

Style Acre







Style Acre

Inspection report

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Ratings

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

Overall summary

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

Style Acre provides supported living services to people who live in their own home. At the time of our inspection there were 80 people using the service.

The service had a registered manager. 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.

Summary of findings

Everyone we spoke with was complimentary about the service. People praised the care staff and their commitment to the people they supported. People spoke positively about the management of the service.

The service had strong values which supported a caring, personalised culture that put people at the heart of all they did. The service was continually striving to improve and had effective systems in place to monitor the quality and safety of the service.

People's needs were assessed and where any risks were identified, management plans were in place. People were supported in a way that recognised their rights to take risks and were encouraged to access activities that developed their skills and confidence.

Staff were knowledgeable about the needs of the people they supported and had the skills to support them safely and effectively. Staff were supported by the registered manager and wider management team. Staff had access to development activities and a clear career pathway.

There were effective systems in place to ensure the quality of the service was monitored and improved. This included seeking feedback from people and their relatives.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Staff were clear about their responsibilities to identify and report any concerns relating to abuse of vulnerable people.

There were clear management plans in place where people's assessments identified a risk to their safety.

Medicines were managed safely.

Good



Is the service effective?

The service was effective.

Staff had regular supervision and appraisals. Staff had access to training that ensured they had the skills to meet people's needs.

People had access to a range of health professional and were supported to attend appointments.

Staff were knowledgeable about the Mental Capacity Act.

Good



Is the service caring?

The service was caring.

There was a caring culture where people were treated with dignity and respect.

People were encouraged and supported to make choices in relation to their care and choices were respected.

People were involved in their care and felt listened to.

Good



Is the service responsive?

The service was responsive.

People had access to a wide range of activities that interested them and developed their skills.

Staff monitored people's conditions and responded appropriately to changing needs.

There was a clear complaints process which people felt comfortable to use. Issues were taken seriously and dealt with in a timely manner.

Good



Is the service well-led?

The service was well-led.

There was a caring culture based on strong values which staff were committed to.

The registered manager was approachable and was supportive of staff, introducing reward schemes to recognise staff commitment to the service.

There was a culture of continuous improvement, which looked at ways to improve the quality of people's lives.

Good



Style Acre

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 checked 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 the 29 September 2015 it was announced. The provider was given notice of our intention to inspect the service. This is in line with our current methodology for inspecting supported living services. The inspection team consisted of two inspectors and an expert by experience (ExE). An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. At the time of

the inspection there were 80 people being supported by the service. We reviewed the information we held about the service. This included notifications about important events which the service is required to send us by law.

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 spoke with six people who were using the service and 16 people's relatives. We spoke with seven support workers, two support managers and the registered manager. We spoke with three health and social care professionals. We reviewed five people's care files, the medicine records for four people, five staff records and records relating to the general management of the service.

Is the service safe?

Our findings

People told us they felt safe. Comments included: “I feel very safe”, “It’s a very safe place” and “I am very safe thank you”. Relatives we spoke with felt sure people were safe. One relative said, “I’ve stepped back a bit, I’ve told staff to take it as a compliment. If I was worried, I would be there every week”.

People had been involved in developing safeguarding poster which identified, ‘Who you can trust’. This was on display and had raised awareness with people regarding who they could tell if they did not feel safe.

Staff we spoke with had a clear understanding of their responsibilities in relation to identifying and reporting abuse. Staff we spoke with had copies of a prompt card the provider had issued. The card contained details of who to contact should staff identify concerns and were not comfortable to speak with their line manager. Staff we spoke with were clear on the arrangements in place to raise safeguarding alerts externally if required to either Oxfordshire safeguarding adult’s team or the Care Quality Commission. We saw that concerns relating to potential abuse were raised appropriately by the service. Safeguarding procedures for staff and visitors to follow were on display.

People’s support plans included risk assessments. Where risks had been identified risk management plans were in place to ensure risks in relation to people’s needs could be managed in the least restrictive way. For example, people who could present with behaviours that challenged had clear risk assessments in place with guidance for staff to follow. Staff we spoke with understood this guidance and we saw support staff followed this guidance. One person had Epilepsy. There was a risk assessment in place to support this person in all environments and whilst travelling in a vehicle. Staff we spoke with were able to tell us what the procedure was for supporting this person with their epilepsy. This was in line with the documented risk assessment in their care file.

Relatives we spoke with were positive about how the service supported people with their medicines. Comments included: “They have a very strict scheme; two people

administer and double check it (medicines)”;

“Staff are meticulous, they sign sheets morning and night” and “My son has frequent seizures; the staff are very good at dealing with them”.

Effective systems were in place for the safe storage and administration of medicines. Staff responsible for the administration of medicines had a clear understanding of the policies and procedures. Where people were prescribed medicines to be used in specific situations, staff were clear about when and how the medicine would be administered. Care plans contained detailed information relating to the use of medicines. Staff responsible for administering medicines received training and were assessed as competent before administering people’s medicines.

The service followed safe recruitment practices. Staff files included application forms, records of interview and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service to make sure staff were suitable to work with vulnerable adults. Records were also seen which confirmed that staff members were entitled to work in the UK.

We reviewed the incidents and accidents. There was a clear record kept for all incidents and accidents. We found that the reviewing arrangements put in place reduced the risk of further incidents. For example, one person posed a risk to other people in the supported living accommodation. There was a sensor system in place to alert staff where this person was; however the system had failed to work and did not alert staff. This led to an incident with another person using the service. The manager had put in place weekly checks of this to prevent future incidents with this person. Although systems were in place we found some incidents reviewed did not always contain clear information relating to what action had been taken to prevent another occurrence. For example, we saw one occasion when one person had fallen in public. The incident document stated ‘person monitored for bruising’. However it did not state what action had been taken to assess the risk and identify any actions that could be considered to minimise the risk to this person. We spoke to the manager who advised he would review all incidents to ensure appropriate actions were taken and recorded.

Is the service effective?

Our findings

Relatives were complimentary about the care staff. One relative told us, “Staff have different talents to bring to the house which ensures a holistic package of support was achieved”. Relatives felt staff were well trained and had the skills to meet people’s needs.

Staff had access to sufficient training to give them the skills and knowledge to meet people’s needs. Training included training in positive behaviour, safeguarding and Epilepsy. Staff told us they could identify and request specific training they felt would help them support a person’s needs. For example, one member of staff had suggested dementia training for staff supporting a person who had been diagnosed with dementia. The member of staff told us this training had now taken place and staff were more confident in supporting the person.

Staff were trained to ensure they had the necessary skills to understand people’s chosen methods of communication. Staff were trained to use techniques such PECS and Makaton. PECS (Picture Exchange Communication System) is a form of alternative communication for people who may have little or no verbal speech. It was designed to support people who cannot communicate verbally to initiate communication rather than just be staff led. Makaton is a language programme designed to provide a means of communication to individuals who cannot communicate verbally by the use of signs and images. Each person who could not communicate verbally had a communication profile in place to ensure their chosen methods of communication could be understood. The service had just introduced Eye Gaze technology which enabled people to use eye movement to communicate via a computer.

Staff had access to development opportunities. Staff we spoke with had achieved national qualifications in health and social care. One member of staff had enrolled on the providers ‘Leadership Development Programme’. This enabled staff to have a clear career development pathway.

Staff had regular supervisions and an annual appraisal. Staff were positive about the supervision and appraisal system. One member of staff said, “It’s really useful, we go through the last supervision minutes. We talk about what has gone well. I can be open and feel comfortable to talk about anything”. Staff had completed personal development plans which identified training and

qualifications to improve staff skills and knowledge. Supervision records included where poor performance had been identified. This had been addressed in a supportive manner and identified clear goals for the member of staff.

Staff we spoke with had a good understanding of the Mental Capacity Act (MCA) 2005. The MCA is the legal framework to ensure people’s right to make decisions for themselves was adhered to. We also observed references to capacity within people’s support files regarding supporting their choices. We saw that a best interest decision had been made on behalf of someone who was assessed as lacking capacity in relation to a decision about their accommodation. The best interest process included everyone involved in the person’s care and showed how the decision had been reached.

It was not always clear that capacity had been assessed in areas where decisions were being made for people. For example, there were generic references made within people’s files with regards to finances and medicines, but no assessment in place to support the process in line with the MCA code of practice. We spoke to the registered manager who told us they would review people’s files to make mental capacity assessments clearer.

The service had assessed people to determine whether the support people were receiving in their own homes was resulting in a deprivation of their liberty. Where the assessment identified people were being deprived of their liberty referrals had been made to the local authority to determine if an application needed to be made to the Court of Protection. . The service was still waiting for the outcome of these referrals. We saw that some of the ‘necessary restrictions’ documented in peoples files were not always the least restrictive. For example, one person’s file documented cupboards were locked in the person’s bedroom. We discussed this with the service manager for this person who told us this was for the person’s safety. However, we were told no other creative solutions had been discussed. The service manager accepted that there could be less restrictive means and agreed to review the arrangements.

People told us they were able to choose their menus and were supported to do their own food shopping. We saw people were supported to prepare their own meals. One person had been supported to identify healthy food

Is the service effective?

options in order to manage their weight. The person's relative was positive about how the service had supported this person to learn about food groups and the positive impact this had on the person's health.

Relatives were positive about how the service supported people to access health professionals. told us people were referred to health professionals in a timely manner and supported to attend hospital and doctors' appointments. For example, one relative told us staff had noticed a change in their relative's behaviour. Staff had arranged a doctor's appointment and the person had been diagnosed with an infection and treatment was arranged.

Each person had a clear Health Action Plan (HAP) in place. A HAP is a personal plan about what people need to do to stay healthy. It lists help that people might need in order to maintain good health and made it clear about what support people might need. Each person's plan we reviewed was very detailed and had a clear record of the health professional's people were registered with and an on-going record of appointments people had attended.

Is the service caring?

Our findings

People we spoke with told us that staff were caring. Comments included, “Staff are very caring” and “I really like my staff they are so lovely”.

Relatives spoke positively about staff supporting people. Comments included: “It (Style Acre) has transformed [person’s] life. The organisation has a family feel to it and he’s part of that family”; “[Relative] is always well cared for. I can see the joy on her face when a member of staff she really gets on with turns up” and “This is the first place [relative] has ever settled. The service is beyond expectations”.

There was a caring culture. Staff were positive about their role in supporting people. Comments included: “This is the most rewarding thing I’ve done in my life”; “We provide supportive and individualised care” and “Everyone is treated as an individual”.

People were encouraged to develop and maintain friendships with each other. Staff told us they would arrange activities for people to do in a group with their friends. One person told us, “We don’t always get on, but staff help us manage it”. We also saw feedback from one relative who praised the service for supporting their relative’s relationship with their partner. The relative stated, “I must praise the services empathy and understanding of my (relative), going out of their way to adjust plans so they can go on activities with their partner”.

People, were treated with dignity and respect. People were given choices and their decisions respected. We observed kind and caring interactions and people were clearly comfortable with staff who knew them well. People’s personal belongings and environment were respected. Where possible, people were involved in decisions about the decoration of their home. For example, one person enjoyed showing us their bedroom and told us they had chosen the decoration and furniture.

One relative praised staff for the effort they had made to help her organise a birthday event for her relative. The relative was impressed by the level of care and respect for people’s dignity that staff members demonstrated when taking people for the day out on a train. The relative told us, “I saw them making sure people were comfortable and that they could see out of the train window. A staff member saw one person needed assistance and asked if she could help tidy him up”.

People felt listened to and were involved in their care. Relatives were complimentary about how the service involved people in their care and respected their wishes. Comments included, “They know him well, so they know what his needs are. If he requests something, staff will do their best to see that it is done” and “Your (relatives) opinions are valued”.

Is the service responsive?

Our findings

People's needs were assessed before entering the service and assessments were used to complete clear, personalised support plans. Each person's support plan included information that enabled staff to understand the person; what their preferences were and who in their life was important to them. Information was presented in a creative and thoughtful way to ensure that staff understood each person's needs.

People we spoke with told us they were involved in reviewing their support plans and contributed to the process. Comments included, "Me and my family sit down and think about what goes in my plan" and "I do it with staff and my mum". Support plans did not always contain information about people's individual goals and how these would be achieved. This meant there was not always a clear plan in place to support people to achieve goals that were important to them. We raised this with the manager who accepted it was not always clear how people were supported to achieve their goals and told us he would review this document.

When people's needs changed we saw the service responded appropriately. For example, we discussed one person's care with a member of the staff team. The member of staff told us that through close daily monitoring staff had identified changes to the person's behaviour. The person was supported to visit their GP which resulted in the person receiving an early diagnosis of dementia. The diagnosis enabled staff to review the person's support needs to ensure they were being supported appropriately.

People had access to activities that interested them. People we spoke with told us how they had a very active life. Comments included, "I go to the pub, nightclubbing, bowling, anything really, it's up to me" and "I like going to T2 (day centre available for people who used the service), on holidays and cinema". Feedback from one relative included the comment, "Keep up the excellent range of activities, the men's group is excellent as is T2". Staff we spoke with told us people had full and active social lives. Comments included, "They never get bored; we understand what they enjoy and make it available to them" and "I get more worried about them needing time to rest, there is always lots to do. We make a real effort". In one of the houses we visited we saw how people were supported to keep scrap books of things they had done. People took

pride in showing us through their scrapbooks and telling us about concerts they had attended and cruises they had been on. These scrap books were also used to document annual reviews by supporting each person to reflect on their year.

One relative told us how staff supported their relative to travel as she was interested in buses. The relative said, "They will take her miles to go off somewhere different; Brighton, bath, Cardiff; all sorts of places. [Person] is doing things we never imagined she would do". We visited this person's home and saw pictures of the buses and places they had visited. It was clear this was important to the person and staff talked to the person about the experiences.

People were supported to spend time in the community and access work opportunities. For example, one person was supported to work one day a week at the organisations charity shop. The person's relative told us, "The service has transformed her life and mine". Another person had completed a placement in the organisations tea room followed by a placement working in a hotel. The person's relative told us how this had improved the person's confidence and felt "It was a great way of involving people with learning disabilities in the community and eradicating the stigma that some people with disabilities experienced".

People who used the service benefited from a service that saw ongoing improvement as essential. We saw that people's feedback was regularly sought and acted upon to improve the service. One relative told us, "We have a lot of input. They work closely with us".

We saw minutes from resident meetings, relatives meetings and staff meetings where people's views were listened to. We saw that any issues identified through feedback had been responded to and action taken. For example, one person's relative had fed back regarding their relative's oral care. We saw that this person's support had changed to reflect this feedback and staff we spoke with confirmed the improved support that was taking place.

There was a system in place to manage concerns and complaints. However there had not been any complaints or concerns since our last inspection. There was a clear complaints policy and procedure. Each person we spoke with felt able to make a complaint and knew who to speak to. Relatives were also clear on who they could speak with.

Is the service responsive?

Comments included, "I know where to complain to, but I haven't had to, we are always involved and listened to" and "I feel wholeheartedly that my views are important and would be taken into account"

Is the service well-led?

Our findings

Relatives were positive about the management of the service. One relative told us, “The head has standards that are extremely high”.

Health and social care professionals were positive about the service. Comments included: “Management want the best for people using the service. On the whole a good service”; “They are pro-choice, pro-independence and advocate for people’s choice” and “I’m really happy with them as a provider”.

Staff we spoke with felt the service was well led. Comments included, “The managers all the way through (the service) take time to talk to you, and listen”, “The management is very good and lead by example” and “The leadership is good and value the importance of staff support”.

There was a positive culture within the service that was based on the values of: Choice and control; respect; dignity; valued; caring; emotional well-being; happiness and safe. The registered manager had developed the supervision and appraisal process that measured staff performance against standards of professionalism matched to the values. Staff we spoke with were positive about the values and proud to be part of the organisation. One member of staff said, “It’s an amazing organisation, everyone has such passion and enthusiasm for the people they support”.

The registered manager was approachable. We saw people chatting to the registered manager and people were clearly comfortable to speak with him. Staff told us they could speak to the registered manager at any time. Staff felt supported by the registered manager and felt valued for their work. One member of staff said, “I can come in and speak to [registered manager] at any time; he is very approachable”.

The provider had developed the leadership development programme to support staff to see a career path within the organisation. The programme was delivered by the senior management team and was based on the organisation values. The registered manager told us, “The values and standards of professionalism for Style Acre have become a reality and not just words”. The service supported students studying for a health and social care qualification by offering work placements to help students learning.

Relatives told us communication with the service was good and that the service was transparent when discovering failings in the service. For example, one relative told us they had been informed when there had been a medicines error relating to their relative. People and their relatives received newsletters that kept them up to date with organisational news. For example, the newsletter sent out in March 2015 informed people about a lottery fund grant the organisation had received and what it was going to be used for.

The service was committed to continual improvement and had signed up to ‘The Driving Up Quality Code’. This is a code for providers who sign up and commit to driving up quality in services for people with learning disabilities. We saw this had presented at an operations meeting with support managers to discuss how the organisation would use the scheme to support quality improvement.

The service had effective systems in place to monitor and improve the quality of service. For example each support manager carried out monthly service reports for the services they had responsibility for. Any issues found through the service report formed part of an action plan which identified who would be responsible for the action and when it would be completed. Completion of actions were checked at the next monthly service report. Where actions involved all staff at the service these were discussed at team meetings.