South Tyneside MBC

Stirling Supported Living Service

Inspection report

Perth Green Base
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Date of inspection visit:
11 May 2016
16 May 2016
19 May 2016
24 May 2016

Date of publication:
20 June 2016

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 11, 16, 19 and 24 May 2016 and was announced. We last inspected this service on 16 November 2015. We found the service was meeting the regulations we inspected against.

Stirling Supported Living Scheme is a domiciliary support agency for people with learning disabilities. The people using the service all live in independent supported living houses with 24 hour support provided.

The service had a 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 and family members were happy with the care provided at the service. One person said, "I like living here." One family member commented, "[My relative] is well cared for. A great job they are doing with [my relative]." Another family member said, "[My relative] is well cared for by the service. He is well looked after." People were care for by kind and caring staff. One person commented, "[Care worker] is very nice." Another person said, "They [care workers] help me." One family member said, "Staff are lovely with [my relative]." Another family member said, "The staff seem to be quite good."

The provider had a positive approach to risk management. We saw potential risks had been identified and assessed jointly with the person using the service. Risk assessments were reviewed regularly to keep them up to date with people's current needs.

Care workers showed a good understanding of safeguarding and the provider's whistle blowing procedure. They told us they did not have any concerns about people's safety but would not hesitate to raise concerns if required.

Medicines were managed safely. We found medicines administration records (MARs) were usually completed accurately to account for the medicines given to people. Medicines were administered by trained and competent care workers.

There were sufficient care workers on duty to meet people's needs in a timely manner. One care worker said, "We have got enough staff. We have a good staff team here."

Effective recruitment checks were in place to ensure new care workers were suitable to work with the people using the service. This included requesting references and carrying out Disclosure and Barring Service (DBS) checks.

The provider followed the Mental Capacity Act 2005 (MCA). We found people were supported to make decision in their best interests. Care workers had a good knowledge of the importance of seeking consent

from people before providing care.

Care workers were well supported to carry out their role and received the training they required.

People were supported with their nutritional requirements in line with their needs. Where specific needs had been identified guidance and advice had been sought from the relevant professionals.

People's needs had been assessed which included gathering detailed information about their life history and preferences. Personalised care plans had been written to guide care workers as to the care people wanted and needed.

People accessed a wide range of activities within the community. Some people accessed the local community independently.

There had been no complaints made about the service. None of the people or family members we spoke with raised any concerns with us.

We received positive feedback from care workers about the registered manager. One care worker told us, "[Registered manager] is brilliant. The service is run really well."

Regular memos were sent to care workers providing updates about the service and any other relevant information. These replaced face to face meetings, which were difficult to arrange due to the dispersed nature of the service.

There were effective systems of checks in place to assess the quality of people's care. For example, checks of medicines, support plans, goals, access to health care services and activities undertaken. These had identified areas for improvement. The registered manager was making progress with an action plan developed following a recent local authority commissioning team review of the service.

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.
Care workers showed a good understanding of safeguarding and whistle blowing, including how to raise concerns.

Risks were assessed jointly with people and measures put in place to keep them safe.

The provider had effective recruitment procedures. There were enough care workers to meet people's needs.

Incidents and accidents were logged and investigated.

Is the service effective?

Good

The service was effective.
Care workers said they were well supported. Records confirmed training was up to date for all care workers.

The provider acted in accordance with the Mental Capacity Act. People were asked for their consent before receiving care.

People were supported to have enough to eat and drink.

People had access to external health professionals as required.

Is the service caring?

Good

The service was caring.
People and family members gave us positive feedback about the care provided at the service.

People said care workers were kind and caring.

People were treated with respect.

Is the service responsive?

Good

The service was responsive.
People's needs had been assessed and personalised care plans developed.

People accessed a range of activities to keep them engaged and occupied.

People and family members said they were happy with the service and did not raise any concerns.

Is the service well-led?

Good

The service was well led.
Care workers told us the registered manager was approachable and supportive.

Regular memos were sent to care workers to keep them updated about changes to the service.

The provider had effective systems to assess the quality of people's care.

Stirling Supported Living Service

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 11, 16, 19 and 24 May 2016 and was announced. This included visiting two of the provider's supported houses to meet people using the service. The provider was given 48 hours' notice because the location provides supported living services for people with a learning difficulty for who are often out during the day; we needed to be sure that someone would be in.

The inspection was carried out by an adult social care inspector.

Before the inspection we reviewed the information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales. We also reviewed the action plan from the most recent local authority commissioning team visit to the service.

We spoke briefly with five people who used the service and four family members. We also spoke with the registered manager and four care workers. We looked at the care records for four people who used the service, medicines records for four people, training and supervision records for all care workers and recruitment records for three care workers.

Good

Is the service safe?

Our findings

We discussed with family members the safety of the service. They told us they felt the service was a safe place to live. One family member said, "Oh yes he is definitely safe where he is." Another family member commented, "He's as safe there as he would be anywhere else." A third family member told us, "[My relative] is safe living there. Staff keep an eye on things." Care workers also confirmed they felt people were safe. One care worker commented, "I think they are safe. Staff are fully trained and kept up to date. Any major changes you get to know."

Care workers had a good understanding of safeguarding, including how to report concerns. They could tell us about various types of abuse and potential warning signs. For example, changes in a person's behaviour, a person hiding away or unexplained bruising. One care worker said, "We get to know the person really well. So if they are rather quiet one day we would pick up on it." Another care worker commented, "We know the signs to look for." Safeguarding training was up to date for all care workers. The registered manager confirmed there had been no recent safeguarding concerns relating to the service. However, the provider had systems in place to log and investigate safeguarding concerns.

Care workers were aware of the provider's whistle blowing procedure. None of the care workers we spoke with during our inspection had needed to use the procedure whilst working for the service. However, they said they were confident any concerns would be dealt with correctly. One care worker told us, "If I had concerns I wouldn't hesitate to bring it up with a senior member of staff. We have a good staff team, open with each other." Another care worker commented, "I would have no hesitation in using it [whistle blowing procedure]."

The provider had a positive approach to risk management. Where potential risks had been identified an assessment had been carried out so that people could be kept as safe as possible. Risk assessments were focused around three areas: positive risk taking; personal living skills; and, environmental risks. The assessment considered the potential advantages to the person of taking the risk, balanced with any associated hazards and the measures required to minimise the risk. For instance, a positive risk assessment had been carried out for one person travelling independently in a taxi. The assessment identified the advantage of taking the risk was to maintain the person's independence.

Care workers were knowledgeable about the risk management process. They could readily describe the measures in place to keep people safe when travelling independently. These included travelling with known taxi drivers and people carrying details of their name and address. Risk assessments were updated regularly. For example, one person's independent travel risk assessment had been updated due to a change in circumstances. Care records confirmed the changes had been discussed with the person and they had understood and agreed the changes. We saw risk assessments had been reviewed regularly involving people using the service.

Medicines were administered by trained care workers whose competency had been assessed. A competency assessment was initially completed for each care worker as part of the external training they were required

to complete. The registered manager or senior care workers carried out further competency assessments periodically. These included observing the care worker's practice, checking medicines administration records (MARs) were completed correctly and the care worker's knowledge of the medicines procedure. No concerns had been identified from the competency assessments we viewed. We identified a small number of gaps on people's MARs where medicines had not been signed for. However, upon further investigation of daily logs we established this had been a recording error as people had received their prescribed medicines. We discussed this with the registered manager who confirmed they would take the appropriate action to deal with the matter. Other records we viewed, such as for the receipt and disposal of medicines, were completed accurately.

There were enough care workers to meet people's needs. One family member commented, "They have enough staff." Another family member said staffing levels were "down to the minimum" but not unsafe. We observed during our visits to some of the supported houses care workers were always on hand to support people when required. Care workers told us staffing levels were appropriate. One care worker said, "We have got enough staff. We have a good staff team here." Another care worker commented, "We can meet people's needs quickly." A third care worker told us, "Most of the time there are enough staff."

Effective systems were in place to check newly recruited care workers were suitable to work with vulnerable adults. We viewed the recruitment records for four recently recruited care workers. These confirmed pre-employment checks had been carried out, including requesting and receiving references and checks with the Disclosure and Barring Service (DBS). DBS checks are carried out to confirm whether prospective new care workers had a criminal record or were barred from working with vulnerable people.

There were systems in place to deal with emergency situations. Care workers we spoke with knew how to evacuate people safely. Information about each person's support needs was easily accessible in an 'emergency grab bag'.

Incidents and accidents were logged and detailed the action taken to keep people safe. For example, this included contacting the person's GP and referrals to the 'falls team' for specialist advice. Incidents and accidents were reviewed each month as part of the provider's quality assurance process.

Good

Is the service effective?

Our findings

Care workers told us they felt well supported in their role. One care worker commented, "Oh I do feel supported, you can discuss anything with [registered manager] or [senior care worker]." Another care worker told us, "I do feel supported, we have enough support. We can talk to the senior or manager. We have our supervisions as regular as possible." A third care worker said, "We are very supported, we know we can just turn to people [colleagues] and talk to them."

Records we viewed confirmed supervision and appraisal was up to date for all care workers. A new system had been introduced commencing in January 2016 for all care workers to have six meetings each year with their line manager. These were on track at the time of our inspection and the dates of future meetings had been planned in advance. The new format included discussions in relation to the care worker's wellbeing, safeguarding, the Mental Capacity Act, including the Deprivation of Liberty Safeguards and the provider's values.

Training records confirmed training identified as essential for all care workers to complete was up to date. This included first aid, fire awareness, infection control and medicines. The training matrix identified when training was due to be updated and training due to expire had been booked in advance. One care worker said, "We have loads of training, my training is all up to date." Another care worker commented, "If we want any specific training we could just ask for it." Care workers told us they had completed training in relation to specific health conditions where people had particular needs identified.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA. Care workers understood how the MCA impacted on their role particularly supporting people with making as many of their own decisions as possible. One care worker said, "People might have capacity to make some decisions but not others. We get to know what people like and their routines, we guide them." Another care worker told us, "We ask them and put in place what they want. It [the service] is all about choice, dignity and respect. People do what they want to do." We saw evidence within care records people had been supported to make numerous decisions or had declined. For instance, one person had declined to attend some routine appointments. Records confirmed this had been discussed with the person and their decision recorded.

Care workers told us some people could occasionally display behaviours that challenged others. They described the individual strategies used within the service to support people. For example, keeping calm and talking gently with people. Care workers said they had previously completed specific training. They

confirmed restraint was not used within the service. Care records included appropriate risk assessments and support plans to guide care workers on the specific strategies to be used with individual people.

Care workers supported people with their nutritional requirements in line with each person's needs. People were independent with eating and drinking. However, one person had their diet adapted due to a difficulty with eating and drinking which they experienced. We found advice and guidance had been received from a health care professional and a specific care plan had been written. We observed during our inspection care workers followed the guidance. One family member said, "[My relative] is well fed."

People were supported to meet their health care needs. One family member said, "If there are any concerns they take [my relative] to hospital straightaway. They would ring and let me know." Another family member told us about a situation where care workers had to administer first aid. They commented, "They [care workers] were effective in what they did. They knew what they were doing." Care records showed people had regular input from a range of health care professionals, such as GPs, speech and language therapists (SALT), chiropodists and occupational therapists.

Good

Is the service caring?

Our findings

The people using the service were able to give us some feedback about the care they received. All of the people we spoke with and spent time with said they were happy. One person said, "I like living here." Family members also confirmed their relatives were well cared for. One family member commented, "[My relative] is well cared for. A great job they are doing with [my relative]." Another family member said, "[My relative] is well cared for by the service. He is well looked after."

People also told us they liked the care workers who provided their care. One person commented, "[Care worker] is very nice." Another person said, "They [care workers] help me." Family members gave us positive feedback about the care workers. One family member said, "Staff are lovely with [my relative]." Another family member said, "The staff seem to be quite good." We observed people were relaxed around care workers and sought out care workers when they needed assistance. Care workers were always kind and caring when they interacted with people.

Family members said their relatives were treated with respect. One family member commented, "[My relative] is definitely treated with respect." Another family member told us, "They treat [my relative] very well. I don't have any worries about that." We observed care workers always knocked on people's doors before entering their bedroom and were friendly and polite when speaking with people. Care workers described how they had adapted their practice so that care was provided in a dignified and respectful way. For example, talking to the person respectfully, explaining what they were doing, closing doors and keeping people covered up when providing personal care.

People were supported to enjoy their preferences including interests and hobbies. One person liked to write and showed us some of the writing they had completed. Another person had a talent for art. We saw the person's artwork was displayed in the house. They also attended weekly arts classes to further their love of art. A third person was a big football supporter and was supported to attend local football matches. People were keen to show us their bedrooms which they clearly took great pride in. Bedrooms had been themed to suit each person's personal interests, such as their favourite singer, movie or football team.

People were cared for by care workers who knew their needs well. Some of the care workers we spoke with had worked with people for a long time and could tell us in detail about their needs. One family member said, "The girls have a good understanding of [my relative's] needs." Another family member told us, "[My relative] gets on well with [care worker]. They understand [my relative's] needs, they do understand [my relative]." People had a key worker who led on making sure people attended appointments, had their shopping done and arranging meetings with people to discuss their care. People we spoke with were able to tell us who their current key worker was.

Care workers understood the importance of promoting people's independence. One care worker commented, "I firmly believe if someone can do things themselves then let them do things themselves." Another care worker told us, "We try and get them to do as much as they can for themselves." They told us about how some people were very independent and accessed the local community without support.

People did not currently have active involvement from advocates. However, the registered manager told us that previously there had been a lot of input. Care records contained information about local advocacy services.

Good

Is the service responsive?

Our findings

Care workers had access to detailed information to help them to better understand people's needs. Care workers told us they tried to involve people in developing care plans. One care worker said, "We talk to the tenants and family and get input from them." Care records contained detailed information about people's preferences, such as their preferred routines at various times of the day. For instance, one person wanted to get up at a particular time and needed a wake-up call from care workers to achieve this.

Care records contained background information about each person, such as their preferred name, religion, next of kin, family details and health professionals involved in their care. Each person had a life history entitled 'This is my story.' This contained personal information about them, such as their early childhood, family details and their favourite things. For example, one person particularly loved dancing, listening to music and watching movies. 'This is my story' also contained information about people who were important to the person, such as family and close friends. Care records also included a weekly timetable detailing the support people needed at certain times.

People's needs had been assessed shortly after being admitted to the service. The initial assessment and other information gathered about the person were used to develop support plans. Support plans were focused on the individual. They included information about things that must happen for the person, how to keep them safe and how to communicate with them. For example, it was important for one person that they attended the day centre and maintained contact with friends.

People had identified goals to work towards, which had then been documented in specific goal plans. Goals included developing particular skills and aspirations. For example, one person's goal was to go on holiday to a place of interest to them, whilst for another person the goals was to be able develop the person's knowledge of the fire procedure to help them evacuate safely should there be an emergency. Progress towards achieving people's goals was reviewed during regular reviews involving the person where possible. Records confirmed support plans had been reviewed every six months to keep them up to date.

People told us about the activities they were involved with. These included attending day centres, bowling, going to the cinema and arts and crafts. People had dedicated one to one time scheduled each week. Staffing levels were adjusted so that people could have this tome uninterrupted. For example, on one of the days of our inspection one person had chosen to go for a walk with their key worker. Another person told us they were looking forward to going to the garden the next day and then out for a drink. One care worker commented, "People do have their choices and independence."

Care records confirmed people were regularly involved in discussions with care workers on a range of topics. The provider was in the process of developing an easy read questionnaire so that format consultation could take place to gather people's views about their care. These had not yet been finalised at the time of our inspection.

Family members did not raise any concerns about the service. One family member said, "[My relative] seems

quite happy there." Another family member commented, "[My relative] loves it over there." Another family member said there relative was "very happy and content." They went on to say, "I have no complaints at all." Family members felt able to raise concerns. One family member said, "If anything was wrong I would make it known." There had been no complaints made about the service. Information about complaints was available in each person's care file, which they kept in their own rooms.

Good

Is the service well-led?

Our findings

The service had a registered manager. Care workers told us the registered manager was approachable. One care worker told us, "[Registered manager] is brilliant. The service is run really well." Another care worker said, "[Registered manager] is approachable, I can go to her with concerns." A third care worker commented, "[Registered manager] is approachable, definitely. Our new senior has been brilliant. We can go to any of them." The registered manager had submitted all required statutory notifications to the CQC.

Family members said the service had a welcoming atmosphere. One family member said, "I feel like we are welcome. We can go anytime we want." They went on to say they usually had a chat with care workers when they visited the service. Care workers described the service as having a positive atmosphere. One care worker said there were "good relationships" in the service and care workers interacted well with people. Another care worker told us there was a "nice atmosphere" in the house.

The registered manager used regular memos to communicate with care workers and share information. We viewed copies of previous memos and found these had been used to cascade information about consent and capacity, sickness absence, the new appraisal system and the Health and Social Care Act. Memos were used instead of face to face meetings which were difficult to hold due to the dispersed nature of the service. One care worker told us, "The seniors are on the ball about keeping us up to date."

The provider had a system of monthly service reviews to check on the quality of people's care. This included checks of medicines, support plans, goals, access to health care services and activities undertaken. These had been successful in identifying areas for improvement and ensuring action was taken. Examples of previous actions included improvements to recording within care records and updating support plans and risk assessments when there had been changes to people's needs.

The local authority commissioning team had recently reviewed the service. An action plan had been developed which the registered manager was progressing. We viewed the action plan and found actions had either been completed or were in progress. Actions identified included additional training, improvements to care plans and some health and safety related issues. A significant number of the actions still to be completed were linked to a wider programme of work being undertaken within the local authority. For example, work to consider how people access the provider's services.