

The You Trust

# The You Trust - 29 Shaftesbury Road

## 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 ●

# Summary of findings

## Overall summary

The You Trust 29 Shaftsbury Road is registered to provide accommodation and personal care for up to eight people living with mental health needs who are under the age of 65. Nursing care is not provided. At the time of our inspection there were six people living at the home. The home is a large four storey property situated in Portsmouth. Each person has their own individual bedroom and there is a communal lounge/dining room, kitchen and enclosed rear garden.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (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.

People felt safe with the home's staff. People had no concerns about their safety. There were policies and procedures regarding the safeguarding of adults and staff knew what action to take if they thought anyone was at risk of potential harm. Risks to people's safety had been assessed and care records contained risk assessments to manage identified risks.

People were supported to take their medicines as directed by their GP. Records showed that there were appropriate arrangements for obtaining, storing and disposing of medicines.

Thorough recruitment processes were in place for newly appointed staff to check they were suitable to work with people. Staffing numbers were maintained at a level to meet people's needs safely. People and staff told us there were enough staff on duty and observations also confirmed this.

Food at the home was well managed. Each person had their own food budget and prepared their own meals. Staff provided support to people as required to help ensure meals were balanced and encouraged healthy choices.

Staff were aware of people's health needs and knew how to respond if they observed a change in their well-being. Staff were kept up to date about people in their care by attending regular handover meetings at the beginning of each shift. The home was well supported by a range of health care professionals.

The CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The registered manager understood when an application should be made and how to submit one. The provider had suitable arrangements in place to establish, and act in accordance with the Mental Capacity Act 2005 (MCA). Staff had an understanding of the Mental Capacity Act (MCA) 2005

Each person had a care plan which informed staff of the support people needed. Staff received training to help them meet people's needs. Staff received an induction and there was regular supervision including monitoring of staff performance. Staff were supported to develop their skills by means of additional training

such as the National Vocational Qualification (NVQ) or care diplomas. These are work based awards that are achieved through assessment and training. To achieve these awards candidates must prove that they have the ability to carry out their job to the required standard. All staff completed an induction before working unsupervised. People said they were well supported and said staff were knowledgeable about their care needs.

People's privacy and dignity was respected. Staff had a caring attitude towards people. We observed staff smiling and laughing with people and offering support. There was a good rapport between people and staff.

The registered manager operated an open door policy and welcomed feedback on any aspect of the service. There was a low turn over of staff and staff said that communication in the home was good and they always felt able to make suggestions. They confirmed management were open and approachable.

There was a clear complaints policy and people knew how to make a complaint if necessary. The provider had a policy and procedure for quality assurance. The registered manager and her deputy worked alongside staff and this enabled them to monitor staff performance. The registered manager's head of department visited the home regularly to monitor service delivery.

Weekly and monthly checks were carried out to monitor the quality of the service provided. There were regular staff meetings and feedback was sought on the quality of the service provided.

People and staff were able to influence the running of the service and make comments and suggestions about any changes. Regular one to one meetings with staff and people took place. These meetings enabled the registered manager and provider to monitor if people's needs were being met.

## 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.

Potential risks to people were identified and managed safely. Staff were aware of the procedures to follow regarding safeguarding adults.

People told us they felt safe. There were enough staff to support people and recruitment practices were robust.

Medicines were managed safely and staff had received appropriate training in the administration of medicines.

### Is the service effective?

Good ●

The service was effective.

Staff knew how people wanted to be supported. People had access to health and social care professionals to make sure they received effective care and treatment.

Staff were provided with the training and support they needed to carry out their work effectively. The registered manager and staff understood and demonstrated their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

People were supported to prepare their own meals and staff gave advice and support to people when needed.

### Is the service caring?

Good ●

The service was caring.

People were treated well by staff. People confirmed staff were caring and respectful in how they treated them.

People were supported by care staff to ensure their privacy was respected. People and staff got on well together

People were supported to express their views and to be involved in all aspects of their care and support.

### Is the service responsive?

Good 

The service was responsive.

People received care and support that was personalised and responsive to their individual needs and interests.

Care plans provided staff with information regarding people's support needs. Plans were regularly reviewed and updated to reflect people's changing preferences and needs.

People were supported to participate in activities of their choice.

Complaints were responded to in line with the provider's policy.

### Is the service well-led?

Good 

The service was well-led.

There was a registered manager in post who was approachable and communicated well with people, staff and outside professionals.

People were asked for their views about the service through a survey organised by the provider so the quality of the service provided could be monitored.

A system of audits took place, which measured and monitored the quality of care. These identified any improvements so that appropriate action could be taken.

# The You Trust - 29 Shaftesbury Road

## **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 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 18 October 2016 and was unannounced. One inspector carried out the inspection.

Before the inspection we checked the information that we held about the service and the service provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We used all this information to decide which areas to focus on during our inspection.

During our inspection we observed how staff interacted with people who used the service and supported them in the communal areas of the home. We looked at care plans, risk assessments, incident records and medicines records for two people. We looked at training and recruitment records for two members of staff. We also looked at a range of records relating to the management of the service such as complaints, records, quality audits and policies and procedures.

We spoke with two people to ask them their views of the service provided. We also spoke to the registered manager, the deputy manager and one member of staff.

The last inspection was carried out in May 2014 and was compliant in all outcomes inspected.

# Is the service safe?

## Our findings

People felt safe at the home. Observations showed there were enough staff to provide support to people. One person said "I am very happy with the support I get from staff. I like living here and I am safe and secure".

The registered manager had an up to date copy of the local authority safeguarding procedures which gave guidance to staff on reporting procedures. The registered manager and staff understood their responsibilities in this area. There were notices and contact details regarding safeguarding on the notice board in the office. Staff were aware and understood the different types of abuse that could occur. They knew what to do if they were concerned about someone's safety and had received training regarding safeguarding people.

There was a fire risk assessment for the building. There were contingency plans in place should the home be uninhabitable due to an unforeseen emergency such as a fire or flood. Staff discussed environmental risks with people and regular fire drills were carried out and people were reminded what they needed to do in the event of a fire.

Care plans contained risk assessments and we saw these included risks to people from smoking, self-medication, managing behaviour and managing mental health. These gave guidance to staff on how to reduce risks to people's safety and wellbeing. People were involved in identifying risks to themselves and in the preparation of their own risk assessments. This enabled them to understand the risks to their own safety and helped them to reflect how they could achieve their goals whilst keeping safe.

The registered manager told us that regular maintenance checks of the building were carried out and if staff identified any defects they were recorded and reported to the landlord who was responsible for the building. This was then prioritised by the landlords maintenance team who would send someone to rectify any defects.

Recruitment records for staff contained all of the required information including two references one of which was from their previous employer, an application form and Disclosure and Barring Service (DBS) checks. DBS checks help employers make safer recruitment decisions and help prevent unsuitable staff from working with people. Staff did not start work at the home until all recruitment checks had been completed. Staff told us their recruitment had been thorough.

The registered manager told us there were a minimum of one member of care staff on duty between 9am and 6pm. The provider had a sister home with a similar client group directly across the road. Both homes shared a staff team of seven care staff. People at The You Trust 29 Shaftesbury Road were quite independent and only required staff to help with medicines and to provide advice and support when asked. People told us the staffing levels were sufficient and they knew that support was always available across the road as that service was staffed 24 hours a day. Care staff also carried out domestic duties and involved people with these tasks as much as their ability would allow. The registered manager and deputy manager were in

addition to these staff and confirmed they both worked at the home for a period of time most days and were available for additional support if required. The staffing rota for the previous two weeks confirmed these staffing levels were maintained. Staff told us and observations showed the staffing levels were sufficient to meet peoples assessed needs.

The provider had a policy and procedure for the receipt, storage and administration of medicines and this helped to ensure that people received their medicines safely and as prescribed. People were encouraged to manage their own medicines where possible and they were provided with secure storage facilities so they could keep their medication safely. Medicines which staff administered to people were securely stored in the office at the home. People who required staff support to take their medicines came down to the office and asked staff for their medicines. This was then given to them by staff who witnessed the person take their medicines. Medication Administration Records (MAR) were kept for each individual and were signed by staff when medicines had been given. The registered manager told us that if a person did not come down to the office to request their medicines, staff would then go and find the person so that they received their medicines as prescribed.

One person self-medicated and was responsible for ordering their medicines. This person had been assessed by staff as being competent and the persons mental health social worker was also involved in the decision making process. A risk assessment regarding self-administration of medicines for this person was in place. Staff who were authorised to administer medicines had completed training in the safe administration of medicines and had completed an assessment. Records and staff confirmed this.

People were prescribed when required (PRN) medicines and there were clear protocols for their use. Medication audits were completed by a responsible person and the deputy manager to check that medicines were administered as prescribed and to identify if there were any errors. The supplying pharmacist also undertook audits to ensure the service continued to manage medicines safely.



# Is the service effective?

## Our findings

People got on well with staff and the care they received met their individual needs. People were well cared for and they could see the GP whenever they needed to. People said they were supported by staff who knew what they were doing. One person said "I have been here for over three years and the staff know how I want to be supported and provide me with the help I need". Another said, "I cannot fault the staff, they are all very good, I have no concerns about the support I get".

The registered manager told us about the training provided for staff. Training was via E learning on line and also face to face training. Training records were kept on the computer system and each staff member could access training at any time. The registered manager and deputy could also access each person's training record so they could monitor what training staff had received and when any refresher training was required.

Training undertaken by staff included; health and safety, infection control, managing challenging behaviour, de-escalation techniques, mental health awareness, Mental Capacity Act, personal safety, first aid, food hygiene and person centred care. This training helped staff to obtain the skills and knowledge required to support the people who lived at the home. Staff said the training was good and confirmed they received the training they needed to carry out their work effectively. The registered manager told us she and her deputy worked alongside staff to enable them to observe staff practice and to ensure staff knew how people liked to be supported and were aware of people's care needs. The registered manager told us that additional training would be provided if necessary to meet the needs of the people that they were caring for.

The registered manager said new staff completed an induction when they first started work. The induction programme included receiving essential training and shadowing experienced care staff so they could get to know the people they would be supporting and working with. Induction training included completing the Care Certificate, which is a nationally recognised standard of training for staff in health and social care settings.

The provider also encouraged and supported staff to obtain further qualifications to help ensure the staff team had the skills to meet people's needs and support people effectively. The provider employed a total of seven care staff. Four have completed additional qualifications and two members of staff are due to commence training shortly. This means that all but one member of staff will have National Vocational Qualifications (NVQ) level two or equivalent. These are work based awards that are achieved through assessment and training. To achieve these awards candidates must prove that they have the ability to carry out their job to the required standard. Staff confirmed they were encouraged and supported to obtain further qualifications.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Consent to care and treatment was sought in line with the requirements of the Mental Capacity Act 2005. The registered manager and staff understood their responsibilities in this area and understood the requirements of the legislation. The registered manager understood that if a person needed to make specific decisions their capacity to make decisions would need to be assessed. It was also understood by the registered manager and staff that if the person was assessed as lacking capacity, decisions about their care and treatment would need to be made on their behalf and in their best interest. The registered manager and staff understood that people who had capacity had the right to make decisions others might consider unwise. This respected the key principles of the Mental Capacity Act 2005.

The registered manager understood the requirements of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS protect the rights of people by ensuring if there are any restrictions to their freedom and liberty these have been authorised by the local authority as being required to protect the person from harm. The registered manager told us that all people at the home had capacity to make their own decisions and no DoLS applications had been submitted.

Staff attended regular supervision meetings with their line manager and were able to discuss issues relating to their role, training requirements and the people they supported.

Each person had their own food budget and prepared and cooked their own meals. Each person had their own dedicated shelf in the fridge/freezer where they could store their own food. People bought their own food and were able to access the kitchen area 24 hours a day where they could make their own snacks and drinks. Some people had pre packed meals delivered, these were kept in the freezer and people would have meals at a time of their own choosing. The registered manager said the system worked well and this encouraged people's independence. Staff provided support to people as required. If requested they would help people with shopping and would monitor people to help ensure meals were balanced and encouraged healthy choices

Each person had a physical profile form in their care plan which contained information which could be given to ambulance or hospital staff should the person need to go to hospital. This gave information about the person's medicines and diagnosis. We noticed that although there was good information for hospital staff there was no information regarding the person's capacity to make decisions. We discussed this with the registered manager who agreed that this information should be included so hospital staff understood if the person could make their own decisions regarding treatment.

Each person was registered with a local GP surgery. People were encouraged to maintain their own health where they were able to do this. However staff provided support when needed. For example staff helped people to access healthcare services or escorted them to GP and hospital appointments if requested. People had support from the local mental health team and other healthcare professionals were accessed through GP referrals. Information about people's health and any current appointments were discussed during staff handovers to ensure all staff were aware of any changes to people's health care needs. This helped to ensure people were being supported to maintain good health and to receive on-going healthcare support.

People's individual needs were met by the adaptation, design and decoration of the service. Bathrooms had been adapted to meet people's individual needs. People's rooms were personalised, with their own possessions. The You Trust 29 Shaftesbury Road was a large property over four floors. There were long

corridors and stair wells which had no natural light. These areas were quite gloomy even with lighting turned on.

## Is the service caring?

### Our findings

People were observed to be well looked after and staff were kind and caring when providing support. People said they were very happy with the care and support provided and were complimentary about how the staff supported them. One person said "I get on well with all the staff, they are a good bunch".

Staff took time to explain to people and gave people choices when they were asked for advice. Staff communicated with them in a way that people could understand. Staff used people's preferred form of address, showing them kindness, patience and respect. Staff respected people's privacy and dignity. They knocked on people's doors and waited for a response before entering. When staff approached people, they would always engage with them and check if they needed any support. One member of staff told us, "I really enjoy working with everyone, it's really rewarding work".

We observed staff chatting and engaging with people and taking time to listen. For example one person came into the office and asked staff if they would be doing a 'room check' today. Staff said they would and explained to the person why they did the room checks. The person said they were going out and staff told them, "Don't worry we will wait until you come back, we won't be going in your room if you are not around". This approach helped ensure people were supported in a way that respected their decisions, protected their rights and privacy and met their needs. There was a good rapport between staff and people. We observed positive interactions between staff and people and there was a relaxed atmosphere. People were confident to approach staff and any requests for support were responded to quickly and appropriately. People were confident and comfortable with the staff who supported them.

Staff were able to tell us what people could do for themselves and what they needed prompting with. The accommodation was arranged to promote people's independence. This was because people were able to move freely around the home. Each person had a key to keep their room secure and had keys to enable them to enter the home so they could come and go as they pleased.

Staff understood the need to respect people's confidentiality and understood not to discuss issues in public or disclose information to people who did not need to know. Any information that needed to be passed on about people was passed verbally in private, at staff handovers or put in each individual's care notes. There was also a diary and staff communication book which were confidential documents and staff could leave details for other staff regarding specific information about people. This helped to ensure only people who had a need to know were aware of people's personal information.

People had regular one to one meetings with staff to discuss any issues they had and these gave people the opportunity to be involved as much as possible in how their care was delivered. Records of these meetings were placed in daily care notes.

There was information on the notice board in the hall about local help and advice groups that people may like to use. These gave information about the services on offer and how to make contact. The registered manager told us they or any member of staff would support people to access an appropriate service if

people wanted this support.

## Is the service responsive?

### Our findings

People were well looked after. People told us they liked living at the home. One person said "The staff are very good; they help me when I need it but let me make my own choices and decisions".

People were supported to maintain relationships with their family. Details of contact numbers for relatives and important people in each individual's life were kept in their care plan file.

Care plans were personalised and were person centred, meaning the needs and preferences of people were central to their care and support plans. This enabled staff to deliver care the way people wanted and care was not task led. Care plans had information such as: "Support I require to aid my recovery". These gave staff the information they needed so they could support the person. We saw care plans for physical health, substance and alcohol, refusal of support and managing mental health. These plans informed staff on how they should support the person in these areas. We also saw a 'Wellness Recovery Plan'. This was a framework to develop an effective approach to overcome distressing symptoms and unhelpful behaviour. There was information such as 'What I am like when I am well'. A 'daily maintenance plan'. and 'Things I can do for myself to keep myself feeling well'. These were strategies to help the person help themselves and staff had regular one to one meetings to discuss how these plans were working. People told us they received all the support they needed. One person said, "Staff provide good support. We get on really well".

Care plans were reviewed monthly and each person had a one to one meeting with their key worker. (A key worker is a person who has responsibility for working with individuals so they could build up a relationship with them. This helped to support them in their day to day lives and give reassurance to feel safe and cared for). This meeting enabled staff to find out if people's support needs were being met. It also enabled staff to find out what people wanted to do and what if any plans they had for future goals, activities or trips out. We talked with two people and they confirmed they had a care plan. They told us they had been involved in drawing up their plan and were involved with regular reviews.

Staff communicated and responded to people in different ways. We observed that the way staff interacted with different people was in line with their care plan. This meant that staff provided consistent support to people and this helped to avoid any confusion and enabled people and staff to understand each other. Staff said that people could express their wishes and preferences and these would always be respected

Staff were knowledgeable about the people they supported and were able to tell us about the people they cared for. They knew what support people needed, what time they liked to get up, and how they liked to spend their day. This enabled staff to provide the support people wanted.

Staff told us they were kept up to date about people's well-being and about changes in their care needs by attending the handover meeting held at the beginning of each shift. During the handover staff were updated on any information they needed to be aware of and information was also recorded on a handover sheet that was completed at the end of each shift. This ensured staff provided care that reflected people's current needs.

The registered manager said that people were independent and liked to keep themselves to themselves. Therefore formal activities were not organised for everyone. The registered manager said people came and went as they pleased. Staff had started to organise coffee mornings where people could get together and chat but these were not always successful, but they would keep going and try to get people to interact with each other more. Two people had expressed a wish to go away for a weekend to Cornwall. Staff were supporting them to do this by assisting with organising accommodation and transport but people would go away independently without staff support as that is what they wanted.

The service routinely listened and learned from people's experiences, concerns and complaints. People were encouraged to discuss any concerns they had with their keyworker or could talk with the registered manager. Any complaints could then be dealt with promptly and appropriately in line with the provider's complaints policy. The registered manager said that normal day to day issues were dealt with straight away. Formal complaints were recorded and investigated by an appropriate person. The registered manager said that since the start of 2016 there had been one complaint made by a neighbour regarding fire doors slamming at night. The registered manager had looked into this had rectified the problem to the satisfaction of all concerned. We looked at the complaints file and saw that complaints had been dealt with in line with the provider's complaints procedure. This meant comments and complaints were responded to appropriately.

## Is the service well-led?

### Our findings

People and staff confirmed the registered manager was approachable and said they could raise any issues with her or a member of staff. They told us they were consulted about how the home was run by completing a questionnaire. One person said "The manager is easy to talk to and will listen to what you want to say"

The registered manager acted in accordance with CQC registration requirements. We were sent notifications as required to inform us of any important events that took place in the home.

The registered manager told us she operated an open door policy and welcomed feedback on any aspect of the service. She encouraged open communication and supported staff to question practice and bring her attention to any problems. The registered manager said she would not hesitate to make changes if necessary to benefit people. All staff told us there was a good staff team and felt confident that if they had any concerns they would be dealt with appropriately. Staff said communication was good and they always felt able to make suggestions. They said the registered manager and deputy manager were approachable and had good communication skills and worked well with them. Staff described an open culture with good relationships amongst all involved with the service. The registered manager said she was supported by a really good network of other senior staff and managers.

The registered manager was able to demonstrate good management and leadership. Regular meetings took place with staff and people, which enabled them to influence the running of the service and make comments and suggestions about any changes. She said that she and the deputy manager regularly worked alongside staff to observe them carrying out their roles. It enabled them to identify good practice or areas that may need to be improved.

The registered manager and deputy manager showed a commitment to improving the service that people received by ensuring their own personal knowledge and skills were up to date. The registered manager said she and her deputy both completed the same training as all staff as well as completing management training. The registered manager had an NVQ5 in care and management and the deputy manager was just starting this training. The registered manager said she attended management meetings with other managers of the providers services and these were used to share information and good practice. The registered manager and deputy said they regularly monitored professional websites to keep up to date with best practice. If appropriate they would pass on information to staff so that they, in turn, increased their knowledge.

Staff told us that they had regular staff meetings and minutes of these meetings were kept so that any member of staff who had been unable to attend could bring themselves up to date. Staff told us that these meetings enabled them to express their views and to share any concerns or ideas about improving the service. We looked at the minutes of the last staff meeting and these contained information about who had attended and gave information about the topics discussed. There was also information about any outcomes from previous meetings.



The registered manager told us there were regular service user meetings but not everyone liked to attend. For future meetings one service user had volunteered to talk to all the people living at the home and they would then present any issues to the registered manager who could then look into the issues raised and make appropriate changes. Minutes of these meetings were kept so that everyone was aware of the issues discussed and the actions being taken.

The provider had a policy and procedure for quality assurance. The registered manager ensured that weekly and monthly checks were carried out to monitor the quality of service provision. Checks and audits that took place included; food hygiene, health and safety, care plan monitoring, audits of medicines, audits of accidents or incidents and concerns or complaints. The deputy manager and members of the staff team had responsibility for undertaking these audits and the registered manager checked to ensure these had taken place.

The provider also conducted its own audits of the service which were carried out by a registered manager from another of the provider's homes. These were carried out every two to three months. The audits used the CQC Key Lines of Enquiry (KLOE) prompts to assess if the service was meeting people's needs. The auditor produced a report which gave the registered manager feedback on what was found. If there were any shortfalls the registered manager would produce an action plan to rectify them. The home also had audits carried out by the supplying pharmacist, the fire safety officer, environmental health and commissioners of the service. The quality assurance procedures that were carried out helped the provider and registered manager to ensure the service they provided was of a good standard. They also helped to identify areas where the service could be improved.