

St Joseph's Specialist School and College Springvale Supported Living

Inspection report

Springvale
New Park Road
Cranleigh
Surrey
GU6 7HJ

Tel: 01483272449

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Ratings

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

Summary of findings

Overall summary

This inspection took place on 15 September 2016 and was announced.

The provider was given 48 hours' notice because the location provided a supported living service; we needed to be sure that someone would be in.

Springvale Supported Living is a supported living service that provides care and support for up to six people living with autism and moderate to severe learning disabilities. At the time of the inspection there were six people living at the service.

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

People were protected against the risk of harm and abuse. The service had comprehensive and robust systems in place that gave staff guidance on how to minimise known risks. Risk assessments identified risks and gave staff techniques to safely and effectively support people. Staff regularly reviewed risk assessments to reflect people's changing needs.

People were not deprived of their liberty unlawfully. Both the manager and staff were aware of the correct procedure should someone be unable to give their consent. The manager and staff had sufficient knowledge of the Mental Capacity Act 2005 [MCA] and Deprivation of Liberty Safeguards [DoLS] and their responsibilities within the legal framework.

The service ensured there were sufficient numbers of suitably qualified, vetted and skilled staff to meet people's needs. Staffing ratios were based on people's needs and were flexible. The service had robust recruitment systems in place to ensure staff were deemed suitable to support people. The manager ensured the necessary recruitment checks were in place prior to staff being employed. Records showed staff had undertaken an extensive induction programme to increase, monitor and vet their competence.

People received their medicines safely. The service supported people to have their medicines as prescribed. Medicine administration recording [MAR] sheets, documented the dose, route and name of the medicine. The manager took responsive action to address any errors identified in a timely manner.

People's consent was sought prior to care and treatment being delivered. Staff used a wide range of communication tools to gather people's consent and ensure people understood what was being asked. Staff were aware of people's preferences in communicating which were clearly documented.

People were supported by staff that had undergone the necessary training to meet their needs. The service provided all staff with mandatory training in fire safety, safe management of medicines, MCA and safeguarding. Staff were encouraged to undertake additional training which was specific to the needs of people they supported. For example, behavioural intervention and Makaton. Makaton uses speech with signs (gestures) and symbols (pictures) to help people communicate. Staff were able to request additional training they felt would enhance their skills and knowledge. Staff received regular supervisions and annual appraisals. Staff were given the opportunity to spend one to one time with the manager to discuss their roles and responsibilities, areas for improvement and additional training they may require.

People were encouraged to maintain a balanced diet that met their nutritional needs. Staff were aware of people's preferences and were observed encouraging people to make healthy choices. People were given access to food and drink at all times. People were supported to access health care professionals to ensure their health and well-being was monitored, maintained and improved. Staff followed guidance given by health care professionals.

People were supported by staff that respected their privacy and maintained their dignity. Staff encouraged people to make decisions about the care and support they received. People were given information in a way they understood which enabled them to make decisions. People had their decisions respected.

People received personalised care that was tailored to their individual needs. Care plans were person centred and people and their relatives were encouraged to be involved in their development. Care plans detailed people's care, medical, physical and social needs, preferences and life history. Care plans were regularly reviewed to reflect people's changing needs.

People were encouraged to raise their concerns and complaints. The service had a clear written complaint procedure and an easy read pictorial procedure for those who would find the written format difficult to understand. The service recorded complaints and concerns and the manager was aware of the correct procedure on how to address complaints in a timely manner.

The manager operated an open door policy whereby people, their relatives and staff could meet with her to discuss all aspects of the service at a time that suited them. The service received guidance and support from health care professionals as the registered manager encouraged partnership working to enhance people's care. The registered manager actively sought feedback on the service provision to ensure quality care delivery.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe. People were protected against the risk of harm and abuse. Staff were aware of the different types of abuse and the correct procedure in reporting suspected abuse and raising a safeguarding alert.

Risk assessments identified risks and gave staff guidance to effectively support people.

People were supported to receive their medicines as prescribed. The manager carried out medicine audits that identified errors in medicine management and took action to resolve them.

People received care and support from sufficient numbers of staff that had undergone the necessary and safe recruitment checks.

Is the service effective?

Good ●

The service was effective. People were supported by skilled and knowledgeable staff who received on-going effective support and training to meet their needs.

People's consent to care and treatment was sought prior to care being delivered.

Staff received mental capacity act 2005 (MCA) and deprivation of liberty safeguard (DoLS) training and were aware of their responsibilities in line with legislation.

People were encouraged to access health care professional services to ensure their health needs were assessed and maintained.

People were supported to have access to sufficient amounts to eat and drink that met their preferences and nutritional needs.

Is the service caring?

Good ●

The service was caring. People were supported to maintain positive relationships with people that mattered to them.

People were encouraged to make decisions about the care and support they received. Staff gave people information and explanations in a manner they understood.

People's privacy and dignity was encouraged and respected.

Is the service responsive?

Good ●

The service was responsive. People received personalised care that was tailored to their individual needs. Care plans were person centred and reviewed regularly to reflect people's changing needs.

People were supported to raise concerns and complaints. The service had clear guidance in both written and pictorial format on how to raise their concerns. The manager was aware of how to respond to complaints in a timely manner.

People received support from staff to access community based activities at a time they chose.

Is the service well-led?

Good ●

The service was well-led. The manager operated an open-door policy whereby people, their relatives and staff could meet with her at a time that was convenient to them.

The manager used robust systems to identify and monitor the quality of the service and drive improvement where necessary.

The manager encouraged partnership working with other health care professionals and sought guidance to ensure a high quality service.

Springvale Supported Living

Detailed findings

Background to this inspection

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

This inspection took place on 15 September 2016 and was announced. The provider was given 48 hours' notice because the location provided a supported living service; we needed to be sure that someone would be in. The inspection was carried out by one inspector.

We undertook the inspection at the service's office, which was on the same premises as the supported living scheme.

Before the inspection, we reviewed information we held about the service including statutory notifications sent to us by the manager about incidents and events that occurred at the service. Statutory notifications include information about important events which the provider is required to send us by law.

During the inspection we spoke with two people who use the service, one relative, two care workers and the manager. We looked at four care plans, five staff files, three medicine administration recording sheets [MARS], safeguarding policy, quality assurance questionnaires and other records the service are obliged to maintain.

Is the service safe?

Our findings

People indicated to that they were happy living at the service and felt safe. A relative told us, "Absolutely, my relative is safe. It's one of parent's greatest concerns that their child is going to be ok, and I have no concerns." A care worker told us, "It's our duty to ensure people are kept safe at all times."

People were protected against the risk of harm and abuse. A care worker told us, "There's a safeguarding officer we can contact if we suspect abuse or a safeguarding issue. We [staff] make sure people are safe from abuse. If I had an issue with staff or the manager I know I can whistleblow and would go to another organisation to raise my concerns." Another care worker told us, "Safeguarding is about the complete welfare of people. You need to look out for changes to people as that can indicate a safeguarding concern. I've received safeguarding training and am aware of the safeguarding policy and follow the guidelines and report my concerns." Staff were aware of the different types of abuse and how to recognise suspected abuse and the correct procedure in reporting their concerns. Staff underwent safeguarding and whistleblowing training to ensure people were safe. The manager assessed risks to people and devised risk management plan, and ensured staff had sufficient guidance to manage these risks to keep people safe. Risk assessments looked at all aspects of people's care, for example, accessing the community, eating and drinking and behaviours that challenged. Records evidenced the risk assessments were reviewed regularly by the manager and updated to reflect people's changing needs.

People received their medicines safely. Where people required support with the administration of medicines this was detailed in their care plans. One care worker told us, "I've received medicine training and it was good. The manager also spent time going through it with us. If I notice an error has been made, I would speak to the senior staff immediately and not administer any medicines until the issue had been addressed." Another staff member told us, "We have had good medicines training and I feel confident administering medicines. If there was an error, I would contact the person who last administered medicines, gather as much information as I could and inform the manager." We looked at people's medicine administration recording sheets [MARS] and found where errors had been identified the manager had addressed this. The manager carried out medicine audits regularly and was in the process of introducing a more robust auditing process that details subsequent actions taken to address issues identified during the audit. The service was supporting people to independently administer their medicines and had clear guidance on how this would be implemented and actioned to ensure this was safe.

People were supported by staff that had undergone the necessary recruitment checks to ensure their suitability to work. The service had robust recruitment systems in place. We reviewed the files of five members of staff and saw appropriate recruitment procedures were followed. Staff files contained, their application form, job profile, two references, photo identification and disclosure and barring services [DBS] certificates. A DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups, including children.

People received care and support from sufficient numbers of suitable and familiar staff to keep them safe. A staff member told us, "Yes there is enough staff. You can call staff to help cover staff sickness if needed and

we have an on call rota, which we use to get cover." Another staff member told us, "Staffing levels are fine, people receive one-to-one care." The registered manager told us, "We have bank staff to cover shifts if staffing levels are low. The ratio of staff to people were dictated by the needs of people, for example, level of activities or appointments they participated in or required."

Is the service effective?

Our findings

People were supported by skilled and knowledgeable staff who received a comprehensive induction and on-going effective training to meet their needs. A relative told us, "When there's a new member of staff starting, the service go to great lengths to ensure they shadow colleagues and inform them of each person using the service". A staff member told us, "The induction was massive. It covered eight core sections, for example, medicines, safeguarding adults, health and safety and manual handling. The induction lasted for about a month and I shadowed more experienced staff. There was a lot of paper based exercise, but it prepared me for working with people on my own". Another staff member told us, "There was lots of writing and shadowing other staff. It was long enough but it could have gone on longer if that was needed to ensure I was ready to work un supervised." We looked at the staff induction process and found this was robust and comprehensive and gave staff the necessary skills to support people effectively.

People received care and support by skilled and staff. One staff member told us, "I definitely could request training if I felt I needed more. I can always ask. I feel there's enough training to feel confident and competent in my role". Another staff member told us, "I have received lots of training and its been very helpful to my role. I've had intensive interaction training which I enjoyed, as well as Makaton training, first aid, consent, medicine and safeguarding training". Staff records showed that staff underwent on-going training to meet people's needs. All staff received mandatory training, such as, health and safety, first aid and safe medicine management and the service also provided bespoke person centred training, for example, intensive interaction training and behavioural management.

People were supported by staff that received support and reflected on their working practices. Records showed staff received frequent supervisions and annual appraisals. One staff member told us, "I quite enjoy supervisions, we have them every six weeks or so. During the supervision, we go through how I'm doing, if I'm unhappy about anything. How people are doing, training needs and if I feel there are any areas of improvements I can identify. I've recently had an appraisal, we discussed my years performance and targets for the coming year." Another staff member told us, "I find the supervision process informative and a chance to catch up on everything. You look at your own well-being, concerns and training. I can initiate a supervision if I feel the need. I am due to have an appraisal soon and I can raise all sorts of things and how I'm doing."

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. Staff were aware of their role and responsibility in line with legislation. One staff member told us, "The MCA is about people being able to make informed choices and decisions themselves." Another staff member told us, "It's about making sure people are safe if they do lack the capacity to make informed decisions. Its about putting things in place to ensure they live a full and rewarding life." People were not being deprived of their liberty unlawfully. The service had made applications to the local authority for those people who had their liberty restricted in order to support them safely. We found the service was working

within the principles of the MCA. The registered manager had a good understanding and was able to evidence how to ensure the correct process was followed where they suspected people lacked capacity.

People's consent to care and treatment was sought prior to care being delivered. When asked if people's consent was sought, a relative told us, "Very much so." Staff were aware of the importance of obtaining people's consent prior to delivering care and the correct procedure to follow should consent not be obtained. One staff member told us, "People may not want you to help them, so you have to ask. By doing so, it encourages people's independence." Staff told us, "There's different ways that we use to ask someone if they would like support or not, for example, Makaton or pictorial symbols. You need to give them an explanation as to why you need consent and the benefits. If they don't give consent, I would raise it with the manager."

People were supported by staff that used effective communication practices. A relative told us, "Communication works well here." People at the service used differing methods of communication, for example, Makaton, verbal communication, signs, gestures and pictorial. Staff were aware of people's preferences in communication and ensured their preferred methods were used. For example we observed staff using verbal prompts whilst reinforcing what they said with Makaton signs. Staff were patient and respectful when communicating with people and gave them the time they needed to respond. Staff were also aware of when people no longer wished to communicate, and were able to notice a change in their body language and knew when to withdraw.

People were encouraged to access health care professional services to ensure their health needs were assessed and maintained. We looked at the way the service provided people with support with their healthcare needs. A relative told us, "We [family] help with most of relatives health care appointments. I'm sure the service would deal with it if we asked them to." Staff were aware of the importance of ensuring people had access to health care services and records showed where appropriate staff supported people to attend appointments. Care plans detailed referrals requested, for example to behavioural specialists, by the service for people and guidance provided by health care professionals was then acted on and implemented. People were given access to GP's, dentist, opticians, occupational therapists, behavioural specialists and SALT [speech and language therapists].

People were supported to have access to sufficient amounts to eat and drink that met their preferences and nutritional needs, throughout the day and night if requested. The supported living scheme provided people access to the kitchen. Throughout the inspection we observed people accessing the kitchen with support from staff to have their meals and snacks. People were encouraged to make their own meals to enhance their independence and daily living skills. Staff supported people to make healthy choices regarding their meals and were aware of the importance of maintaining people's nutritional needs.

Is the service caring?

Our findings

People received care and support by staff that were respectful, compassionate and caring. One person we spoke with told us, they liked their care who were kind to them. A relative told us, "It's a fabulous service and I am absolutely delighted. They [staff] cater to people's needs as a group and individually."

People's privacy and dignity was respected. A relative told us, "My relative very much likes their own space. Staff knock on the door and respect relative's personal space. They do however try to encourage relative's to mix more." A staff member told us, "I always knock on people's doors and ask if they want support with personal care. You must treat people with respect at all times." Staff were aware of the importance of treating people with respect and this was evident through our observations during the inspection. For example, one person was agitated and staff ensured they discussed their concerns and worries out of earshot of others, and successfully supported the person to remain calm.

Throughout the inspection we observed positive interactions between people and the staff supporting them. One person told us, they liked, living at the service and that they liked the staff that supported them. When asked if they found the staff kind, they told us, "Yes". The service had a warm and welcoming atmosphere and we observed visitors were welcomed as and when they visited. Staff were observed speaking to people with respect and were inclusive. Staff spoke of people with compassion and were clear in their desire to enhance, and enrich their lives. People were observed having staff speak to them kindly and in a manner they understood and welcomed. At one point during the inspection we observed people seeking positive physical interaction with staff, for example, one person was observed gently stroking a staff member's hand, another person was observed initiating a hug from staff. People were at ease with the staff that supported them and approached staff for reassurance and guidance.

The atmosphere was open and friendly and there were lots of smiles and laughter. Staff were also very knowledgeable about the needs of the people they were supporting and took time to listen to them. Members of staff showed a caring and patient attitude towards people. There was a calm and friendly atmosphere at the service. Throughout the inspection staff interactions between people and staff were caring people's independence encouraged.

People were supported and cared for in a way which promoted their independence. A relative told us, "Staff encourage [relative] to be independent. They have been in touch with Employability to support him to work and that encourages independence." Employability is a not-for-profit organization dedicated to assisting students and graduates with all disabilities, including dyslexia or long term health conditions, into employment. A staff member told us, "Independence is about being patient so people can learn new things. It takes time for new things to bed in, but you do need to be patient. We can plan new activities, interacting with peers but you need to risk assess things to ensure you can safely promote independence." Throughout the inspection we observed staff encouraging people to be independent and to do things for themselves, under their guidance and support. Staff were observed supporting people to get their bags ready for a day out and to get their lunch ready. Staff were informative and gave suggestions on what they may wish to take with them, yet afforded people the opportunity to do things without direct physical support in the first

instance.

People had their confidentiality maintained. Staff were aware of the importance of maintaining people's confidentiality and the impact of not doing so. One staff member told us, "It means not giving out people information. Keep records locked away in a locked room. People can only access the records if their authorised to do so." Another staff member told us, "We [staff] deal with a lot of medical and personal records. Its important only certain people have access to those records". At the time of the inspection people's records were kept securely in a locked cupboard in lockable rooms. Staff only had keys to access people's records that they were authorised to view.

Is the service responsive?

Our findings

People received care and support that was person centred and was responsive to their needs and preferences. A relative we spoke to told us, "The care plan tends to stay fairly static. We have seen it and have been involved with it. We have attended annual review meetings and asked what we think of the care plan and whether it needs to change". A staff member we spoke with told us, "The care plans are essential, they are always being updated and are a working document. I always look at the care plan before I support someone." Another staff member told us, "The care plans are in place so that we [staff] all follow the same guidance on how the person wants to be supported. People, relatives, health care professionals are all involved. The care plans are updated every three months or as and when needed. They help give you an idea on how to support people and to know them well, it's about how people want to be interacted with." We looked at the way the service assessed and planned for people's needs, choices and abilities. The service carried out assessments of people's needs prior to using the service. Care plans were person centred and documented people's health care, social and behaviour needs, preferences, life history and medical needs. People and their relatives were encouraged to develop and review their care plans, which were regularly reviewed and updated to reflect people's changing needs.

People were encouraged and supported to participate in a wide range of activities. One person we spoke with indicated that staff support them to go out on activities. A relative told us, "There's lots of activities for [relative] to do. There's the allotment, cinema trips, bowling, garden centre and shopping." A staff member told us, "People can have lunch out, bowling, horse riding, trampolining, ice skating, skiing, shopping trips and visits to the leisure centre. People get to choose what they want to do and we support them]. At the time of the inspection people were accessing their local community with work placements, meals out and appointments. People were encouraged to access their community and minimise the risk of social isolation. Staff told us, people can choose to do a wide range of activities and we [staff] are always looking at additional activities they can participate in. Where possible people were encouraged and supported to access work placement.

People were given the means by which to raise concerns and complaints in a way they understood. A relative told us, "The staff are very receptive to you. They [staff] always ask us to ring with our concerns. They are approachable and we have never had to complain". Another staff member told us, "There's a set procedure for receiving complaints in a pictorial form and written form. We [staff] raise people's concerns with the manager or senior staff and write the details down." We looked at the complaints file and found the service had not received any complaints. We spoke with the manager who was aware of the correct procedure in dealing with concerns and complaints in a timely manner, to ensure a positive resolution. Not all people who accessed the service were able to verbally communicate their concerns and needs. The service had implemented an easy read complaints procedure which enabled people to raise and voice their complaints. There was displayed in the main hallway noticeboard guidance for people to follow should they have a complaint. .

Is the service well-led?

Our findings

We received positive feedback from relatives and staff about the manager. A relative told us, "The manager is fabulous, so approachable and interacts with people. She takes on ideas, views and opinions on board and is willing and offers support. The manager is accommodating." A staff member told us, "[Manager] is fantastic and listens to our [staff] ideas. She's proactive and is making changes and progress and is approachable." Another staff member told us, "The manager is very good. She wouldn't expect something of you that she wouldn't do herself. She's approachable, caring, and highlights areas of improvement."

The manager operated an open-door policy and encouraged people, their relatives and staff to speak with her about any aspect of the service. During the inspection we observed staff were confident in approaching the manager to seek guidance and support regarding people. Throughout the inspection the manager supported people, spent time talking with staff and was a visible presence in the service. Staff were aware of the management structure within the service. Staff told us they were happy with the management structure and were aware of people's roles and responsibilities.

The manager carried out audits of the service on a weekly and monthly basis. Audits looked at medicines, health and safety, care plans and risk assessments. We found audits relating to medicines were being reviewed and a new auditing tool implemented to ensure a robust effective system was in place. Audits looked at areas of improvement and how the improvements would be actioned in a timely manner to address the identified issues.

There were systems in place to seek people's views and opinions about the running of the service. The service sent out annual quality assurance questionnaires which sought feedback on staff approach, opportunities and experiences, concerns and independence. We looked at two completed questionnaires and found both forms received contained positive feedback. The manager was aware of the correct process in addressing any negative comments contained in the questionnaires in a timely manner, to improve the service provision. People were supported by their keyworker and had regular meetings, where they were encouraged to share their needs and concerns.

People received care and support from staff that had support and guidance from health care professionals to enhance their lives. The manager encouraged partnership working with other health care professionals. We spoke with the manager who told us, "I would like to develop more partnership working. It's important to share good values and to learn from one another." Records demonstrated that the manager sought guidance and support from other external health care professionals and when guidance was given action was taken to heed the advice.

The manager had clear values and visions for the future of the service. The manager told us, "Our [staff] behaviours impact on others, and we need to ensure we have a positive impact on people, whereby they [people] are the priority." The values of the service were evident throughout the inspection, where people were placed at the centre of the care they received, by staff who embraced a person centred, inclusive and respectful approach.

