

Class (UK) Limited

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Inspection report

33 Maltese Rd
Chelmsford
Essex
CM1 2PB

Tel: 01245494012

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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?

Requires Improvement ●

Summary of findings

Overall summary

This inspection was carried out on 19, 20, 27 July and 02 August 2016. We visited the locations where support is provided on 19 and 20 July and between 27 July and 02 August we spoke with relatives of people who used the service by telephone. This inspection was announced. We gave the provider 48 hours' notice that we were coming because the service provides a supported living service to people in their own homes and we wanted to make sure that someone would be in. The service provides support to adults who have learning disabilities, autistic spectrum conditions, and/or mental health conditions. At the time of the inspection, seven people were being supported by the service in three different houses.

There were two registered managers 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.

The service had safeguards in place to protect people from the risk of harm. People's support plans and risk assessments were detailed, person-centred and reflective of their changing needs. Medicines were managed and administered safely and people were supported to manage their own medicines if they wished to and where this was assessed as safe. The provider had recruitment processes in place to ensure people were supported by suitable staff and there were enough staff with the right skills and knowledge to meet people's needs.

Staff received training which was relevant to their role and received regular supervision and support. Interactions between people and staff were positive and friendly and staff were knowledgeable about the people they supported. Staff had a sufficient understanding of the Mental Capacity Act 2005 (MCA) and associated regulations. Some capacity assessments and best interest decisions had not been appropriately documented.

People had enough to eat and drink. People did their own meal planning, shopping and cooking with support from staff. They were supported by caring staff, who understood their needs, promoted their rights, encouraged their independence and respected their privacy and dignity.

People had opportunities to contribute to their care and support and were included in reviews and meetings. People had plans and aspirations for the future and were supported to work towards these. People also had active social lives and participated in many community activities.

Although the formal, documented quality auditing process was not yet fully developed, the registered managers had strong leadership oversight of the service and took action to address shortfalls that were identified. People and their families had opportunities to share their views and there was a complaints policy which detailed how people could make a complaint if they wished.

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.

Staff had an understanding of processes to safeguard people from harm and how to report any concerns.

People were involved in deciding what risks they wished to take and measures were in place to keep people safe whilst promoting their independence.

There were sufficient numbers of suitable staff to keep people safe and meet their needs.

Systems were in place to ensure people's medicines were managed in a safe way and that staff were competent to administer medicines where people required this support.

Is the service effective?

Good ●

The service was effective.

Staff training was up to date and staff were able to explain how training developed their skills to support people well.

Consent was obtained before support was provided and the requirements of the Mental Capacity Act 2005 were met. However, the assessment and best interests process was not always fully documented..

People had enough to eat and drink and were supported to maintain good health.

Is the service caring?

Good ●

The service was caring.

Staff interacted well with people and respected choices they made, supporting independence and their right to make decisions about their life.

People's privacy and dignity were respected.

Is the service responsive?

Good 

The service was responsive.

People and their families were involved in assessing their needs and planning their care.

People were supported to follow their interests and to have aspirations for the future.

People received personalised care that was responsive to their needs.

People and their families were aware of how to make a complaint and systems were in place to enable people to do so. I

Is the service well-led?

Requires Improvement 

The service was not always well-led.

The registered manager and the management team supported staff well and promoted an open and person centred culture within the service.

People had many different ways in which they were able to share their experiences of the service and their views were acted on.

There were some audit systems in place to support the service to deliver good quality care and make improvements although a formal auditing system was not fully developed yet. However, the manager and the provider had good management oversight of the service and demonstrated a very clear commitment to high quality, personalised support.

Sufficient records were not always completed to show evidence of how some decisions about care were made particularly in relation to decisions made in people's best interests.

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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 unannounced inspection took place on 19, 20, 27 July and 02 August 2016. It was carried out by one inspector.

Before the inspection we reviewed information we held about the service, including the previous inspection report and notifications they had sent us. A notification is information about important events which the provider is required to send to us.

During the inspection, we met with six people who used the service and spoke in depth with three of them. Where people were unable or did not wish to speak with us about their experiences of the service, we observed the interaction between them and staff to help us understand. We spoke with one person's relatives who visited on the first day of our inspection. We also spoke with the two registered managers, and four support staff. We looked at the support plans and associated records for three people. We also looked at records for five staff and those relating to the provision of support and the management of the service.

The provider completed a Provider Information Return (PIR) which we reviewed following our inspection. 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. After the inspection we spoke with the relatives of four other people who used the service by telephone.

Is the service safe?

Our findings

We saw that people who did not wish to speak with us were at ease in the company of staff which indicated that they felt safe in their presence. Information about staying safe was available to people in an easy read document and one person told us that they discussed this with their key worker. Another person said, "My keyworker and all the staff help me to stay safe." A relative told us "I have no worries at all. I know [relative] is safe."

The provider had up to date safeguarding and whistleblowing policies that gave guidance to the staff on how to identify and report concerns they might have about people's safety. Whistleblowing is a way in which staff can report misconduct or concerns within their workplace. Staff we spoke with demonstrated a good understanding of different types of abuse and the signs they should look for which may indicate that someone could be at risk of possible harm. They were able to tell us about external organisations they could report concerns to and were confident that if they reported any concerns to the management team they would take appropriate action. A member of staff said, "I would have no qualms about reporting anything I was concerned about and I know that [Managers names] would take the right action."

Individualised risk assessments were put into place to give guidance to staff about how any identified risks to people's health and wellbeing could be minimised. The balance between the benefits of any activity to the person and the steps put in place to minimise the risk of harm were clearly documented. Risk assessments were reviewed regularly to ensure that the level of risk to people was still appropriate for them. Staff told us how they kept themselves updated about the identified risks for each person and how these should be managed. This included talking to people, looking at their support plans, and talking amongst the team about any changes in people's support needs. This provided staff with up to date information that enabled them to protect people from the risk of harm while restricting their freedom or control over their own life as little as possible. Records of incidents and accidents were kept and the management team reviewed these on a regular basis to identify any trends so that action could be taken to reduce the chances of reoccurrence.

There were enough staff on duty to meet people's needs safely. One person told us there were always enough staff and that they were usually supported by staff they knew. We saw there was enough staff to support people to participate in their chosen activities on the day of our inspection. Staff absence or vacancies were covered by permanent staff or the provider's bank staff to ensure people were always supported by people they knew and who were familiar with their needs.

The provider had recruitment processes and systems in place to complete all the relevant pre-employment checks, including references from previous employers, proof of their identity, confirmation of the right to work in the country and Disclosure and Barring Service (DBS) reports for all the staff. DBS helps employers make safer recruitment decisions and prevents unsuitable people from being employed. We found that, although all appropriate checks had been carried out for most staff, two records we checked had only one reference on file. When we discussed this with the managers, they confirmed that one of the references had been received but not filed yet. With regard to the other missing reference, they told us that they recognised

this must be followed up. They had not prioritised doing so because the member of staff was well known to them and the provider due to their working together previously. They confirmed that this would be rectified as soon as possible.

People's medicines were managed and administered safely. People were assessed to establish if they were able to manage their own medicines and where this was not possible or they did not wish to, the staff administered the medicines for them. The degree of support each person required was fully documented within their support plan. We looked at Medicines Administration Records (MAR) and found that they were completed correctly. Staff training in medicine management and administration was kept up to date to ensure staff understood and were competent to administer medicines safely to the people who required them.

Is the service effective?

Our findings

Staff had the right skills and knowledge to meet people's needs. A relative told us, "They really are good. They will give anything a go and know how to approach things with [relative]." One person told us, "Staff are good at helping me with lots of things." We saw that staff had a very good knowledge of the people they worked with and understood that each person required individualised support based on their needs and preferences. They had a good understanding of their role as enablers, supporting people to be as independent as possible and communicated with people skilfully.

Staff we spoke with told us they had received a good range of training and felt they were supported well by the provider to carry out their roles. They each confirmed that they had been fully inducted into their role when they first took up their post. One member of staff said, "I have settled here very well and feel really well supported. In my induction I looked round and was reintroduced to everyone as I knew them from their school days. I did lots of e-learning and completed the care certificate. [Person's name] was involved in my fire safety training and showed me what to do in an emergency." Another member of staff said, "They are very supportive and the training is good, especially the visual face to face training. I do not like the booklet training as much but we don't do so much of that now." Records for staff showed that training was kept up to date and covered topics that were relevant to the needs of the people using the service, such as; autism awareness, moving and handling, safeguarding, Mental Capacity Act 2005 and positive behaviour support.

Staff confirmed they had supervision including direct practice observations to support them in their role. They confirmed that supervision supported them to do their job well, to identify their training and developments and to share issues connected to their work. The managers told us that they were in the process of planning annual appraisals for staff but as yet, these had not been completed.

Staff had received training on the requirements of the Mental Capacity Act 2005 (MCA). 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.

The managers were aware of the need to assess people's capacity to make decisions for themselves and understood that it was staff's responsibility to ensure that every effort was made to support people to have the right information to understand and make decisions. Staff also understood this and respected people's right to make decisions. One member of staff said, "We are there to support and give information so they can decide. It's not about us, it's about them." People were asked for their consent before any support was provided.

There was evidence that where it was thought a person may lack the capacity to make a specific decision about their care, a capacity assessment was carried out, and where appropriate, a decision was made in their best interest. However, some records of this were not fully completed. Some aspects of people's support plans had been signed by the person's relatives rather than the person without a capacity

assessment to confirm that this was appropriate.

People received good support to eat a nutritionally balanced diet and to have enough to drink. People planned, shopped for and participated in cooking their own meals with as much or as little support as they required. For some people, this meant staff provided meals based on the preferences of the person, for others it meant the task was shared between the person and staff.

We saw that people were encouraged to consider healthy options along with favourite meals to ensure their diet was balanced. This was done with consideration and respect for people's right to make decisions about what they chose to eat. Where there were concerns about a person's eating or nutritional wellbeing, referrals were made to dietitians as appropriate.

People had access to a range of health and social care professionals and services which included GPs, mental health practitioners, opticians, and dentists. We saw from records that people received appropriate support to access health care which was appropriate to their needs.

Is the service caring?

Our findings

People appeared comfortable and at ease in the presence of staff. One person told us that staff were, "Good. They are helpful and friendly. I like talking to them." We observed that staff engaged skilfully with people, showing warmth and genuine interest in them. Conversations were light hearted and friendly demonstrating that people were clearly at ease and that staff knew them well and were able to discuss issues that interested people. Staff spoke about people with admiration and respect. One member of staff told us that a person, "[Person] is a really kind, gentle person and is lovely to spend time with. I really enjoy supporting [person].".

One person said, "It's nice to have my own place and staff help me to do things. I am learning to look after my own money. I'm getting better at it, but sometimes I spend it too quickly. Staff help me make sure I have bought enough food though." Care records showed that people were involved in how their care was delivered and when they wanted it. Staff we spoke with understood the importance of promoting peoples independence and this was documented throughout the care records. One member of staff said, "It doesn't feel like a work place. It is their home and they have control over absolutely everything." Another member of staff said, "It's brilliant. I really enjoy working here. Everything is centred around the people. They are treated as adults and make their own choices and decisions about things everyday." We saw that people were involved with preparing and cooking food, going shopping and completing household tasks with as much or as little assistance as they required.

Staff told us that when they supported people they ensured the individual's privacy and dignity was respected and gave examples of closing doors, knocking before entering bedrooms, seeking people's consent and explaining what they were doing. People confirmed that staff were respectful when assisting them with any care, including personal care or with any other aspects of life that were private.

The manager and staff understood the need to ensure peoples personal details and records were kept confidential. Staff told us that any sensitive issues were always discussed in private so that conversations were not overheard. During the inspection we observed staff respecting people's privacy and confidentiality, speaking to them privately about issues rather than in front of others.

Information about the service and the support provided was available to people in an accessible format. This supported people to be involved in planning care and making choices about the support they wished to have. Support plans made use of colour coding, symbols and pictures to support people to understand the contents.

Relationships that were important to people were respected and where support was required to assist people to maintain them this was in place. People were supported to meet up with family members and friends, to go out together, have overnight stays and to arrange holidays. One person said, "My relationship with my family is important and I think it is better now I live here." They went on to say "Staff support me to go out with my [family member]. They are just there in the background to support me, but let us have time just us together, if you see what I mean." Another person told us that they were supported to keep in touch

with family members who lived abroad by making regular video calls on the computer.

Is the service responsive?

Our findings

One relative said, "[Relative] tolerates things here that they never would at home. The staff absolutely respond to [Relative's] needs and they are so chilled out compared to how they were before they lived here."

People's needs had been assessed prior to them coming to live in their house to ensure the service was appropriate to their needs. They and their relatives were clearly involved in the on-going assessment and planning of their support. One person told us, "They help me to plan what I want to do" Support plans were personalised and detailed. This enabled staff to provide support based on the degree of assistance each person required to achieve tasks as independently as possible. Where people were less able to clearly state their needs and preferences, support plans offered detailed information about the person, how they communicated their needs, what was important to them, how they liked to be treated and what they did not like or found difficult to accept from others. For example one person's plan gave staff clear guidance about what support they required to communicate their needs and how choices could best be offered. The plan stated, "When staff ask me what I want to watch, they need to speak to me at a one to two word level. For example, Tigger, King Kong, Five, Pan, and I will respond with my choice using that one word."

Support plans clearly identified people's individual goals and aspirations and we found evidence that staff worked with people to realise these wishes. One person had been supported to find work in a charity shop, but as it was too far away, staff were working with them to look for somewhere closer to home so that they could travel there easily. Another person had been supported to plan for a holiday. To support them to see how long they had to wait to go away, staff had developed a 'holiday countdown' wall chart. Respect for the individual and a commitment to empowerment clearly underpinned the way in which support plans were written, and this was also reflected in the approach taken by staff on the day of our inspection. The support plans were regularly reviewed to keep them up to date.

We saw that support was organised in response to the needs of each individual. In recognition that routine was important to support people to feel safe, secure and in control of their own life, staff worked set days rather than to a rota that changed week by week. This had been done to ensure people had a known routine and they could be confident about who would be working with them in advance. The managers confirmed the rotas were flexible to meet people's changing needs, but that this happened at the person's convenience rather than the staff's. Staff confirmed this and said they preferred the set rota as well but were happy to make changes if the person wanted to do something different or go somewhere new.

People were involved in a wide variety of activities within the local community and at local day services, including one run by the provider. Some people were supported to attend college. One person said, "I go swimming and meet friends there. I like trampolining, shopping, going out for meals and seeing mum and dad. They have helped me to do all these things." Another person said, "I'm going to Norwich to buy [product]. I'm going on holiday to Cornwall. Go on the steam trains." Relatives told us that staff were enthusiastic about supporting people to have new experiences and to fulfil their dreams. One relative said, "They will give anything a go. They've been to ice hockey and tricycle riding, and going to London to see shows".

The provider had a complaints procedure and we saw that information about this was available in easy read format. One person told us that they could discuss any issues with staff and they were comfortable about talking to the manager if they had any concerns. Staff told us they would assist people to make formal complaints if they wanted to. The managers told us that they tried, where possible, to resolve issues before they escalated to a formal complaint. We saw during our inspection that they made time to discuss issues with people and that people appeared comfortable to talk with them. One relative we spoke with told us that they did not feel an issue they had raised was fully resolved yet. However, most relatives we spoke with said that they were able to discuss issues informally with the managers and had not had cause to make a complaint. There was a system in place for recording and monitoring complaints which allowed the provider to analyse causes of and trends for complaints in order to identify and areas for sustained improvements to the service.

Is the service well-led?

Our findings

The service had two registered managers who worked across the three houses where people received support. During the inspection we observed people who used the service interacting with the registered managers and support staff and it was clear they felt comfortable, and that conversations were open and supportive. One person told us, "[Managers names] are lovely. I can talk to them and they help me." A relative said, "They are really good. They are around a lot and easy to talk to. I feel extremely comfortable talking to them and I could raise issues with them easily."

Staff told us that both of the registered managers were approachable and they were confident that they would listen to any concerns they raised and take appropriate action. They were clear about their role and responsibilities and had a good understanding of the provider's values, talking with enthusiasm about their role in supporting people to take control of their lives. One member of staff said, "The focus is on support and making choices so they have more independence. We get enough time with people to make a difference. I can have a whole day just me and [Person]. It's so much more relaxed and I can just see the difference; see [person] progressing." They were positive about the support they received from the management team and the provider. One member of staff said, "They are brilliant." Another member of staff said, "They are at the top but always on shift. Very approachable and always available."

People and their relatives had regular opportunities to provide feedback on the service through meetings, reviews, informal discussion, and key worker sessions. We saw that one person had written part of the notes following a key worker session, which showed that they had been supported to have control over the process and the discussions that took place.

Some aspects of the support delivered to people was formally audited, such as medicines, care planning and risk assessment. Although the provider did not yet have a fully developed auditing process to monitor the quality of all aspects of the service, the managers had contact with the people who used the service and provided hands on leadership to staff on a daily basis. We saw that some visits made by managers were recorded but this was sporadic. The lack of formal recording had not had a significant impact on people who used the service because they and their families reported that their views were sought and acted on routinely. They reported a high level of overall satisfaction with the support they received and with the management of the service. However, through the absence of formal records, some evidence of management oversight was lost. The managers recognised this and said they would develop more robust systems to record actions they took to drive continuous improvements to the service.

Sufficient records were not always kept, particularly in relation to the process involved when decisions about care were made in people's best interests. For example, we noted that a capacity assessment and best interest process had not been recorded regarding one person's support which involved a restriction on their use of a telephone. In discussion with the managers, we were told that the person's capacity to understand the issues relating to this support fluctuated. This meant it would have been appropriate to carry out a capacity assessment and document the decision making process formally. The managers were able to describe in detail the process used reach the agreement to this support. However, the lack of

recording meant that evidence of this was lost.