

St.Christophers(Glossop)Limited

St Christopher's Trust

Inspection report

Redcourt
Hollincross Lane
Glossop
Derbyshire
SK13 8JH

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Tel: 01457852687

Website: www.stchristopherstrust.org

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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

St Christopher's Trust is a domiciliary care service which provides personal care to people with a range of support needs. Some people using the service had learning disabilities and/or autism. People lived in 'supported living' settings, so they could live as independently as possible. At the time of this inspection, the service was providing personal care to 25 people.

Not everyone who used the service received the regulated activity of personal care. The Care Quality Commission (CQC) only inspects services where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do receive personal care, we also consider any wider social care provided.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People felt safe. Risks to people were assessed and minimised and people were protected from abuse. There were enough staff available to provide personalised care to people. People received their medicines, as prescribed, from staff who were trained to provide this support safely. People were protected from the spread of infection.

People were supported by staff who were competent and skilled. Staff asked people for their consent before providing them with any care. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. The policies and systems in the service supported this practice.

People told us staff were kind and caring. People said they felt well-treated by staff and we observed people were continually involved in decisions about their care. Staff supported people to maintain their independence. People's privacy was respected.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them

having as many opportunities as possible for them to gain new skills and become more independent.

People were told how they could complain about the service, if they had any concerns. People were supported to maintain relationships with their family and friends and take part in activities that were meaningful to them. People were supported by staff who could communicate effectively with them. People had access to a range of communication tools, to help them make decisions about their care.

People, their relatives and staff all told us they thought the service was well-run. Everyone told us the registered manager was supportive and operated an 'open-door' policy. The registered manager and staff were keen to deliver a high-quality, person-centred service. The registered manager completed a range of checks on the safety and quality of the service on an ongoing basis, to ensure any necessary improvements were identified and implemented.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 19 December 2016).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

Thematic review

The Secretary of State has asked CQC to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism.

Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of thematic review, we carried out a survey with the registered manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people.

The service used positive behaviour support principles to support people in the least restrictive way. No restrictive intervention practices were used.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

St Christopher's Trust

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was completed by one inspector.

Service and service type

This service is a domiciliary care agency. It provides care and support to people living in their own houses and in various 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living. This inspection looked at people's personal care and support.

The service had a manager registered with CQC. This means the manager and the provider are both legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection as we needed to be sure staff would be available during the office visit and we wanted to arrange visits to people in their own homes.

Inspection activity started and ended on 2 August 2019. We visited the office location to see the registered manager and office staff; and to review care records and policies and procedures. We also visited people in their homes to obtain their feedback about the service.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from commissioners of the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what

they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service about their experience of the care provided. We spoke with seven members of staff including the registered manager.

We reviewed a range of records. This included three people's care records and two staff files in relation to recruitment and induction. We checked a variety of records relating to the management of the service, including policies and procedures.

After the inspection

We spoke with three relatives over the telephone to obtain their feedback about the service. We also sought some additional documents from the registered manager. They were provided in a timely manner and were used to inform our judgements.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- The provider continued to follow safe recruitment procedures. They completed pre-employment checks to ensure new staff were suitable and of good character.
- When possible, people using the service were involved in the recruitment process. They were supported to be involved in decisions made about the staff who would provide their care and support.
- There were enough staff available to ensure people received personalised care and support. People and their relatives told us they were supported by a stable staff team who knew them well.

Systems and processes to safeguard people from the risk of abuse

- The provider had appropriate systems in place to safeguard people from abuse.
- All staff were trained in their responsibility to safeguard people from abuse. They knew what action to take if they witnessed or suspected abuse. Staff told us they would report any safeguarding concerns to the registered manager. Staff were confident the registered manager would act upon any concerns.
- People told us they felt safe using the service. People's relatives told us they had no concerns about their family members' safety. A relative commented that their family member "trusted the staff implicitly".

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Staff assessed the risks involved in the delivery of care to people. People's care records contained risk assessments detailing the specific risks posed to them and guidance for staff about how to manage those risks in the least restrictive way. Risk assessments were reviewed at appropriate intervals to check risk levels had not changed.
- The provider had plans in place for dealing with emergency situations. For example, personal emergency evacuation plans described how each person should be supported in the event of a fire.
- The provider had procedures in place to support staff to deal with incidents or accidents. The registered manager told us they would always attempt to establish the cause of incidents or accidents to check whether any lessons could be learned as a result. This helped to reduce the risk of a similar incident happening.
- The management team monitored incidents and accidents for any themes and trends. They considered whether people may need to be referred to other health or social care professionals to reduce the risk of further incidents.

Using medicines safely

- Medicines continued to be managed in a safe way. People received their medicines as prescribed and staff kept accurate records about what medicines they had supported people to take and when.
- People's care records contained clear guidance for staff to follow which explained the support they needed

with their medicines.

- Staff were trained in medicines management and their competency to administer medicines safely was checked. The registered manager completed regular audits of the medicine management system to ensure staff continued to support people with their medicines in a safe way.

Preventing and controlling infection

- People were protected from the spread of infection.
- The provider had a policy which staff were required to follow to promote effective infection control practices and all care workers received training in infection control.
- Staff told us they had access to personal protective equipment which supported them to prevent the spread of infection.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager completed a comprehensive assessment of people's needs before they started using the service. A personalised care plan was then created, which included information about the person's preferences, background and personal history. This enabled staff to get to know people very well and find out how they wanted to be cared for.
- Care was planned and delivered in accordance with good practice guidelines. Some people using the service could display behaviours that may challenge others. Behaviour that challenges usually happens for a reason and may be the person's only way of communicating an unmet need. People's care records contained detailed information about how staff could proactively diffuse any potentially challenging situations, in the least restrictive way.
- People and their relatives were happy with the care they received. A relative commented, "I've been very impressed with the service" and "They do a brilliant job."

Staff support: induction, training, skills and experience

- Staff received appropriate training and support to undertake their jobs effectively.
- New staff received a comprehensive induction when they started working at the service. This included completing training the provider considered to be mandatory and a period of shadowing more experienced staff until the registered manager was satisfied they were competent.
- Staff told us they received regular training, which they found useful. This included training in de-escalation techniques. People and their relatives told us they thought staff had the skills they needed to support them effectively.
- Ongoing support was also provided to staff through supervision, observations and appraisals. Staff told us they felt supported by the registered manager and other members of the management team.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked closely with other organisations to support people to maintain their health. Staff sought advice from health and social care professionals, such as GPs and social workers when required.
- People's individual needs were recorded in their care plans and on a 'hospital passport'. This document is designed to be used if a person requires a hospital admission or treatment. It helped to ensure people's needs were understood and met when they were away from their home. We saw these documents were readily available in case anyone was admitted to hospital. This meant information was available to support effective admissions to hospital.

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

- People were supported and encouraged to eat regularly and healthily.
- When people received support from staff with their meals and drinks, their food preferences were recorded in their care plan, along with details of any special dietary requirements. This supported staff to cater for their needs, in accordance with their preferences.
- People were supported to participate in food shopping and food preparation, so they could maintain their skills in this area.

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

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for authorisation to deprive a person of their liberty. We checked whether the service was working within the principles of the MCA.

- The service worked within the principles of the MCA. People were supported to make their own decisions as much as possible. Information was made available to people in easy read and picture format, which supported people to make their own decisions. Staff understood the need to take all reasonable steps to involve people in decision-making. A relative commented, "[Staff] give [my relative] the support they need but they also give them a lot of choice."
- When people were assessed to lack capacity to make certain decisions, the service worked alongside other people and professionals involved with the person, to make decisions in their best interests.
- We observed staff asked people for consent before they delivered care.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives told us staff were kind, caring and approachable. Comments included, "The staff are very warm and understanding; they have a lot of empathy", "I can't speak highly enough of the staff and the management" and "I find the staff very approachable. I feel very welcome when I visit."
- Staff treated people as individuals and their choices and preferences were respected. Staff demonstrated a very good knowledge of people's personalities, their individual needs and what was important to them.
- During this inspection we saw staff interacted with people in a warm, friendly and relaxed manner. Staff were seen and heard to be person focused rather than task focused.
- Through talking to staff and reviewing people's care records, we were satisfied care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. For example, discrimination based on age, disability, race, religion or belief and sexuality.

Supporting people to express their views and be involved in making decisions about their care

- The registered manager had links with local advocacy organisations. They understood the benefits an advocate could offer when supporting people to make arrangements and decisions about their care. We found the service regularly arranged advocates for people, to support them to make big decisions about their care.
- We observed staff communicate effectively with people throughout this inspection. Where people struggled to communicate verbally, staff had access to a range of communication tools to support people to remain involved in decisions about their care, as far as possible.
- People were afforded choice and control in their day to day lives. We observed staff asking people what they wanted to do during the day and how they would prefer to spend their time. People's choices and decisions were respected.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us staff treated them with respect and listened to any requests they made. A relative commented, "The staff always treat [my relative] with dignity and respect."
- Staff actively promoted people's independence, so they could lead meaningful and fulfilling lives. People's care records explained what they could do for themselves and what they needed staff to support them with.
- People were encouraged to use technology and equipment to enable them to complete tasks for themselves. For example, in one supported living placement we visited, the people living there had recently started using a kettle which was designed to reduce the risk of scalding injuries. This enabled a person to

make their own hot drinks.

- People's privacy was respected. Their personal information was protected. People's care records were locked away safely and securely so only people who needed to read them could access them.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care records were detailed, person-centred and accurately described what support they needed from staff. They were reviewed monthly or sooner, if a person's needs changed.
- Staff knew people very well and delivered care in accordance with people's preferences. People's care plans contained detailed information about what they enjoyed and things they did not like; this supported staff to build positive relationships and bonds with people.
- One person wanted to show us their bedroom; we saw it reflected their personal choice and personality. Their bedroom contained lots of framed pictures, photographs and memorabilia which was important to the person. Another person invited us to chat in their bedroom. Again, their bedroom was personalised and decorated in a manner which reflected their personal preference.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed. Care plans provided clear guidance to staff about how to communicate effectively with people.
- Information was made available to people in formats they could understand and readily access. We saw key information about the service and about people's care was displayed in easy read, pictorial formats, as well as written formats.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff supported people to take part in activities that were important to them. People told us they had lots to do. They said they regularly went out to take part in events and activities in the community.
- Staff supported and encouraged people to maintain relationships with their family and friends. This support provided people with regular opportunities for social engagement, both within their supported living placements and in the community.
- The provider worked with an organisation which supported people to take part in voluntary work in the local community. People were also encouraged to obtain employment. One person we spoke with told us they were involved in two voluntary work schemes. They told us they really enjoyed taking part in voluntary work as it meant they got to meet lots of new people.

Improving care quality in response to complaints or concerns

- The provider had a policy which explained how people could complain and how any complaints would be dealt with. The service had not received any formal complaints, but the registered manager assured us any concerns would be dealt with in accordance with the provider's procedure.
- Each person who used the service was given information about how they could make a complaint. This was in an easy read format which helped to ensure the complaints process was accessible and understood.

End of life care and support

- The service was not providing end of life care to anyone at the time of this inspection. The registered manager told us staff would work closely with community health professionals when caring for a person at the end of their life, to ensure they had access to any specialist support and medicines they needed to remain comfortable and pain-free.
- The registered manager informed us that if the service began caring for people approaching the end of their life, staff would complete additional training on the provision of end of life care.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. The service was consistently managed; however, some regulatory requirements were not adhered to by the provider.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager understood most regulatory requirements, however, they and the provider had failed to amend their registration with CQC when the service moved to a new office after the last inspection. This meant the service had been operating from a new location, in breach of a condition of their registration with CQC. The breach of this condition will be dealt with outside the inspection process.
- The registered manager demonstrated a good understanding of other regulatory requirements.
- Staff morale was positive and staff told us they enjoyed their jobs. Staff at all levels were clear about their roles and responsibilities and staff worked effectively as a team.
- There were systems and processes in place to check staff provided a high-quality service to people. This supported the registered manager to identify any areas for improvement, to ensure the service remained safe and of a high-quality. If any issues were identified by the registered manager, they were recorded and acted upon.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The day-to-day management of the service and staff was carried out by the registered manager, who was supported by a management team. The registered manager and the management team had worked at the service for many years and had a very good knowledge of the people who used the service. The service was focused on the needs of individuals. There was a commitment by the registered manager and the staff to ensure people received the care and support they wanted and needed.
- People, their relatives and staff all told us they thought the service was well-run. A relative commented, "The service is very well-run, and I can approach the managers if I need any support. It's very well-organised."
- The service had an open culture and all staff told us they felt well supported by the managers. They were confident any concerns or issues they raised would be dealt with appropriately.

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

- The registered manager and senior staff made themselves easily available to people using the service, their relatives and staff. This gave people the opportunity to share any concerns or feedback about the service.
- People were also asked for their views about the service through an easy read, picture format

questionnaire. As some people were unable to complete it on their own, support was provided by an advocate or family member to ensure people's voices were heard. We saw some recently completed questionnaires which indicated people were happy with the service they received.

- Meetings took place between people who used the service and staff, to ensure they were given the opportunity to voice any worries, concerns or requests. The minutes of meetings were produced in both words and easy read, picture formats, to ensure people received this information in a format they understood.
- Staff were able to share feedback about the service during supervision meetings and staff meetings. The registered manager told us they had an 'open-door' policy and staff could come to speak with them about any ideas or concerns whenever they wanted to.

Working in partnership with others

- The management team and staff worked closely with relevant health and social care professionals. This enabled them to deliver effective care to people.
- The service had established close links with other organisations in the community. This had provided some people with employment opportunities and others with wider opportunities for social interactions.