The Devon Sheltered Homes Trust

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Inspection report

Hillfields House
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Tel: 01395266605

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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 inspection took place on 12 and 13 March 2018 and was announced. This was the first inspection of the service since it was registered on 1 March 2017.

The people using this service previously lived in a residential home run by Devon Sheltered Homes Trust. A decision was made by the trust to cease provision of large scale residential accommodation and to support people to move into smaller houses in the local community. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

Devon Sheltered Homes Trust provides care and support to people living in four 'supported living' settings, so that they can live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care, (help with tasks related to personal hygiene and eating). At the time of this inspection Devon Sheltered Housing Trust provided supported accommodation to 11 people with learning disabilities.

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

People told us the quality of their lives had improved significantly since they had moved into their supported living houses. Each person lived with a small group of friends they had chosen to share houses with. They had small teams of staff supporting them, who they knew well, liked and trusted. People told us their new homes were much quieter and more peaceful than the large care home they previously lived in. Many of the staff supporting them had cared for them for a number of years and knew them well. Staff turnover was low, and staff told us they enjoyed their jobs. There was a spirit of friendship, compassion and trust. The service was reliable, and there were sufficient staff employed to ensure people received support when they needed it. Staff were caring, and treated people with dignity and respect.

Staff were well trained and had the skills and knowledge to meet peoples' needs effectively. Staff had received training on a range of topics relating to the health, safety and personal care needs of the people they supported. They understood their responsibilities to safeguard people and to report any suspicion of abuse. People told us they felt safe. Recruitment checks were carried out to ensure people received care from suitable staff. Staff received regular and effective support and supervision.

People were supported to hold their own medicines securely. People who required assistance with their medicines were supported by competent staff who followed safe systems of administration.

The quality of peoples' lives had improved because staff had encouraged and supported them to learn new skills and to gain greater independence. People were involved and consulted about all aspects of their lives and the service they received. Staff understood their role to help protect people's equality, diversity and human rights to support people individual needs. Staff knew each person well and supported them to lead active lives, and to be valued members of the local community. People were supported to gain jobs, participate in local events, and to attend social occasions, clubs and entertainment according to the person's interests and preferences.

People were supported to keep their homes safe and clean. Staff had the knowledge and equipment needed to follow safe infection control procedures.

Each person had been involved and consulted in drawing up and reviewing a plan of their care needs. People held a copy of their care plans in their rooms. Some documents were drawn up in an accessible format, and the plans had been explained and discussed with each person. The registered manger told us they planned to improve the care plans and other documents to make them easier for staff to read and for people to understand.

The management team were well respected and provided effective leadership. The provider had a range of quality monitoring systems to monitor and improve the service provided. People were asked their views on the service. Comments or complaints were listened to, investigated and actions taken.

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 received a reliable service from staff they knew well and trusted.

People were safe from harm because staff were aware of their responsibilities to report any concerns.

Recruitment checks were carried out to ensure people received care from suitable staff.

People who required assistance with their medicines were supported by competent staff who followed safe systems of administration.

People were protected from the risk of infection because staff had the knowledge and equipment needed to follow safe infection control procedures.

Is the service effective?

Good

The service was effective.

People were cared for by staff who had received sufficient training to meet their individual needs.

The registered manager and staff understood and followed the principles of the Mental Capacity Act 2005 (MCA).

People were cared for by staff who received regular and effective support and supervision.

People were supported to eat a range of healthy and nutritious meals to suit their individual preferences.

Is the service caring?

Good

The service was caring.

People received care and support from staff who were caring, compassionate and treated people with dignity and respect.

People were involved and consulted about the care they received.

Staff understood their role to help protect people's equality, diversity and human rights to support people individual needs.

Is the service responsive?

Good

The service was responsive.

People's needs were at the centre of the service provided with staff knowing each person's likes and dislikes.

Staff understood each person's social needs and supported people to lead active and fulfilling lives.

People were confident any comments or complaints would be listened to, investigated and actions taken.

Is the service well-led?

Good

The service was well led.

The vision and values of the service were clearly communicated and followed by staff.

People's views were sought on the service and the provider listened and improved the service where necessary.

The management team were well respected and provided effective leadership.

Quality monitoring systems were used to further improve the service provided.

The Devon Sheltered Homes Trust

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.

The inspection took place on 12 and 13 March 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because we wanted to be sure the registered manager would be present. We also wanted to give the service sufficient time to agree with people that we could visit them or contact them by telephone to find out their views on the service. This is the first inspection of the service since it was registered on 1 March 2017.

The inspection was carried out by one inspector.

On the first day of the inspection we accompanied the registered manager to visit four houses, where we met with ten people. We also met five support staff. During our visits we looked at four care plans and associated records, including records of medicines administered by staff. On the second day of the inspection we visited the agency office where we looked at staff recruitment and training records, quality monitoring records, policies and procedures.

Before the inspection we asked the provider to complete a Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. WE reviewed the information provided.

Good

Is the service safe?

Our findings

People told us they were happy with the service and felt safe. One person told us "It's alright." They went on to tell us about a person who they sometimes met in the local community who they described as "a bully". They had told a member of staff of their concerns about this person. The member of staff took their concerns seriously and took action to make sure they were protected. The person told us they were happy with the outcome.

People received a reliable service from staff they knew well and felt safe with. All of the people who used the service previously lived together in a large residential home. When the home closed, people moved into smaller houses in the local community. Many of the staff who had worked in the residential home continued to support them in their new houses. People told us they liked and trusted the staff who supported them.

There were sufficient staff employed to ensure people received the support they needed. Staff rotas had been organised to ensure people received individual support on the days and times they needed it. For example, if people wanted to go out for the day, visit friends or family, or attend medical appointments, the rotas were organised to ensure people received support at the right times.

The provider ensured people were protected from the risk of abuse. They took care to carry out careful recruitment procedures to make sure they employed the right staff. Checks and references were obtained before new staff began working with people. Staff had received safeguarding training and knew how to recognise and report any concerns. Staff confirmed they had no current concerns regarding people's safety, but were confident they could speak with the registered manager or a senior member of staff if they suspected a person was at risk of harm or abuse.

Staff understood the potential risks to each person's health and safety and knew how to support people to keep them safe. For example, one person was at risk of choking. A member of staff explained the risk and how they observed and supported the person at meal times. The person's care plan explained the risks and showed they had sought advice and guidance from the speech and language therapy team.

Staff also described other risks such as weight loss, and the risk of constipation. A member of staff was able to describe the close monitoring and support they gave a person, while at the same time supporting the person to make choices, and to be as independent as possible. There was a deep bond and friendship between the staff and the person The staff had a very good understanding of the person's preferred daily routines and how to support the person to remain healthy and safe.

The risks were outlined in the person's care plan, but there were some additional details given to us by staff that could be added to the care plan to ensure all staff understood each person's unique needs. The person was prescribed a laxative on an 'as required' basis and this was explained in their care plan and medication records. However, the care plan did not fully explain the person's wishes and preferences around the use of laxatives, or the actions that had been agreed with the person's doctor and community nurses to ensure the person remained safe. We discussed this with the registered manager who told us they were already aware

of the need to adjust the care plans to ensure essential information regarding each person's needs and risks are clearly explained to staff. They planned to improve the care plans in the very near future.

Incidents and accidents were recorded and monitored by the provider to identify any trends or further actions needed. For example, a person fell when they were walking in the local area. Staff were unable to identify an obvious cause for the fall. The person was checked by local medical services to ensure they had no serious injuries. The staff then considered other possible causes such as changes in their eyesight, so booked an appointment for the person to see an optician.

Where people were supported by staff to manage their money, safe systems were in place to protect people from financial abuse. All purchases were recorded, receipts retained, and balances were regularly checked. Where people were supported by relatives or the Court of Protection to manage their savings and income, the registered manager and staff liaised closely with all relevant parties to ensure any larger purchases were made in the person's best interests.

Medicines were stored and administered safely. Each person had a secure cabinet in their room which held their medicines. People were encouraged and supported to manage their own medicines as far as they were able. Those people who required assistance with their medicines were supported by competent staff who followed safe systems of administration. Medicine records were completed efficiently with no unexplained gaps. Staff were given information on each person's medicines and any potential risks or side effects. Where people were prescribed creams, these were clearly recorded and body maps were used to explain where the creams should be used. Creams were dated when opened to ensure staff knew when they should be discarded.

People were protected from the risk of infection because staff had the knowledge and equipment needed to follow safe infection control procedures. Protective equipment was in place such as gloves and aprons and staff had received training on then these should be used. Skin health checks and observations were carried out on staff to ensure staff were following the provider's policies and procedures on infection control. Procedures were in place to ensure all laundry, including soiled laundry, was washed safely.

Good

Is the service effective?

Our findings

People were cared for by staff who had received sufficient training to meet their individual needs. The provider had identified a range of essential training for new staff, and regular updates were provided to staff on important topics. New staff received an in-depth induction lasting seven days. Before the inspection the registered manager submitted a Provider Information Return which said 'Once a staff member has completed their induction training and probation, staff have access to further qualification in health and social care. All staff mandatory training is refreshed annually and this is overseen by Registered Manager along with support of Team Leaders. A training matrix is used to monitor staff training needs.' We were given a copy of the training matrix which showed staff had completed a range of training on topics relevant to the needs of people using the service. Staff told us the training they received was of a good standard. Comments included "training is very good" and "I'm all up-to date."

People were cared for by staff who received regular and effective support and supervision. Staff told us they could ask for advice or support at any time. The registered manager visited each shared house regularly and knew people well. This meant staff felt confident they could seek advice at any time, from a manager who understood the issues they faced.

The registered manager and staff had a good understanding of the Mental Capacity Act 2005 (MCA). Staff had completed training about the Mental Capacity Act 2005 (MCA) and knew how to support people who lacked the capacity to make decisions for themselves. Where decisions had been made in a person's best interests these were fully recorded in care plans. Care plans contained assessments and information on people's capacity to make decisions about their lives. This showed the provider was following the legislation to make sure people's legal rights were protected. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The provider had policies and procedures to support staff in this area.

Each person's needs had been assessed and reviewed regularly. People were given the choice of where they wanted their care plan to be stored, and most people had chosen to keep the plans in their rooms. The format of the care plan and other important documents relating to people's support had been discussed with them, and agreement had been reached and recorded about their preferred format. Photographs and pictures were used where relevant, and the records showed evidence that staff had sat and explained the content of the records with people who were unable to read text.

People's health needs were known and understood. Staff sought medical treatment and advice promptly when needed. People attended medical appointments with support from staff where required. There were good systems in place to ensure people did not miss an appointment.

People were supported to eat a range of healthy and nutritious meals to suit their individual preferences. In each shared house people had agreed amongst themselves how the meals would be planned and prepared. People chose the menus for the following week, with each person choosing the main meals for two or three

days. If some people did not like the meals chosen, staff supported them to make an individual meal of their choice. People told us this method of planning the menus worked well, and they were very happy with the quality of the meals they received. Staff supported people to carry out the weekly shopping, and to prepare the meals and clear away and wash up afterwards.

Good

Is the service caring?

Our findings

People received care and support from staff who were caring, compassionate and treated people with dignity and respect. One person told us "I love it here." Another person said "All the staff are nice." People told us they preferred living in their new houses much better than their previous residential home. They told us their new houses were quieter, with more individual attention and support from staff. A person said "I like living here. It's quiet. It's easy."

We heard examples of how staff had shown their deep care and concern for the people they supported, especially when people were ill. For example, one member of staff had been nominated for a staff award after they had visited a person in hospital in their own time, spending many hours with them until they were well enough to return home.

Staff gave us examples of how people had become much happier since moving into supported living accommodation. For example, one person previously cried a lot, and often refused food. We heard how the person had become much happier, rarely cried now, and happily ate all their meals. Staff told us people now had smaller teams of staff supporting them, who knew them well, understood their needs and wishes and the things that upset them. There was a much closer connection with people and greater care and compassion for individuals. This had resulted in people becoming happier and more contented.

People and their families were involved and consulted about the care they received. Each shared house had a small group of staff who knew people well and understood how each person wanted to be supported. The provider told us in their PIR "We ensure our customers are involved in designing their support from presence at their assessment together with their circles of support to have input into what to put in their Support plans and state how they would like their support as well as information on likes and dislikes and what is important to them." People were encouraged and supported to keep in touch with families and friends. This included support where required to visit families and friends.

Staff understood and respected each person's individual and diverse needs. The provider had policies and procedures in place to ensure people were treated equally and with respect. Staff were recruited from all age groups, backgrounds and beliefs. Where staff had specific health needs or disabilities the provider ensured their needs were accommodated. This helped to enable staff to understood and respect the diverse needs of the people they supported. All staff received equality and diversity training at the start of their employment, and refresher training on a periodic basis. The registered manager told us they had discussions with staff during team meetings and supervisions on how to respect people's individual and diverse needs. People were supported to follow their chosen faith and attend religious events and services if they wished. People were supported to make friends and have relationships. Staff respected people's right to lead their lives as they wished.

Staff knew how to communicate effectively with people. Care plans explained each person's communication needs. We saw staff communicating with each person effectively, and there was a sense of mutual friendship and understanding. We heard how people's lives had been improved, and how people who previously

displayed high levels of anxiety had become much calmer and happier. Staff knew how to recognise and listen to people's anxieties and how to reassure them. Staff had worked with health and social care professionals to support a person with their anxieties, and this had helped the person cope with their fears.

Good

Is the service responsive?

Our findings

People's needs were at the centre of the service, with staff knowing each person's likes and dislikes. A member of staff told us "We give very person-centred care here." Staff knew each person well, understood their likes, dislikes and preferred daily and weekly routines.

Care plan files contained information about all aspects of each person's needs. People's goals and aspirations were identified, and the plans set out how staff would support the person to achieve their goals. Where people hoped to gain paid or voluntary work, or to learn new skills, this was explained and agreements reached how these would be achieved. The service made changes to people's care and support in response to requests and feedback received.

Staff understood each person's abilities and offered support and encouragement to help people gain independence and learn new skills. People were supported and encouraged to participate in daily household tasks such as cleaning, laundry, meal preparation and washing up. For example, when we visited one shared house each person was helping to clear up, wash and dry dishes after their evening meal.

Staff understood each person's social needs and supported people to lead active and fulfilling lives. Each person had a weekly timetable setting out the things they wanted to do each week. Some people attended day services at Bicton College where they were able to participate in a range of activities such as gardening and animal care. Some people told us about local clubs and groups they liked to attend. One person had a voluntary job at a local riding stables, and some people helped out at a local café. Staff spent time with each person on an individual basis each week to go out and do the things the person wanted to do, for example shopping, going to theatres and music events, or going to cafes and pubs. People were supported to go out and about, travel to places of interest and to participate in the local community. They were also supported to go on holidays each year if they wished. For example, one person told us they planned to go to Jersey this year.

People were confident any comments or complaints would be listened to and knew who they would speak with if they had a complaint. Concerns and complaints were recorded, investigated thoroughly, and actions taken to address the issues where necessary. Letters of apology were sent to people who had raised a complaint. For example, one person had complained that another person had entered their room without permission. A letter of apology was sent to the person. The person had a lock on their door they could use if they wished, and a door alarm was fitted to alert staff if the door was opened when the person was not in their room. We heard this had addressed the issue satisfactorily.

People were given information about their care and the service in a format that was suited to their individual needs, although the registered manager recognised they needed to make further improvements. Documents such as the complaints procedure had been drawn up using symbols and large print. People were given questionnaires in an easy to read format. The registered manager told us they planned to improve other documents such as menus and care plans to ensure each person has important information about the service in an accessible format in the next year.

The provider was in the process of improving the planning and delivery of end of life care. There were no people close to the end of their lives at the time of this inspection. However, the registered manager told us that all staff would be offered end of life training in the near future. Care plans contained information about each person's funeral plan. They planned to review each person's care plan to ensure that people's views and wishes regarding their deaths are explored fully and documented. Some people had recently experienced deaths of loved-ones and the registered manager told us they hope that planned training will help staff improve their skills to recognise and support people through bereavement and loss.

Good

Is the service well-led?

Our findings

People received a service that was well-led.

The vision and values of the service were clearly communicated and followed by staff. Staff had been given a copy of the service Statement of Purpose, and information about the provider's expectations about staff behaviours. They also had easy access to the provider's policies and procedures. The provider told us in their PIR "The Trust's vision and values reflect that of our corporate trustee, Guinness Care, who provide our company policies for customer service, staff and organisational procedures such as Quality assurance management, safeguarding, health and safety, equality and diversity, whistleblowing, grievance procedure, disciplinary management."

People's views were sought on the service and the provider listened and improved the service where necessary. Tenants' meeting were held regularly and these were recorded to show topics discussed and agreements reached. People's views were also sought through annual questionnaires. These had been drawn up in an easy to read format. The questionnaires had been collated and actions taken to improve the service where necessary. Staff views were also sought through staff meetings. Staff were encouraged to speak out, make suggestions and discuss issues.

The management team were well respected and provided effective leadership. A second team leader had recently been appointed to ensure each staff group had a team leader. This provided a strong management structure, and management cover over seven days a week. The provider showed that staff were valued and respected. Staff were nominated for awards for providing exceptional care. Staff had a positive attitude and told us they enjoyed their jobs. A member of staff said "I love working here." A person who used the service told us they thought the service ran smoothly and was well-led. They told us they saw the registered manager "often" and felt they were friendly and approachable.

Staff praised the registered manager for their firm but fair management style. A member of staff told us "I think [registered manager] is very good. She has a moral guidance." The registered manager regularly worked alongside staff in each shared house, and in this way they had got to know each person and their needs well. Staff respected the registered manager for their caring manner and commitment to each person and each member of staff. Staff told us the registered manager was easily contacted and always willing to listen and support. Comments included "[Registered manager] is a good manager. She is 'hands on'. She came and worked here, saw what was going on, before making any changes."

The registered manager kept up their learning and skills to ensure the service followed current best practice. They attended meetings such as the local Provider Engagement Network. They also met with other managers employed by Guinness, and received support and information from them. They also attended training sessions and kept their learning updated by reading newsletters and journals.

The provider had an ethos of learning from mistakes to enable them to improve the service. Incidents, accidents, near-misses, concerns and complaints were recorded and reviewed. The records showed that

actions had been taken to minimise the risk of recurrence.

Quality monitoring systems were used to further improve the service provided. The management team carried out regular checks and monitoring of all areas of the service to ensure it was running smoothly. The provider employed a quality assurance team who visited the service regularly to check all aspects of the service and ensure targets were being met and people were receiving an effective service.