

The Burton Street Foundation Limited

Residential Support Services

Inspection report

The Burton Street Foundation
57 Burton Street
Sheffield
South Yorkshire
S6 2HH

Tel: 01142332908
Website: www.burtonstreet.co.uk

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

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

Residential Support Services provides personal care to adults with Learning Disabilities. The service provides support and social interaction to enable people to become more independent in the community. The office is based in a converted school where day services are also provided. At the time of this inspection the service was supporting four people with personal care.

Our last inspection at Residential Support Services took place on 21 June 2016 when the service was rated Good overall.

There was a manager at the service who was registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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.

Staff recruitment records were not robust and did not promote people's safety.

There were a variety of methods available for the registered provider to assess and monitor the quality of the service; however, records of these checks were not being maintained. We found quality assurance processes were not effective in ensuring compliance with regulations and identifying areas requiring improvement and acting on them.

Staff were provided with supervision for development and support. The frequency and consistency of supervision needed some improvement.

Relatives spoke very positively about the support provided to their family member. They said their family member was safe and support workers were respectful and kind. Relatives told us the staff of Residential Support Services provided a consistent and reliable service that met their family member's needs.

We found there were systems in place to protect people from the risk of harm. Staff we spoke with were able to explain the procedures to follow should an allegation of abuse be made.

Assessments identified risks to people, and management plans to reduce the risks were in place to ensure people's safety.

Appropriate arrangements were in place for the safe administration of medicines.

There were appropriate numbers of staff employed to meet people's needs and provide a flexible service.

Staff were provided with relevant training to ensure they had the skills needed to support people.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The registered provider's policies and systems supported this practice. People had consented to receiving care and support from Residential Support Services.

Staff knew the person they were supporting well and had developed a positive relationship with them. In our conversations with staff they displayed compassion, consideration and respect for people.

Families of people supported told us they could talk to the support staff and the registered manager. They said they had regular contact with the registered manager and if they had any concerns or worries they were confident the registered manager and staff would listen to them and look at ways of resolving their issues.

We found breaches in two regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was a breach of Regulation 19, Fit and proper persons employed and a repeated breach of Regulation 17, Good governance.

You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Staff recruitment records were not robust and did not promote people's safety.

People were protected from harm. Staff knew what action to take if they suspected abuse was taking place.

Risks and safeguarding were managed well, and this helped to ensure people's safety. Appropriate arrangements were in place for the safe administration of medicines.

Staffing levels were sufficient and flexible to meet the needs of people who used the service.

Is the service effective?

Good ●

The service was effective.

Staff were provided with relevant training to ensure they had the skills needed to support people.

Staff were provided with supervision for development and support. The frequency and consistency of supervision needed some improvement.

People had consented to the support provided by Residential Support Services.

Is the service caring?

Good ●

The service was caring.

Relatives told us staff were very caring and provided person centred care.

Staff spoke with pride about the service and about the focus on promoting people's wellbeing. Staff were very passionate and enthusiastic about ensuring the care they provided was personalised and individualised. Staff were very respectful of people's privacy and dignity.

Is the service responsive?

Good 

The service was responsive.

Care plans provided detailed and comprehensive information to staff about people's care needs, their likes, dislikes and preferences.

There was a varied range of activities and these were mentally stimulating. People were encouraged to pursue their own hobbies and interests.

People's concerns and complaints were investigated, responded to promptly and used to improve the quality of the service.

Is the service well-led?

Requires Improvement 

The service was not always well led.

Families of people receiving support spoke very positively about the registered manager and said they had regular contact with them and the other senior staff in the organisation.

Staff were supported by the registered manager and senior staff. There was open communication within the staff team and staff felt comfortable discussing any concerns with the registered manager.

We found quality assurance processes were not effective in ensuring compliance with regulations and identifying areas requiring improvement and acting on them.

Residential Support Services

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 inspection took place on 9 January 2019 and was announced. We gave the service short notice of the inspection visit because the location provides a domiciliary care service and we needed to be sure staff would be present in the office. The inspection was carried out by one adult social care inspector.

At the time of this inspection, four people were receiving support and 23 staff were employed. These included support workers, team leaders, a registered manager, service manager and an assistant manager all of who undertook some care and support visits to people.

Prior to the inspection, we gathered information from several sources. We reviewed the information we held about the service, which included correspondence we had received, and notifications submitted to us by the service. A notification should be sent to CQC every time a significant incident has taken place. For example, where a person who uses the service experiences a serious injury.

We did not ask the provider to complete a Provider Information Return (PIR) this was because we had changed our inspection dates and so we had not requested the form to be completed. The PIR 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 contacted Sheffield local authority to obtain their views of the service. All the comments and feedback received were reviewed and used to assist and inform our inspection.

We telephoned and spoke at length with the relatives of two people who used the service, this helped us understand their experience of the service. We were unable to communicate with people who used the service. We were advised by relatives and staff that to speak or visit some people may also cause them anxiety. We visited the service's office to see and speak with the registered manager and another seven staff employed by the provider including team leaders, assistant managers, support workers and the human resources manager.

We reviewed a range of records, which included care records for two people, four staff training, support and employment records and other records relating to the management of the service.

Is the service safe?

Our findings

We looked at the procedures for recruiting staff. We checked three staff recruitment records of staff who had been employed by Residential Support Services since our last inspection and found none of the three contained all the documents required by regulation. All the files did evidence a Disclosure and Barring Service (DBS) checks had been undertaken. A DBS check provides information about any criminal convictions a person may have. These help to ensure people employed were of good character and had been assessed as suitable to work at the service. However, the staff files did not meet the regulations because, none of the staff files contained returned references from the last employer or another referee. One staff file did not contain photographic ID of the applicant.

The human resources manager and registered manager forwarded us a copy a letter the provider sent to the last employers of two of the staff requesting a reference. One letter was dated August 2018 and the other December 2018. However, there was no evidence the references were returned, or efforts made to follow up the references. The providers recruitment policy also states that two referees should be sought. The human resources manager confirmed that a new checklist would be introduced to ensure all checks required by regulation were carried out. The registered manager said retrospective checks would be made of all staff files to ensure they contained the checks required by regulation.

This showed the registered provider had failed to ensure recruitment procedures were established and operated effectively. Information as set out in Schedule 3 of the regulations had not been confirmed before a person was employed. This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in respect of Regulation 19, Fit and proper persons employed.

We spoke with two relatives of people who used the service and they told us their relative was safe and were well looked after by the staff who supported them. Their comments included, "I know [name] trusts the staff I can tell by [names] gestures" and "When you ask me if [name] is safe with the care staff and the support [name] receives I would say 100% safe."

The staff understood their responsibilities in relation to keeping people safe and could describe what they would do if they suspected or witnessed any form of abuse. The registered manager knew how to report any safeguarding concerns and told us they would work with the local safeguarding authorities in completing investigations when needed. There had not been any safeguarding incidents, however, the registered manager explained how any lessons learned from safeguarding incidents would be used to improve any aspect of service delivery.

Risks to people's safety was assessed and regularly monitored. Risk assessments identified any specific risk to people's health and well-being and how people's care and support needed to be provided to minimise the risks to an acceptable level. The assessments covered risks, such as, falls, risks in the community and risk associated with eating. Relatives we spoke with told us risk assessments were regularly reviewed and when people's needs changed their care and support was altered to accommodate the changes. Relatives said they were in constant dialogue with staff and managers to help ensure all planned support and risks

assessments were kept up to date.

Where needed, people received appropriate support to take their medicines. The medicines support plans identified the level of support people required to manage their medicines safely. Staff knew the procedure for reporting any medication errors to ensure timely medical advice was received. The registered manager told us medicine audits were carried out regularly. The medicine records viewed at the inspection confirmed that staff documented when people were supported with their medicines in a safe way. The medicine records we saw were fully completed, however we saw little evidence of planned audits of these records. Team leaders told us they regularly checked records, but these checks were not always recorded. The registered manager and team leaders produced a new audit checklist/tool during the inspection and said more consistent checks using the same documentation would be introduced.

Staff confirmed they had been provided with training in the safe administration of medicines and had been observed to make sure they were competent. The training records checked showed staff had undertaken medicines training.

There were enough staff available to support people at the times agreed and people received the support they needed from staff they knew. Relatives and staff told us a regular team of staff worked with one person to ensure all people's personal care needs were met as required.

We found a policy and procedures were in place for infection control. Staff confirmed they were provided with personal protective equipment (PPE) such as gloves and aprons to use when supporting people in line with infection control procedures. Relatives we spoke with did not have any concerns about infection control. They confirmed support workers always used gloves and other appropriate protective wear.

Is the service effective?

Our findings

Relatives told us the service was very reliable and staff stayed as long as they should. They told us they had regular staff and had never had a missed visit. This showed the service provided good continuity of care because people usually saw the same staff. Comments included, "We know every single member of staff, we interviewed some of them, they were handpicked to make sure we were happy for them to provide support", "Staff are reliable and never rush off when their shift has finished", "Any new staff shadow existing staff for a number of weeks, we get to know them" and "[Resident Support Services] is a very reliable service." This demonstrated the service was effective and flexible when needed to meet people's needs.

Stakeholders we contacted prior to the inspection did not raise any concerns about the service.

The relatives of people receiving support told us support workers knew what support was needed and had the skills to do their jobs effectively. Their comments included, "The staff are fantastic, we work together in partnership", "The staff are very well trained, they know [name] so well" and "The staff are very skilled. We receive a very reliable service."

We checked the staff training matrix, which showed staff were provided with relevant training, so they had appropriate skills. Staff spoken with said they undertook an induction and refresher training to maintain and update their skills and knowledge. Staff said the frequency and quality of training had significantly improved since the appointment of a new training officer. Mandatory training such as food hygiene, basic life support, safe handling of medicines and safeguarding was provided. The matrix showed training in specific subjects to provide staff with further relevant skills were also undertaken, for example, training in supporting people with autism. This meant all staff had appropriate skills and knowledge to support people.

Staff we spoke with said they felt supported by the registered manager and other senior staff and they had contact with a manager throughout the day. Staff told us, "I feel very supported. I have regular contact with the managers", "I think things are better, we are given more supervision I feel supported" and "I feel listened to."

We looked at the registered provider's policy for staff supervision and appraisal. Supervisions are meetings between a manager and staff member to discuss any areas for improvement, concerns or training requirements. Appraisals are meetings between a manager and staff member to discuss the next year's goals and objectives. These are important to ensure staff are supported in their roles. The policy stated staff would be provided with a supervision and an annual appraisal annually.

We saw the provider had introduced a matrix which identified when staff supervision and appraisal was due. We saw some gaps in the matrix although some of these were for staff who had recently commenced employment. Staff said the frequency of supervision had increased recently although some supervisions were not always formally recorded. The registered manager said they were closely monitoring staff supervision to ensure all staff were continually supported in their role.

We would recommend the frequency of staff supervision be increased and all supervision should be recorded.

Relatives we spoke with told us visit times were flexible and staff supported their relative to attend health care appointments such as visits to the GP. People's care plans checked held clear information on health and the staff actions required to support specific conditions.

The care plans checked showed people's dietary needs had been assessed and any support people required with their meals was documented.

Relatives spoken with said they had good communication with the registered manager and their support workers. Comments included, "I would say I speak to [named registered manager] twice a week and a team leader daily" and "I touch base with the managers every day, they are all approachable and we all want the same thing, the best possible support for [named relative]."

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.

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

We found policies and procedures were in place regarding the MCA, so staff had access to important information. We found the service was working within the principles of the MCA.

Relatives said, "Staff have been very supportive and attend any meetings relating to [name] best interest or their capacity assessments."

Relatives told us staff always asked for consent before providing any support. People's support plans we checked evidenced people and their family had been consulted and had agreed to their plan. This showed important information had been shared with people and they had been involved in making choices and decisions about their support.

Is the service caring?

Our findings

Relatives made very positive comments about the care and the support their family member received from Residential Support Services. Comments included, "Staff genuinely care about [name]", "It appears more than a job to all the staff I have met, they are wonderful" and "The staff are lovely, we are a team."

Relatives of people receiving support told us they found support workers respectful. They told us, "Staff are very respectful both to me and [named person receiving care]" and "The staff are really caring and polite."

All staff we spoke with displayed a caring attitude when speaking of people they supported. All staff we spoke with seemed very passionate about their role and about providing high quality care. They all knew the people who they supported and their families very well.

Relatives told us they were involved in writing their family members care plan and they told us they felt involved in all decisions about their family members support.

People's equality and diversity was recognised and respected. Staff told us they made sure they referred to people by their preferred names. Each support plan contained details of the person's care and support needs and how they would like to receive this. The plans gave details of people's preferences, so these could be respected by support workers. The plans also detailed what was significant to the person, including their religious and cultural needs so these could be respected.

The service had relevant policies and procedures in place to advise staff on confidentiality and data protection. All the staff spoken with were aware of the requirements to keep information about the people they were supporting confidential. Relatives told us the support workers never discussed anyone else they were visiting with them and confidentiality was respected. This showed people's rights were upheld.

We saw the provider had policies in place to make sure people's confidential information was only seen by the appropriate people. Staff we spoke with were aware of these policies and the need to maintain people's privacy and confidentiality.

Is the service responsive?

Our findings

Relatives we spoke with said they were involved with their family members care and support and had been involved in developing and updating their support plan. Relatives said managers discussed their family members care and support needs on a 'daily' basis and support plans and support was provided in line with the plan. Comments included, "Residential Support Services are excellent, what they do is provide bespoke care" and "[Name] receives person centred care. They are at the heart of all the support the care staff provide."

We found the support plans were detailed and contained information about the care and support identified as needed. They contained information about the person's life history, culture, health and support needs. The plans were individual to the person. They were regularly reviewed and updated in line with the person's changing needs.

The support plans checked contained information on relevant health conditions and details of the actions required of staff to support any specific medical conditions, so that staff were aware of important information. This showed this aspect of people's individual and diverse needs were known and met.

The registered manager and all other staff we spoke with knew the people they supported well and could describe in detail their support needs, likes and dislikes. Staff were also aware of people's preferences and interests, as well as their health needs, which enabled them to provide a personalised service.

Staff told us people would be supported to discuss their wishes in respect of end of life care with the involvement of their family, friends or advocate.

People were supported on a two to one or one to one basis in the community and there were staff on duty to be able to facilitate this. The activities were carefully designed for the person and we saw that staff actively encouraged and supported them to be involved.

We saw in peoples support plans there were activity planners which had pictures to assist the person to understand and make and communicate their decisions. There were also activities to promote their independence, such as housekeeping tasks. Staff told us how activities in the community had had a positive impact on the person who used the service. Relatives told us, "Staff support [name] with social and other activities" and "[Name] goes out regularly with staff assistance. Staff are introducing [name] to new experiences, which is good."

Relatives we spoke with all said they could talk to the registered manager and staff at any time if they had any worries or concerns. They said, "We are very happy with things. Any worries would so be sorted" and "We have a good relationship with the managers and I know any problems would soon be sorted."

We looked at the registered provider's complaints policy and procedure. It included information about how and who people could complain to. The policy explained how complaints would be investigated and how

feedback would be provided to the person. There was also advice about other organisations people could approach if they chose to take their complaint externally. For example, the CQC and the local authority. This showed people were provided with important information to promote their rights. The registered manager informed us the service currently had no complaints.

Is the service well-led?

Our findings

We found the registered manager had regular contact with people who used the service and their families. There were a variety of methods available for the registered provider to assess and monitor the quality of the service; however, records of these checks were not being maintained. Staff, and families of people receiving support said the registered manager and other senior staff regularly made checks but there were no records of medicine administration, financial records and care plan audits completed.

Although senior staff told us they regularly checked people's medicine administration records, financial records and care plans for any gaps or errors there was no written documentation available to support these checks having taken place. Managers were using different approaches and timeframes to audit records and the registered manager did not have a full oversight of such checks being made.

We found quality assurance processes were not effective in ensuring compliance with regulations and identifying areas and the action required to make improvements. This is a breach of Regulation 17: Good governance, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the time of our inspection the service had a registered manager who had been registered with the Care Quality Commission for three years. The registered manager was actively involved in the day to day running of the service. Staff told us the registered manager was always contactable throughout the week and there were also 'on call' arrangements in place out of these hours.

Relatives we spoke with gave very positive comments about Residential Support Services overall, and the caring and supportive nature of the registered manager and staff.

As part of the quality assurance procedures, Relatives told us they had monthly house meetings with the registered manager or team leader. They said, "We have open discussions about the service and the support provided", "We talk with the manager all the time, they always ask for our views and what could be improved" and "The communication we have is excellent, the manager is always available."

Relatives we spoke with confirmed the managers regularly observed staff and asked if they were 'happy' with the support provided.

We saw policies and procedures were in place, which covered all aspects of the service. The policies seen had been reviewed and were up to date. Staff told us policies and procedures were available for them to read and they were expected to read them as part of their training and induction programme. This meant staff could be kept fully up to date with current legislation and guidance.

We found that recorded accidents and incidents were monitored by the registered manager to ensure any triggers or trends were identified. We saw the records of this, which showed these were looked at to identify if any systems could be put in place to eliminate the risk.

The registered manager was aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008. The registered manager confirmed any notifications required to be forwarded to CQC would be submitted.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered provider failed to ensure systems were in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The registered provider had failed to ensure recruitment procedures were established and operated effectively. Information as set out in Schedule 3 of the regulations had not been confirmed before a person was employed.</p>