provided or offered support. Staff encouraged people to make their own decisions by providing choices in an appropriate manner and providing time for people to decide. Records, and our discussions and observations at this time, showed how people were involved in making their own decisions. Where verbal communication was not used, the person had full descriptions of body language and signs of consent or refusal set out in support plans. We saw that these were clearly expressed by individuals and staff responded as directed in the support plans for the individual person. This showed us that staff were aware of the individual needs of people and also how to communicate in a way that suited that person. Pictures were also used by staff to further confirm any discussions or questions, this again ensured that full support was provided for people to make independent decisions.

Is the service caring?

Our findings

People we spoke with said that staff did support them and in a caring way. One person said, "Staff help me, yes. I like [staff name]". When we asked about other staff we were told that they also did and again a specific name of a staff member was mentioned. We were then told about other staff who had supported this person when they had been to the shops or out for the day. The reaction was very positive and this person said that they were happy at the service.

Records showed that people were asked for their thoughts about the support they received and if they were happy with things. These discussions were undertaken with pictures for further support and clarity. Daily comments and discussions were fully recorded in support plans, again ensuring that people received the care that they needed and in a way they had chosen. Records also had sections that included "Seven steps to being in control of my support." There were also meetings run by the people who used the service recorded as "Voices to be heard" meetings." This showed that people made decisions about every area of their care and support. This was an opportunity for people to discuss how they felt and to share their ideas about the care and support they received.

Staff knew the people they cared for, they were able to tell us about what people liked, and disliked and how they used this information to support people. Two members of staff told us that they always asked people what they would like to do each day. Caring relationships were developed between staff and people who used the service. This was shown in the way in which staff addressed people, how relaxed and comfortable people were when speaking with staff or joking with them.

Our observations during the day showed us that people had no hesitation in moving about the service as they wished and staff made certain that people had everything they needed. Another member of staff told us that they were encouraged to spend time getting to know people and had worked with established members of staff to make certain that their approach was correct. This ensured that care was provided as the person needed, due to the fact that staff knew people well enough to be aware of their needs. We saw that when someone asked for support, the staff supported the person straight away. All support was carried out in a caring and calm manner, constant reassurance was given to people and any prompts were with consideration for the dignity of the individual. We saw that privacy was respected and when people clearly did not want to be disturbed or bothered, staff had respected this

Continued links with family members were supported through such events as 'Family forum' and encouraged visits from family. Advocates were in place where needed and health professionals and other agencies, such as the speech and language therapist, were encouraged to discuss matters and talk with staff as much as possible. Quarterly newsletters were issued to keep people up to date with what was planned for the service. Relatives were regularly invited to meetings as were social workers, learning disability nurses and other professionals relevant to the support package of the individual.

People told us that they had been involved in making decisions about their support. One person told us, "Yes they ask me." Records showed that when people had asked for certain things, these had been put into

place. This meant that people had made their own decisions about the support that they wanted for their daily routines. We saw that support plans had information that included what the person wanted and what they had said. If a certain member of staff had been chosen, then the rota was arranged to enable that member of staff to support the individual as they had chosen. This showed that people were involved in planning their support.

We were invited to see the bedroom of one person who used the service. People were encouraged to bring their own items with them to make them feel at home when moving into the service. We also saw that when repainting had been undertaken, the person using that room had chosen the colour scheme and helped with painting if they wished to do so. The communal areas had also been decorated in a homely manner with furniture that suited the people who used the service.

Is the service responsive?

Our findings

People's needs were assessed to ensure that their care and support was planned and delivered in line with their individual support plan. We saw that individual plans were clearly completed and each person had been involved in their own records. All sections were supported by pictures and the responses gathered from the person. Even if they had not always responded to sections in the support plan, staff had recorded this.

Support plans contained information about each person, their personal needs, how best to support them and any change to people's needs. Specific ways of communicating were fully described and any individual needs were clearly explained. Each section in the support plans referred to the person themselves, for example sections started with "My" or "I like." This showed us that the records were person centred. They were not written as if staff had completed them, it was the individual themselves who provided the information and that was how the plans were detailed.

Staff explained that the body language and mood of the person was noted each day and then passed to subsequent staff. We saw that records confirmed this to be the case, staff worked closely as a team to fully support each person. We found that the support plans had been regularly reviewed and were being reviewed as any changes occurred. This meant that support was provided as the person had chosen and that staff were fully up to date with the current needs of people. Therefore the appropriate and planned support was provided by staff.

Staff told us that they thought that the care plans contained information that enabled them to support a person in the way that they preferred. One staff member told us, "The support plans are detailed and we always discuss everything about people we support." Staff told us that they observed each person and how they had been during their shift. We saw that records had information about all aspects of the person's day, their mood and any issues that may be relevant to the next group of staff coming on duty.

People told us that they were able to make choices about what activities they liked to do. One person told us, "I like my birds, do you like them?" Staff had created a specific area for this person to enjoy and care for their chosen birds. This showed that not only had staff supported this activity, but they had risk assessed all areas and ensured that this pastime was manageable for the individual.

Staff told us that they supported people to do what they wanted to do. One staff member told us that people choose what they want to do and planning follows to make sure this can be achieved. If it is not possible for reasons such as safety, then alternative options are offered or an activity that is close to the person's choice. Activities recorded in support plans included swimming, games night, rowing and squash. We also observed staff making certain that the person still wanted to undertake a chosen activity. When asked about how long until the event took place, staff went through the plans in a considerate manner. Showing due regard for the person and the time they needed to fully take in these arrangements.

One person we spoke with told us that if they have any worries, they talk with a member of staff. We saw that records were kept of any discussions or worries. We saw that these were fully discussed and recorded in support plans. Actions were then decided upon, through discussions with the person and any relevant people, either members of staff or family members. All outcomes were fully recorded in individual support plans.

Is the service well-led?

Our findings

People who lived at the service were regularly provided with the opportunity to share their views and be involved in development of the service. Records clearly showed these discussions and support plans showed where the choices of people had been put into place.

Staff told us that they felt supported by the management team and that they were very approachable. Regular team meetings were held and these discussions were recorded and any necessary action undertaken.

Staff told us that they could speak out about any difficulties and that the staff team worked together at all times. We saw from minutes of team meetings that the opinions of staff were encouraged and respected. Staff told us that they regularly received updates on the development of the service and that they had good communication from the senior staff and from management.

There were regular audits completed for the premises and also of the records that were held. These audits included safety and quality audits, observations of staff practices and areas such as cleanliness around the building, hygiene in bathrooms and medication administration practices and storage. This showed us that the management regularly monitored the service that was provided to ensure that the standard was as planned. These audits also highlighted areas that may require improvement. Regular audits and spot checks of medicines and the associated records also ensured that medicines were safely administered. Returned medicines had been dealt with in line with current legislation and to ensure all records had been completed.

There were monthly compliance audits to ensure that service was meeting their legal requirements in line with current national guidelines. A system of traffic lights then showed the importance of any actions and the order in which actions needed to be addressed, following an assessment of the risks and impact on people. Regular audits of the premises made certain that all areas were safe for people and that the service was free of any obstacles that may present a risk. Fire signage and exits were appropriately on display throughout the building. There were regular fire drills to ensure the safety of people in such an event and the alarm systems were checked regularly.

The provider and senior staff understood their responsibilities under the terms of their registration with CQC. They understood their responsibilities to report incidents, accidents and other occurrences as required. Our records confirmed that this had been met.

There were clear lines of communication and regular meetings with staff, visitors and people who lived at the service to make people fully aware of all events and issues they needed to be aware of. Our discussions and review of records confirmed this.

Questionnaires were regularly issued to gather the views of people, such as family and friends, professionals

and people who used the service. These replies were collated and any follow up actions or matters needing attention were then dealt with and discussed. We saw that replies were fully recorded and this information was discussed with the senior staff at the service.

The service worked in an open way, management and staff at all levels worked closely together to provide support and maintain the independence of people who used the service. We were told that the main aim of 70 High Street was to work towards full independent living for each person, or as close to that as possible. Staff felt able to speak with any member of staff as we were told and observed, that staff worked as a team to provide support. Members of staff told us that they were able to discuss things as they arose, as well as in supervision sessions. They had no problem with speaking out about anything and felt included in developments at the service. We saw that staff meetings took place