Scotts Project Trust

St Peters Row Delarue Close

Inspection report

1-3 St Peters Row Delarue Close
Shipbourne Road
Tonbridge
Kent
TN11 9NN

Tel: 01732771593
Website: www.scottsprojecttrust.org.uk

Date of inspection visit:
07 July 2017

Date of publication:
15 August 2017

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

St Peter's Row provides accommodation and personal care for up to 15 younger adults with learning and physical disabilities. The accommodation is provided over two floors in a terrace of three houses which link together via corridors both upstairs and downstairs. Each house has its own kitchen, dining room, and lounge. The houses share a large garden. There were 14 people living there at the time of our inspection. At the last inspection in June 2015 the service was rated Good. At this inspection we found the service remained Good and met all relevant fundamental standards.

Staff knew how to recognise signs of abuse and how to raise an alert if they had any concerns. Risk assessments were centred on the needs of the individual. Each risk assessment included clear measures to reduce identified risks and guidance for staff to follow or make sure people were protected from harm.

Accidents and incidents were recorded and monitored to identify how the risks of recurrence could be reduced. Appropriate steps had been taken to minimise risks for people while their independence was actively promoted.

There was a sufficient number of staff deployed to meet people's needs. Thorough recruitment procedures were in place to ensure staff were of suitable character to carry out their role. Staff received essential training, additional training relevant to people's individual needs, and regular one to one supervision sessions.

People were appropriately supported with the management of their medicines, attending appointments and were promptly referred to health care professionals when needed.

Staff knew each person well and understood how to meet their support and communication needs. Staff communicated effectively with people and treated them with kindness and respect.

Staff promoted people's independence, encouraged them to do as much as possible for themselves and make their own decisions. A local authority case manager who oversaw the wellbeing of some of the people in the service told us, "The care the staff provide is of a high standard, they always appear caring and put the person at the centre."

Personal records included people's individual care plans, likes and dislikes and preferred activities. These records helped staff deliver support that met people's individual needs. Staff knew about people's dietary preferences and restrictions, and involved them in choosing menus.

The registered manager was open and transparent in their approach. They placed emphasis on continuous improvement of the service. There was an effective system of monitoring checks and audits to identify any improvements that needed to be made. The registered manager acted on the results of these checks to improve the quality of the service and support.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains: Good.	**Good**
Is the service effective? The service remains: Good.	**Good**
Is the service caring? The service remains: Good.	**Good**
Is the service responsive? The service remains: Good.	**Good**
Is the service well-led? The service remains: Good.	**Good**

St Peters Row Delarue Close

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 carried out 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 was a comprehensive inspection.

The inspection took place on 7 July 2017 and was announced. We gave some notice of our inspection to make sure people we needed to speak with were available. The inspection team included one inspector and an expert by experience, who had experience of this type of service.

Before our inspection we looked at records that were sent to us by the registered manager and the local authority to inform us of significant changes and events. We also reviewed our previous inspection report, and the Provider Information Return (PIR) that the registered manager had completed. The PIR is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make.

We spoke with eight people living at the service, and four of their relatives. We consulted two local authority case managers to gather their feedback about their experience with the service. We spoke with the registered manager, two team leaders, and five members of care staff.

We looked at nine sets of records relating to people's support, and a range of assessments of needs and risks. We reviewed documentation that related to staff management and to the monitoring, safety and quality of the service. We looked at four staff recruitment files. We sampled the service's policies and procedures.

At our last inspection in June 2015, the service was rated: Good.

Good

Is the service safe?

Our findings

People told us they felt safe living in the service. When asked whether they felt safe in the home, they replied, "Yes", "I do", "It is safe here" and told us about their daily routine that indicated they lived confidently in a safe environment. They showed us their own room door key and told us they were provided with safe transport to attend their activities. A relative told us, "Knowing my daughter is living here has given me an incredible peace of mind."

People were protected from abuse and harm by staff who had received safeguarding training and who understood the procedures for reporting any concerns. All of the staff we spoke with were able to identify different forms of abuse and were clear about their responsibility to report suspected abuse. A safeguarding alert had been raised appropriately by the service when concerns had arisen for a person's safety. The safeguarding policy had been updated in December 2016 and was in line with Local Authority guidance.

Thorough recruitment and disciplinary procedures were followed to check that staff were of suitable character to carry out their roles. All relevant processes were appropriately completed. These included criminal records checks, two professional references and a full employment history. Therefore people and their relatives could be assured that staff were of good character and fit to carry out their duties. Staff rotas confirmed there was a sufficient amount of staff deployed to keep people safe at all times including weekends and the registered manager told us that agency staff was "very rarely used and if so, only during the day". Trusted bank staff who were familiar with the service were used to cover unexpected absences. Several staff were long standing and had been employed by the provider for over a decade.

Accidents and incidents were being appropriately monitored to identify any areas of concern and any steps that could be taken to prevent accidents from recurring. The registered manager carried out an analysis of any accident or incident on the day, and reported to a quarterly health and safety committee to identify any common trends or patterns, and establish if any lessons could be learned.

The registered manager had introduced a medicines checks after each medicines round, to identify any omissions of administration. Medicines had been moved in dedicated medicines cabinets in people's rooms that were secure. The service had switched to a new MAR (medicine administration records) system to minimise risks of errors. Temperature controlled medicines were kept in a refrigerator and its temperature was monitored daily to ensure medicines remained safe to use. An external audit had been carried out by a pharmacist in May 2017 that had recommended the re-packaging of a particular medicine to make the dosage easier to understand. This had been implemented. The MARs indicated that people received their medicines at the requested time. Protocols were in place for medicines that were to be taken 'as required', such as pain relieving medicines, with pictorial charts for staff to use with people and asses their level of discomfort. A protocol for administering medicines in case of a seizure was in place and bespoke to a person's specific needs.

Individual risk assessments were in place for people who were cooking some of their own food, who were at risk of falls or seizures; and who may experience a decline in their mental health. Control measures to

minimise risks were clear, appropriate and followed by staff in practice. A person was fed through a tube that had been surgically inserted in their stomach. There was a comprehensive risk assessment and guidelines for staff to follow. Two people needed a particular positioning in bed and this was clearly indicated in their care plans. One person was at risk of experiencing a seizure. They had a specific care plan to address this and staff were aware of the interventions that would need to be done as a response. Another person had a specific care plan for eating as they may need prompting, and staff followed the guidance in practice to encourage that person to eat. Risk assessments were in place for people using wheelchairs or walking aids.

People were involved with their individual risk assessments that were written in a pictorial form to help them understand. These included guidelines such as, 'Before I do anything new, dangerous or difficult I must think about how I can do it carefully', 'Is it dangerous' (with a pictorial scale), 'What could go wrong?', 'What can I do to keep myself safe?' and, 'How can the staff help me?'. A risk assessment for the activity of fishing had included all possible risks and clear control measures to reduce each one. Environmental risk assessments were regularly carried out and scheduled, that addressed access to dangerous areas, bath chair and lift, kitchens, care and domestic activities, infection control, oxygen storage and security.

The premises were safe for staff and people because all fire protection equipment and fire alarm was regularly checked and serviced. The last checks had been carried out in May 2017. At no time were people left on their own without staff being present. Staff were trained in fire awareness. Quarterly fire drills, with full practice of evacuation, were carried out with people's active participation and the results were logged to identify what could be improved. Each person had a personalised evacuation plan that detailed their ability to respond to the alarm system, their awareness of procedures in case of emergencies, and any equipment they may need during an evacuation. These were reviewed whenever there were any changes. The service held an emergency contingency plan that had been updated in June 2017 and which was comprehensive, addressing IT outage, loss of utilities, fire, disease and extreme weather.

Good

Is the service effective?

Our findings

People and their relatives were positive about staff effectiveness and capability. When we asked people if staff helped them to get what they wanted, they replied, "Yes", "They take us on holidays" and, "My key worker helps a lot." Two relatives told us, "All the staff know each resident very well, they understand what they need" and, "I am kept fully informed about any development or any changes." A local authority case manager who oversaw people's welfare in the service told us, "The new manager has brought in new practices. One immediate one was the sharing of incident forms with outside agencies as they occurred. Over the years it has been reassuring to see the same staff team support individuals." A team leader from a local Community Health NHS Foundation Trust who oversaw the management of a person's enteral nutrition needs told us, "The staff looking after [X] have always been very pro-active with his care and are keen for him to be managed safely at St Peters Row. Staff will always call if they have concerns and ask for support and additional training when required." They told us how staff had wished to be trained in a procedure that was beyond their normal practice as they felt it was in the person's best interest.

People received effective care from skilled, knowledgeable staff. Staff received an appropriate induction that included shadowing more experienced staff until they could demonstrate their competence. Two newly recruited staff studied to gain the 'Care Certificate'. This certificate was launched in April 2015 and is designed for new and existing staff, setting out the learning outcomes, competencies and standard of care that care staff are expected to uphold. Staff were encouraged to study and gain qualifications. All staff had gained, or were studying for, a diploma in health and social care at level three. One staff held a diploma at level four and another at level five.

All staff received regular one to one supervision sessions every six weeks and participated regularly in staff meetings. Team leaders supervised care workers; the registered manager supervised the three team leaders, some of the waking night staff and bank staff. All staff were scheduled for an annual appraisal of their performance. Staff were provided with support when they were in circumstances that may affect their work, such as reduced shifts during maternity and leave to address family caring duties. Staff were up to date with essential training that included first aid, equality and diversity, manual handling, mental capacity, health and safety and infection control, diversity and equality. Further training was considered and selected in accordance to people's specific needs, such as dementia awareness, epilepsy, autism awareness, managing behaviours that challenge, and 'death, dying and bereavement'.

People were supported with their nutritional needs to maintain good health. Staff were trained in food hygiene and knew of people's food allergies, specific dietary requirements and preferences. These were clearly outlined in people's care plans, the content of which was known to staff. One person was gluten intolerant and was provided with specific meals. People were advised by staff on the best ways to maintain a healthy diet, menu planning and portion control. A relative told us how staff had helped their daughter join a slimming programme and lose two stones in weight over 18 months. The staff had adopted recipes during this experience, and were offering these as healthy options to other people in the home who may also benefit from slimming. A member of staff told us, "We do packed lunches together, and always suggest yoghurt and fruit, but there are no strict rules, if they want cake so be it." Staff were reminding people to

drink more fluids and wear sunscreen during hot and sunny weather. They were offered yearly vaccinations against Influenza.

Access to healthcare and other professionals was effectively facilitated. People had recently been referred appropriately with their consent to a memory clinic, an audiology clinic to check their hearing; an orthotics department to obtain a helmet; a speech and language therapist for dysfluency (the disruption of the flow and timing of speech); and to a physiotherapist for posture guidance. One person attended hydrotherapy sessions and received specialist injections in one of their limbs to facilitate their movement. People were routinely referred to GPs, dentists, a chiropodist, nurses for routine blood checks, and an epilepsy nurse. Any changes in people's health or behaviours were communicated amongst care staff effectively. A system of staff shifts handovers ensured effective continuity of care and support.

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 are called the Deprivation of Liberty Safeguards (DoLS).

Consent to care and treatment was sought in line with the law and guidance. Processes were followed to assess people's mental capacity for specific decisions, for example about having a lap belt while they used a wheelchair; choosing not to participate in an activity; and consenting to a dentist appointment and intervention. Meetings to reach a decision on behalf of people and in their best interests were carried out appropriately. The registered manager was in process of ensuring that all staff providing care were confident with carrying out mental capacity assessments when the need arose, as he had identified that staff relied solely on the management team to do this. Mental capacity assessments were in progress regarding people's ability to understand and sign their care plans. Appropriate applications to restrict people's freedom had been submitted to the DoLS office for people who needed continuous supervision in their best interest and were unable to come and go as they pleased unaccompanied. The registered manager had considered the least restrictive options for each individual. The CQC had been appropriately notified when DoLS applications had been authorised.

Good

Is the service caring?

Our findings

All the people and their relatives we spoke with told us that they liked the staff and appreciated the way support was delivered. People and staff interacted positively and it was evident that they had developed close, positive and appropriate relationship based on mutual trust and respect. People described the staff as, "kind", "nice", "nagging at times", "happy, funny." Staff asked a person, "What if you have a sad heart, who do you talk to?" and the person replied, "Staff". The person added, "You make me laugh sometimes." A member of staff told us, "I love working here. As soon as you enter you can feel what a caring environment this is, there is lots of joy and laughter."

Staff promoted people's independence and encouraged them to carry out tasks autonomously such as making drinks, preparing food and cooking, processing laundry, planning their activities and taking care of their environment. Staff placed emphasis on developing people's skills and confidence. A person addressed their own oral hygiene although needed help from staff with judging how much toothpaste they needed. A person's care plan indicated how a person was able to put on a certain garment and tie their shoe laces by themselves. Another person told us, "I like helping to serve the evening meal to my house mates" and another said, "I do the ironing; staff help me a little with that." A person was hanging their washed laundry on a line outside. A member of staff told us, "They take responsibility for their environment; we prompt them, encourage them, set safe boundaries, and help when needed."

Staff promoted people's privacy and respected their dignity. Staff had received training in respecting people's privacy, dignity and confidentiality. Staff did not enter people's bedrooms unless they were invited to do so and several people were able to lock their bedroom and hold on to their keys. When people wanted a quiet time by themselves this was respected and staff oversaw their wellbeing in a discreet manner.

Clear information was provided to people about the service, in a format that was suitable for people's needs. In each house there was a magnetic board where people's photographs and names were displayed, as well as photographs of staff showing who was on duty that day and at night time. There was a 'fire notice board' with instructions about what to do in case of a fire. Each house had a notice board with the weekly menu, allocation of daily chores such as cleaning the refuse bin or laying the table, the service's complaints policy, information on confidentiality, advocacy and the Mental Capacity Act 2005. A list of the activities was magnetically pinned to refrigerators, along with a list that described how each person liked to have their drinks. Each house displayed a copy of the 'residents' forum' meeting minutes, in large font, with drawings, symbols and photographs to illustrate the content. The service maintained a website that was comprehensive, well designed and user-friendly.

Specific communication methods were used by people and staff. A person used an electronic device to communicate and staff were able to understand the person before they had finished their sentence. Staff always checked that they had understood the person correctly. A person used speakerphones to communicate with their family as they were unable to hold a telephone. One person's care plan included, in their communication care plan, 'I like sugar free drinks. Sometimes I decline before I have thought about whether I'll enjoy them. Please ask me on three separate occasions and accept my final answer on the day.'

Another included, 'If I cannot understand what is happening, it is easier if people use short and simple sentences when talking with me.' Staff implemented these methods in practice.
We observed a member of staff converse with a person who was unable to verbalise. They were able to understand what the person wanted to say by observing their facial expression, body language and stance.

Staff paid attention to people's psychological and emotional needs. Care plans included what people enjoyed in a section 'to make me happy' such as joking and listening to music. Staff were aware of people's moods and adjusted their approach to meet people's needs. A member of staff told us, "We take our cues from them; we know how each person needs to be communicated with and how we can help them cope with sadness, frustration or excitement."

People were fully involved in decision making about their care and treatment. They participated in the planning of their care and reviews as much as they were willing and able to. A relative told us, "I am always invited to take part in an annual review, and I know I can talk to the key worker, the team leader or the manager at any time." Staff were made aware of people's likes and dislikes to ensure the support they provided was informed by people's preferences. People's files included information about their history, childhood, schooling, family, friends and religion. People's care plans included their preferences about their daily routine, activities, social outings, music, food and special interests. Staff took account of people's care plans and knew about these preferences. For example, staff knew a person had a keen interest in dinosaurs and were looking to locate a 'Dinosaur park' to take them to.

Good

Is the service responsive?

Our findings

People and their relatives told us that staff were responsive to their needs. They told us, "They help me brush my teeth", "I do a lot of things; the staff get me there" and, "I am happy; I had a blood test and [member of staff] came with me; he's a nice bloke." Relatives told us, "The staff act quickly when needed" and, "The manager and staff are very approachable, we can discuss anything." A relative told us how staff had provided care for their daughter following a period of hospitalisation. The registered manager had offered to provide staff escort for future hospital appointments in London, to provide some respite for the family. A local authority case manager who oversaw a person's care in the service told us, "The care the staff provide is of a high standard, they always appear caring and put the person at the centre; the environment is very homely and young adults living there are able to visit their peers in the other properties."

People were offered choice and options. They were provided with a wide range of activities and people's timetables showed they were occupied, stimulated and led busy lives. They were able to decline taking part in any activities if they had changed their mind. On the day of our inspection, a person had chosen to stay home and have a lie-in, and this was respected by staff. When people stayed in the home, staff were engaging with them and encouraged them to participate in gentle activities, such as doing jigsaw puzzles, looking at recipes and deciding which cake they would like to bake. A person liked anchovies and suggested to add this as an ingredient. Their key worker said, "Anchovies? Why not, we could give it a try; that will be different."

People's hobbies and interests were taken into account and people went out swimming, gardening and farming, dancing and socialising with friends as they wished. People described with enthusiasm and pride some of the activities they took part in. They told us they attended a day centre, did art and crafts, baking, went swimming, visited disco clubs, pubs, visited the Houses of Parliament and went shopping in London. One person liked to listen to a particular music band, and enjoyed following a football team. Several people enjoyed having their hair done and pampering. They visited their favourite hairdresser and beautician. One young person enjoyed watching Disney movies on her portable electronic device. Two other people had a particular interest in tractors and in portable radios. A key worker was searching ways of entering a person into competitive swimming at the person's request (a key worker is a staff member allocated to a person, with special responsibility to ensure the person has what they need). Individual activities programme reflected people's interests. Annual outings were organised that included holidays out of county, 'It's a Knockout' at a leisure centre, fishing trips and trips abroad to Euro Disney. Staff always escorted people to ensure their safety.

People received personalised care and support. Their care plans included information that included sections 'About me, 'Family and friends', 'People who help me', and 'My goals' that described their interests, dreams and hopes for the future. The plans clearly indicated the help people needed to keep safe when they moved around, during their personal care and activities. Particular requests were included in care plans, such as when a person liked one window opened at night, another liked mayonnaise or gravy with their food, and another person disliked spaghettis, crusty rolls and mash potatoes. Staff were aware of these likes and dislikes and respected these in practice. People chose how to decorate their bedrooms, what to wear

and what to do. Staff consulted them and encouraged them to voice their opinion. For example people had voted to change a swimming pool venue and this had been implemented. One member of staff told us, "Whatever they like we do as long as it is safe for them; they are the ones to decide."

Staff responded to people's changes of needs. Changes in health were appropriately recorded, communicated with staff and responded to, such as when they may have an infection, an inflammation, or may need routine injections. A person had an impairment that affected their mobility and needed support from staff while walking on uneven surfaces. We observed staff pre-empting and providing with support with gentleness. A person liked to play pranks on staff and staff reacted with humour and kindness.

People's views were sought at each monthly review of their support plan and relatives were invited to participate. People were consulted about every aspect of their daily living and their views, opinions and suggestions were recorded during 'residents' forum' meetings that were scheduled every two months. At these meetings, staff helped people recall what worked well or what they particularly enjoyed, and identify any improvement to enhance their experience of the service. People were congratulated on their achievements and celebrated. At the last meeting, several topics were discussed such as a new chiropodist, the results of the last fire drill, holiday reports, a broken clock that needed replacing, a planned barbeque meal, and the sharing of personal news. Staff had checked each person's level of contentment about living in the service and whether they had any complaints or concerns. A pictorial version of the service's complaint policy was displayed in each house to encourage people to speak up should they have any concerns. There had not been any complaints over the last twelve months.

Good

Is the service well-led?

Our findings

There was a new manager who had been in post since March 2017 and who had become registered with the Care Quality Commission in July 2017. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The management team included a chief executive officer, a board of seven trustees and their chairman, and the registered manager who oversaw the daily management of the home. The registered manager was supported by three team leaders. People, their relatives and staff told us they appreciated the registered manager's style of management. When we asked people whether they liked the new manager they told us, "He's a nice bloke", "He's alright, yes", "I like him" and, "He visits me, he talks with me." Staff told us the registered manager was very visible in the service and operated an open door policy where they felt they could approach him at any time to discuss any concerns they may have. This was echoed by relatives who told us they could approach the registered manager and feel confident that action would be taken in response. A relative told us, "He is very good; he inspires great confidence and has a nice way with the residents." Another relative described the manager as, "always upbeat." A local authority case manager who oversaw a person's care in the service told us, "St Peter's Row is a good service, well run, and the people who live there report they are happy."

A positive person-centred culture was promoted by the provider, the registered manager and the staff. The provider's values were about care, support and development, including, 'Gaining life skills through continuous learning and development.' A relative told us, "My daughter has been living in the service for 17 years and the care is excellent in St Peter's Row; the carers show such respect for the residents, they are kept very much occupied and there is always an atmosphere of fun."

A system of quality assurance checks was in place and effectively implemented. Monthly audits of medicines records were carried out in each house and input into a quality assurance matrix. Each month, the registered manager oversaw the monthly checks carried out by the team leaders, who checked that care plans had been updated to reflect people's changing needs. The registered manager carried out a number of scheduled audits that included checking that staff supervision had taken place; that health and safety checks had been carried out; and analysing incidents and accidents logs. Every month the registered manager reported their findings to a senior management committee chaired by the CEO, who then reported to the board of trustees. The registered manager had implemented improvements such as, the updating of information in a 'grab bag' to use in case of emergencies; the addition of pest control checks and infection control audits to the health and safety audits; making portable electrical appliances checks records more accessible and had introduced a 'medicines errors interview' system to ensure that risks of errors or omissions of medicines were minimised as much as possible. This, with an additional daily checking system had ensured that no errors in the administration of medicines had taken place since the implementation of these combined measures.

To complement monthly 'residents forum meetings', quarterly relatives meetings were organised so that people's families views could be captured. As a result of the last meeting, a radiator thermostat had been replaced in a person's bedroom. Satisfaction surveys were carried out, for people who lived in the service, their relatives, and staff. These were audited to identify how the service could improve. The last audit carried out in March 2017 showed a score of 9.58 out of ten to rate the quality of the service provided.

Links with community were actively promoted. People were involved with collecting pennies for charity and supported a food bank for the homeless. At Christmas, they participated in a 'shoe box appeal' and sorted out items in a warehouse with members of the public, to help another charity raise funds. They visited the public library every week; picked strawberries from local farm and made jam; participated in a local recycling programme. Students from a boys' grammar school visited the provider's services once a week as part of their community programme, and students from a girls' grammar school were doing a joint art project with some of the young adults living in St Peter's Row. The provider had organised art work created by people living in their services to be exhibited at a local school. Staff distributed the provider's newsletter locally. St Peter's Row was supported by 'Fidelity volunteers' from the local community.

All documentation relevant to the running of the service and of people's care was very well organised, appropriately completed and updated. Policies were bespoke to the service, easily accessible to staff, and continually updated by the provider to reflect any changes in legislation. Records were stored confidentially, archived and disposed of when necessary as per legal requirements.