

Shervale Supported Living

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Inspection report

276 Coalway Road
Merry Hill
Wolverhampton
West Midlands
WV3 7NP

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05 April 2017

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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 ●

Summary of findings

Overall summary

This inspection was carried out on 5 April 2017.

Shervale Supported Living is registered to provide personal care and support for people in their own homes. At the time of our inspection six people received care and support from this service.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People felt staff were caring in the support they provided. Staff understood how to recognise and protect people from abuse and received regular training around how to keep people safe. Staff were not recruited until checks had been made to make sure they were suitable to work with the people that used the service.

People were supported by staff and management who were approachable and listened to any concerns that people or relatives had.

Staff were reliable and there were enough staff to meet people's needs.

People were confident that staff had the knowledge, skills and experience to provide effective care and support. People's care records contained the relevant information for staff to follow to meet people's health needs and manage risks appropriately. Care plans and risk assessments were clear and updated quickly if people's needs changed.

People were involved in the care and support that they received. People told us they had choice over the support they received and nothing was done without their consent. Staff understood the principles of consent and delivering care that was individual to the person.

Staff responded quickly if someone was unwell and supported people to access other health professionals when needed. People were supported to take their medicine safely and when they needed it.

The provider had awareness of current best practice. There were systems to measure the safety and quality of the service. Checks and audits were completed regularly to make sure that good standards of care were maintained.

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 were supported in a way that protected them from harm.
People were supported to take their medicines safely at the times they needed them.

Staff understood how to minimise risk to keep people safe.
People received care and support at the times that they needed it.

Is the service effective?

Good ●

The service was effective.

People felt that staff had the skills and knowledge to provide care effectively. Care and support people received matched people's identified health needs. People received support to access different health professionals when required. Where needed people had support to prepare meals or with eating and drinking.

Staff understood the principles of the Mental Capacity Act and the importance of ensuring people were able make choices and consent to their care.

Is the service caring?

Good ●

The service was caring.

People felt staff were kind and caring and treated them with dignity and respect.

People were involved in planning and reviewing their care and support.

People were supported to be independent as possible.

Is the service responsive?

Good ●

The service was responsive.

People's care and support was based on their own individual needs and preferences. Care plans were reviewed regularly to make sure that their needs continued to be met.

People knew how to complain. They felt any concerns they raised would be listened to and responded to.

Is the service well-led?

Good ●

The service was well led.

The provider and the registered manager were approachable and always took time to make sure people were happy about their care and support.

There were effective quality monitoring systems in place to identify any areas for improvement.

Shervale Supported Living

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was an announced inspection which took place on 5 April 2017 by one inspector. The provider was given 48 hours' notice of the inspection because we needed to be sure that they would be in the office.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give us key information about the service, what the service does well and improvements they plan to make. We reviewed the information we had relating to the service including any notifications we had received. A notification is information about important events which the provider is required to tell us about in law. We also asked the local authority for any concerns or information relating to the service. We did not receive any information of concern.

We spoke with three people who used the service, three care staff, the care manager and the registered manager who was also the provider.

We looked at the risk assessments and specific care plans care records for three people, three staff files and records relevant to the quality monitoring of the service.

Is the service safe?

Our findings

We asked people what being safe meant to them and whether they felt safe using Shervale Supported Living. One person told us, "They [staff] keep everyone safe." Another person said that staff took the time to make sure they felt safe when out of their home. All the people we spoke with told us that staff made them feel secure.

People told us that they were involved and supported to identify risks, they told us how they plan what they want to do. Staff told us about how they promoted positive risk taking making sure that people could do what they wanted as safely as possible. One example was a person who supported a local football team and who planned with staff to attend a local football match. Staff were able to tell us about people's needs and could tell us how they managed risks associated with people's care and medical conditions. They said that the risk assessments were clear and reviewed regularly. Relatives felt that staff were aware of people's individual risks and how to manage them safely. Staff told us how reviews of people's risk assessments happened quickly if a person's health needs changed.

Staff told us what they would do if they suspected abuse and who they would contact. The provider and the care manager told us about how they handled concerns and of the safeguarding referrals they had made to the local authority. The provider told us that they took their responsibilities regarding people's safety as a priority and regularly worked with agencies to ensure people remained safe.

People told us that staff were reliable and they had the right amount of support to keep them safe. All of the people we spoke with felt that they had consistency with the people that provided the care and support. The registered manager told us that they had never used agency staff and always had cover in the event of staff absence. They told us it was important to provide staff that had knowledge of people's needs and risks as well as the people living there knowing and trusting the staff.

Staff told us that the provider completed checks on them before they started working for the service. The staff file confirmed that checks had been undertaken with regard to proof of identity and whether there were any criminal records that the provider needed to be aware of. The service had also received references from past employers to make sure that new staff were suitable. We saw that references and checks with the Disclosure and Barring Service (DBS) were completed and, once the provider was satisfied with the responses, they could start work. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working in care. The provider told us the importance of checking the suitability of potential new staff before they commenced delivering care and support.

People told us that staff gave the right amount of support to make sure that they took their medicines safely. The support varied according to people's needs. Some people needed prompting and reminding of their medicines while other people needed staff to administer their medicines. All staff told us that they had regular medicine training and that they were unable to help people with their medicines unless they had been trained.

Is the service effective?

Our findings

People told us that staff had the knowledge and skills to give them the support they needed. Staff told us that they had good quality training and support that enabled them to do their jobs properly. Staff said that they did not carry out specific care tasks until they had the suitable training and felt confident and competent to do so. New staff had a period of induction which included working alongside more experienced staff and training in areas such as, safeguarding and moving and handling before fully commencing their roles.

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. We checked whether the service was working within the principles of the MCA.

People said they could make choices around their care and support. One person told us how they had choice over the carers that supported them. Relatives told us that the care and support was always provided in the person's best interests. Staff explained to us what needed to happen if a person did not have the capacity to make choices. They told us that they provided information to people in a way they could understand and be involved in decisions. They also checked throughout the time they spent with people that they were comfortable with the support they were getting. They were able to explain about best interest meetings and the principles of the MCA. This demonstrated that staff understood about consent and supporting people with their choices. What we saw in people's care plans confirmed this. The registered manager understood their responsibilities in regard to the MCA and Court of Protection.

There was an office area in the home that was used by the care manager on a daily basis. This was because the home had up to recently been a residential home and had only recently made the transition to supported living. Although people continued to receive 24 hour care, unlike before they were now tenants and had different legal rights to their home environment. We discussed with the provider if this change had been explained to the people that lived there and whether permission had been gained for the provider to have an office in the home. People we spoke with told us that they did not have any objection to the use of a room for an office. The provider realised that permission was needed from the people that lived there was needed. They assured us that this would be explained to them as a matter of urgency and their choice would be respected. They also told us that their choice and decision would be reviewed regularly. Since the inspection visit we have been assured by the provider that this has been discussed and that a portion of rent is being paid to people in recognition of the use of a room in the house.

People told us that where they needed support with preparing their meals this was provided. Staff told us

that where needed people's food and drink amounts would be monitored. This would usually happen where there were concerns about a person's weight or diet. The staff told us where there were any concerns about a person's eating or drinking the provider would get health professionals involved quickly.

We looked at how people's health was maintained. People said that staff helped them to remain healthy and that if ever other professional medical advice was needed this was sought straight away. One person said, "They [staff] get the doctor quick if I need it." We found that staff, the provider and the registered manager were proactive and made appropriate and timely referrals when needed. The provider said that they were always available to people that used the service and their relatives for advice if they were worried about a person's health. The provider and staff worked alongside a range of other professionals to make sure people's health needs were met. These included doctors and district nurses.

Is the service caring?

Our findings

People spoke kindly of the staff that supported them. They said that the staff were kind and caring. One person said, "The staff are lovely." Another person told us that staff, "Were the best." We saw that people and staff were relaxed and that there was good humour and banter between people and the staff that supported them. People felt that they were treated as individuals and with dignity and respect. Staff told us that there was a strong emphasis on dignity and respect. They felt their approach reflected this. An example they gave us was how they maintained conversation throughout any care tasks making sure that the person was happy with the support they were getting.

People we spoke with felt that staff supported them to maintain independence. They told us about how staff took time to support them to participate as fully as they could in their care. Staff told us that they worked hard to make sure that people retained skills and abilities to enable them to be as independent as possible. Another person told us how they had been given support and advice on maintaining a healthy relationship with their partner. We also saw where people were given support and encouragement to prepare drinks and food. Staff told us that they always tried to recognise what people could do and encourage them, whilst they also recognised what people needed extra help with.

People felt that staff communicated well and took the time to make sure that they were involved in their care. They felt that staff explained clearly before going ahead and carrying out any care tasks. People were positive about the way that they were supported. The registered manager told us that the care and support was planned with involvement of all the relevant people with the person themselves at the centre of all decisions about what care and support was needed. The care records that we looked at showed that people and their relatives had been involved in identifying and reviewing their care and support.

People felt they were treated as individuals and this was supported by what staff told us and what we saw in people's care records. They told us that staff always made them feel the most important person at the time and they felt valued for who they were. Staff told us that care was very personalised and centred on people's individual needs. The provider, staff and the care manager spoke fondly of the people they supported.

Is the service responsive?

Our findings

People told us that they had discussed and agreed what support they wanted to match their needs and preferences with staff. Staff told us that support was always centred around the person. The care plans we looked at reflected this. All of the people we spoke with felt that the care and support they received met their needs. People said they had been asked what their support needs were and how they wanted them to be met. They felt that the care and support was flexible and responsive to their needs. The registered manager told us that care plans were developed from their own initial assessments together with information and assessments provided by other professionals. Staff told us that care plans were helpful to refer to as well as well as speaking directly with the person being supported.

Staff were confident in being able to tell us about people's individual needs and interests. One person was supported to volunteer in a local café as they were interested in catering. Another person was supported to attend college to do a cooking course and they told us this was what they had said to staff that they were interested in.

The service provided care to people with a variety of health needs and we saw where additional information on people's individual syndromes and needs had been included in their care plans. We could see that the provider was quick to respond if a person's needs changed. One example was a change in a person's health needs. Additional assessments had been done including additional risk assessments. There was contact with other health professionals to make sure that the person's needs continued to be met. Additional information was now in the person's care records for staff to follow.

The provider told us that all people had regular planned reviews of their care and at times this was more frequent due to changes to people's needs or requests from people's families. In the three care records we looked at we found that care plans and risk assessments were detailed and had been reviewed regularly.

People were encouraged to give their opinions about the care they received and to raise any concerns or complaints. People told us that they did not have any complaints, but if they had they were confident they would be listened to. All the people we spoke with knew who the provider and the care manager were and felt comfortable to raise concerns with them or the staff. We spoke with the registered manager about the handling of concerns and complaints. There had not been any complaints but we could see that there was a system in place to respond and investigate concerns appropriately.

Is the service well-led?

Our findings

People told us that they found the provider and the care manager approachable and open. They said they could talk with staff about any comments or concerns and felt that they would listen and forward any concerns or comments to the provider if needed.

Staff told us that they felt that they had good support from the provider and registered manager. Staff were also aware of the whistle blowing policy and who to contact if they had concerns about people's safety. There was a clear management structure and out of hours on call system to support people and staff on a daily basis. Staff felt that they felt involved in decisions regarding the development of the service and how it was run. There were regular staff meetings and staff told us that they felt valued and listened to.

We asked the registered manager about their vision for the service. They told us it was to, "Provide support and accommodation to vulnerable adults and give them the opportunity as individuals to live as part of the community and experience a family type home environment." The staff we spoke with felt motivated to provide the best care and support that they could provide. They spoke of a management approach which was focussed on supporting staff to provide good quality individualised care.

The registered manager or care manager carried out regular checks and audits on areas such as risk assessments, care records, training, accidents or incidents and medicines. We could see where actions had been taken as a result of the checks and audits.

The provider had awareness of current themes in the health and social care field. They were members of the 'West Midlands Care Association'. The provider said that this made sure that they were kept up to date of current national and local health and social care policies. They told us that this information was regularly shared with staff through staff meetings and supervisions. They also worked with 'Enable' which was a service that helped get people with learning disabilities into work.

There were regular meetings with the people that lived there. These meetings provided people with the opportunity to provide feedback on their care and to make any suggestions. One recent action that had been taken as a result of these meetings was the implementation of a laundry rota, so that this task was fairly distributed to the people able to do it.

The provider had when appropriate submitted notifications to the Care Quality Commission. The Provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale. This means that we are able to monitor any trends or concerns.