

The You Trust

The You Trust - 34-36 Shaftesbury Road

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This focused inspection took place on the 10 and 13 November 2017 and was unannounced. At our last unannounced comprehensive inspection of this service on 8 November 2016 we found one breach of legal requirements in relation to Regulation 15 (premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) 2014. People were not adequately protected against the risks associated with the premises.

After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breach. We undertook a focused inspection on 10 and 13 November 2017 to check that they had followed their plan and to confirm that they now met legal requirements. We found that the provider had followed their plan and this legal requirement had been met. The provider had taken action to ensure the premises were safely managed.

At the time of our last inspection this breach was included under the key question of effective. At this inspection we have also inspected the key question of safe to check how risks to people are managed. All focussed inspections consider the question of well-led.

This report only covers our findings in relation to the three key questions of safe, effective and well-led. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The You Trust - 34-36 Shaftesbury Road on our website at www.cqc.org.uk.

The You Trust – 34-36 Shaftesbury Avenue is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. 34-36 Shaftesbury Avenue accommodates up to 13 people living with mental health needs. The service does not provide nursing care. At the time of the inspection there were eight people living there.

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.

Risks associated with people's medicines had not always been assessed with plans in place to mitigate risks. Records of medicine administration were not always fully completed. Policies and procedures in relation to the safe management of people's medicines had not always been followed. This meant people were at risk from the unsafe management of medicines.

Quality assurance systems were not always effectively used to identify and make improvements to the quality and safety of the service people received. Audits had not always been completed and actions identified were not always acted on to ensure concerns were addressed.

Incidents were investigated and had been used to make improvements. Providers are required to have procedures in place to ensure the duty of candour is followed. The registered manager was not aware of this requirement and they told us the provider did not have a policy in place about this. This is important to promote an open and transparent culture when things go wrong.

The provider was working to improve key relationships with external health and social care professionals to promote effective joined up care for people.

Staff were aware of their responsibilities to safeguard people and protect them from abuse and the registered manager acted on concerns. People were supported to manage risks to their mental health and well-being by staff who knew and understood their needs.

Procedures were in place and followed by staff to prevent the risk of harm to people from emergencies such as fire. Checks were completed to monitor the safety of the premises and equipment for people. Concerns identified were acted on promptly and monitored for completion by the registered manager.

People told us there were sufficient staff to meet their needs. Staff were recruited safely and the provider used their own temporary staff to cover absences and provide a continuity of care for people.

Learning from incidents had been used to make improvements to the care people received.

People's needs were assessed and recovery plans were in place to support people with their identified goals. People told us they were supported to achieve their goals such as moving on into independent living.

Staff completed training in equality and diversity. Staff showed an awareness of how to support people with their diverse needs including how people may experience discrimination and a commitment to address this.

Staff completed an induction and had access to a range of training to ensure they remained competent to meet the needs of the people they supported. Staff had received supervisions; however an appraisal system was not in place to enable staff to evaluate their performance with their line manager. The registered manager told us this was in development at the time of our inspection.

People were supported to attend healthcare and community services to support their needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff were confident the registered manager would listen and act on concerns. Staff spoke positively about the leadership in the home and regular meetings were held to share information and plan effective care and support for people. The provider had a set of values which were used to promote a positive culture in the home.

People told us they were kept informed by staff and involved in the running of the home. People said they were able to make decisions and these were respected by staff.

We found two breaches of the Regulations. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not always safe

Risks associated with people's medicines had not always been assessed. Medicine administration records were not always fully completed. Policies and procedures were not always followed which meant people could be at risk from the unsafe management of medicines.

People were supported by staff who understood and acted on their responsibilities to safeguard people from abuse.

People were supported by sufficient numbers of safely recruited staff.

Learning from incidents was used to make improvements to the care people received.

Is the service effective?

Good 

The service was effective

Systems were in place and followed to monitor the safety of the premises and to promptly address any concerns.

People's needs were assessed and they were supported to achieve positive outcomes.

Staff completed training to support them to meet people's needs effectively.

People were supported to access healthcare and community services to meet their individual needs.

The service supported people in line with the Mental Capacity Act (2005) to ensure their rights were respected and upheld.

Is the service well-led?

Requires Improvement 

The service was not always well-led

Quality assurance audits were not always completed to

effectively address risks and drive continuous improvement to the quality and safety of the service people received.

Incidents were investigated and addressed. The duty of candour was not evident in the procedures we reviewed and the registered manager was not aware of this regulatory requirement.

The provider had a set of values which were known by staff and used to promote a positive culture in the home.

People were encouraged to be involved and engaged in the running of the home.

The provider was working to improve relationships with key health and social care professionals to support service development and joined up care for people.

The You Trust - 34-36 Shaftesbury Road

Detailed findings

Background to this inspection

We undertook an unannounced focused inspection of The You Trust - 34-36 Shaftesbury Avenue on 10 and 13 November 2017. This inspection was done to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection on 8 November 2016 had been made. The service was inspected against three of the five questions we ask about services: is the service well led, safe and effective?

No risks, concerns or significant improvement were identified in the remaining Key Questions through our on-going monitoring or during our inspection activity so we did not inspect them. The ratings from the previous comprehensive inspection for these Key Questions were included in calculating the overall rating in this inspection.

The inspection was undertaken by one adult social care inspector. Before the inspection we reviewed information we had about the service, including previous inspection reports and notifications the provider sent to us. A notification is information about important events which the provider is required to tell us about by law. The provider had not been asked to complete a Provider Information Return prior to this inspection. This is a form which asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We discussed this information with the registered manager during the inspection.

During our inspection we spoke with the registered manager and deputy manager, four people and four support staff. Following our inspection we spoke with the provider's head of health, homelessness and social inclusion and two external health and social care professionals.

We reviewed records which included people's care and medicines records, three staff recruitment supervision and training records; We also reviewed maintenance records, fire safety records, incident reports and records of complaints. We looked at quality assurance documents and other documents

relating to the management of the home.

This service was last inspected on 8 November 2016 and was rated good overall with one regulatory breach.

Is the service safe?

Our findings

At our inspection on 8 November 2017 we found concerns related to the environment which we reported on under the key question of effective. We have followed this up at this inspection and reported under effective; however, as the concerns indicated potential safety risks for people we also inspected this key questions to check how risks were managed.

Risks to people associated with their medicines had not always been assessed. There was a range of ways that staff supported people with their medicines. Some people kept and self-administered all their medicines and other people kept some medicines in the office which were given to them by staff on request. Two people's care records showed risks associated with medicines which had not been assessed and plans implemented to reduce these risks. One of these people told us about a potential risk with their medicines that had no risk reduction plan. When we asked a staff member about medicines related risk assessments they said "It is not standard practice to risk assess people who look after their own medicines, only if a risk is flagged". We found risks were flagged in people's care records. The provider's medication policy stated that a risk assessment should be in place when people administered their own medicines. It is important to assess for any risks to people associated with the self-administration of medicines to determine and deliver the level of support people need to manage their medicines safely.

Medicine Administration Records (MAR's) were completed by staff when they supported people with medicines which were stored and administered in the office. Staff were required to maintain a record immediately following the administration of any medicine supplied by them. This included when medicines were refused or not given for any reason. However, we found gaps in the recording of these medicines for all the people staff supported. This included medicines which posed a risk to the person if missed.

Procedures in place to support the proper and safe management of medicines were not always followed by staff. This meant people could be at risk from the unsafe management of medicines. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they were cared for safely. A person said "I feel safe living here it's important to have staff available and they are here for me". Staff had completed training in safeguarding people from abuse and were aware of the types and signs of abuse and how to report any concerns. We discussed a concern that had arisen with the registered manager. Records confirmed they had taken the appropriate actions to investigate and manage this concern to ensure people's safety. A staff member told us when they had raised a concern this was listened to and acted on by the registered manager and they (staff member) felt supported. Staff had the knowledge to identify safeguarding concerns and these were acted upon to keep people safe.

Crisis plans were in place which guided staff to know how to support people if they experienced a mental health crisis. We discussed examples with staff and people of how they had been supported to manage risks. A person said "I had a blip with my mental health and went downhill and staff helped me access the right support." Other people told us about how staff supported them to manage anxieties and behaviours

which had presented risks to them and others. Staff were aware of people's risks and told us about the actions they took to promote people's safety and wellbeing. People had been supported to manage risks to their mental health and wellbeing.

Risks to people from emergencies such as fire had been assessed. Fire alarm checks and evacuations were carried out to check equipment and prepare people for an emergency. Plans were in place and available to staff to guide them in the event of a disaster. A contingency plan was being reviewed to check it was up to date and fit for purpose. Other checks for premises and equipment safety such as; gas safety, electrical wiring and legionella were carried out and records showed these were up to date.

There were sufficient staff to support people safely in the home. People told us that staff were available when needed and a person said " I do think there is enough of them (staff) absolutely and If I need to talk to someone I can knock on the office door and have a talk." Another person said "I'm independent but if I need staff they are there". The registered manager told us that one staff member was on duty overnight and added "If a person becomes unwell there is always the option for two staff and there is always cover in an emergency." The provider used their own bank staff to cover staffing vacancies and absence and the registered manager told us they tried to use the same staff as far as possible. This meant people were supported by consistent staff. Safe recruitment practices were followed before new staff were employed to work with people. Checks were made to ensure staff were of good character and suitable for their role.

We observed the home was clean and tidy during the inspection. People were encouraged to clean with support from staff. Personal protective equipment was available to staff should it be required for infection control purposes.

We spoke to the registered manager about learning from incidents. They told us how de-briefs were held with staff to discuss incidents and gave us examples of how this had led to actions for improvements for people.

Is the service effective?

Our findings

We have inspected this key question to follow up the concerns found during our previous inspection on 08 November 2016.

At our previous comprehensive inspection on 8 November 2016, we found a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not ensured that defects in the premises were addressed in a timely way to ensure the premises were safely maintained and this had presented a risk to people and staff. At this inspection we found the provider had made improvements in their system for managing the maintenance of the premises and this was no longer a breach.

Procedures were in place and followed to maintain the safety of the environment. The registered manager was overseeing the reporting of all maintenance issues to the landlord. Staff we spoke with knew how to report issues in the absence of the registered manager and a reporting process was in place to confirm these arrangements. We reviewed the outstanding repairs and saw they had been followed up and dates were booked for completion. Where risks to people were identified action had been taken to protect people from the potential of harm. For example; loose railings and fencing had been secured and a person had been moved from a room with unstable flooring. During our inspection a broken window was reported and fixed within 12 hours. People's safety was supported by effective premises management.

People's physical, mental health and social needs were assessed. Recovery plans were in place to support people with their identified goals. A person said "It's a lovely place to live, plenty to do and staff help you with your recovery." People were referred to the service via the adult mental health team. The service worked with people and other professionals to support people to achieve their aims and outcomes and this included moving on into independent or supported living arrangements. A person told us how they were now looking forward to moving into their own flat with visiting support workers. The service supported people to achieve effective outcomes.

We asked the registered manager and staff to tell us how they supported people with their diverse needs in relation to the protected characteristics under the Equality Act 2010, including age, disability, gender, marital status, race, religion and sexual orientation. The registered manager said "We are promoting equality by supporting the people who live here to have more empathy and understanding of each other's individual needs and behaviours". Staff completed equality and diversity training and staff we spoke with showed an awareness of the risks that people who are LGBT for example may face in services. A staff member told us that when people expressed discriminatory views or actions, they were challenged. They told us this had positive effects on a person's behaviours and helped to create a safer environment for people. People were supported with their diverse needs and we saw a person was being supported with a need due to a disability. Information was available on a range of support resources for people to access in the community.

Staff supervision included one to one sessions with the registered manager or deputy manager. Staff told us

they attended regular supervision sessions and records confirmed this. However, an appraisal system was not in place. Appraisal is a process which enables staff to reflect on and evaluate their performance with their line manager to identify and plan for their on-going development needs. The registered manager told us the provider did not have an appraisal system and they were in the process of designing this at the time of our inspection.

Staff told us they had the training and skills they needed to meet people's needs. Their comments included: "There is plenty of training, I'm doing my level three in mental health awareness" and another staff member told us about completing health and social care training at level three. Other developmental training available to staff included; awareness training in bi-polar, depression and anxiety, phobias, hoarding and drug and alcohol use. Staff told us they had the training they needed when they started working at the home, and were supported to refresh their training to maintain their knowledge and skills. The staff training records confirmed this.

People were supported to access healthcare and other services as appropriate for their needs and staff supported people to make and attend appointments when required. People were encouraged to engage with other local support services and healthcare professionals such as GP, occupational therapy, dietician, Solent MIND, and drug and alcohol services.

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. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

At the time of our inspection no one living in the home was subject to a DoLS. The registered manager told us that all people living in the home had the mental capacity to agree to the conditions of their accommodation, care and treatment and people we spoke with told us they were able to make their own decisions. Staff completed training in the MCA and DoLS and demonstrated an understanding of the principles of the MCA. Staff told us about how a person had chosen to refuse treatment and this was respected. We discussed with the registered manager and staff how they had acted to support a person when they became unwell and decisions were made in conjunction with healthcare professionals in their best interests. People's rights were protected because the staff acted in accordance with the Mental Capacity Act 2005.

Is the service well-led?

Our findings

A registered manager was 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.

Quality assurance systems were in place to monitor and improve the quality of service being delivered. These included audits to monitor the quality of care delivered. However, we found these audits were not always completed or checked when completed for actions taken. For example, care plans were to be audited every three months. This was not evident. The registered manager agreed these had not been carried out regularly. Some care plans showed they had a planned review date and these had not been completed. In addition, where risks were identified, especially in relation to medicines, these had not always been assessed and plans to reduce the risks implemented. An effective auditing system would have identified this and ensured effective risk assessment and planned reviews for people took place.

Monthly medicines audits of each person's medicines records had not been completed regularly. For example, a person's medicines records had been audited on 26 October 2017 and previously in June 2017 then March 2017. This person's medicines records showed gaps in recording of medicines administration which had reoccurred. The issue of recording gaps in medicine records had been identified in the medicine audit of 26 October 2017 but this had not been effective in driving improvement as we found gaps in the administration of medicines records during our inspection.

Spot checks on people's medicines were not always carried out as described. For example, a person's file said they should have a monthly spot check but this had not occurred during May to September 2017. Another person had been identified as requiring a medicines spot check weekly, due to risk level but this had not been carried out since 26 July 2017. The service improvement plan had identified these checks should take place and was marked as completed in July 2016. However, this plan had not been effective as these spot checks had not taken place since the plan was marked as complete and there was no system in place to ensure this continued. Although an audit had identified a person's medicines required checking by 9 November 2017, this had not been completed and there was no one identified as responsible for taking action. When we spoke to the registered and deputy managers about auditing they told us they shared this responsibility but did not keep a schedule to plan the audits or check for completion of action.

There was no systematic approach to auditing in the service meaning that concerns relating to safety and quality were not always identified and action taken to ensure improvements were made and sustained. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Incidents were recorded and checked by the registered manager. These reports were then submitted to the provider for on-going monitoring of action taken. The registered manager was able to give us examples about how incidents had been used to make improvements and prevent a reoccurrence.

We asked the registered and deputy manager about the duty of candour. The duty of candour is a regulation which sets out what registered persons must do when things go wrong with care and treatment. It states that providers must be open and honest with service users and other 'relevant persons' (people acting lawfully on behalf of service users), giving them reasonable support, truthful information and a written apology. The registered manager and deputy manager were not aware of the duty of candour and they told us the provider did not have a policy about this. Whilst we saw the provider had standards and policies that reflected the need for staff to be thorough in response to complaints and incidents we did not see these included a duty of candour. This is important to promote an open and transparent culture when things go wrong.

We received feedback from two external health and social care professionals. They told us communication from the service was not always effective. A meeting structure was in place to support communication about referrals and to discuss the on-going needs of people using the service. However, the external professionals told us information sharing and attendance at meetings had not always been consistent from the home manager. The registered manager and deputy manager told us they did not always feel their opinions were valued by the external professionals. Following the inspection we spoke to the provider about these issues which they were aware of and addressing in order to improve the relationship, support care provision and ensure effective joined up care for people.

Staff spoke positively about the registered manager. Their comments included "If I need to say something to her (Registered manager) and see her I email her and she is very amicable about it" and "(registered manager) is very benevolent, empathetic and cares – she puts herself in the shoes of the residents and is totally approachable." People told us they thought the service was well managed and a person said "The manager is lovely."

The provider had a set of values that staff were expected to adhere to in their work with people. These were; person-centred, trustworthy, excellence, innovative and being can-do. The registered manager told us the values were discussed in team meetings and reflective practice "What went well and how can we improve discussions." A staff member told us about the values and said "We just try to do our best I will always strive to do what I think is right based on how I like to be treated. The culture is open here. It's positive mostly and we do get praised." The registered manager told us they observed staff with people in the service to check people were treated in line with the values. They said "When I have observed poor practice I've addressed this." Records showed the registered manager had responded to a concern raised by a person to address staff behaviour. Staff told us they felt the registered manager would listen to and act on concerns and had taken action when required.

Service user update team meetings were held each week to enable staff to discuss people's needs in detail and to plan care. A staff member told us "These team meetings help me to find out how to support people effectively more than anything." The provider held other meetings which the registered manager and staff attended. These included monthly meetings for registered managers to discuss shared areas of interest and responsibilities. 'Including You' meetings were held for staff representatives to discuss equality issues and initiatives such as the 'Time to change pledge' which is a commitment to changing the way everyone thinks and acts about mental health in the workplace.

Meetings were held with people living in the home and we saw people had been consulted about the frequency and content of these meetings. The registered manager told us they were "Aiming to include people more in the home and to have a more co-productive way of working together." Minutes from meetings showed people were consulted about changes and actions had been taken as a result. For example, people had chosen decoration colours for communal areas of the home, meeting frequency had

been changed and visitors had been invited to talk at meetings. A programme of in-house activities had been developed and a staff member said "What has been really good about this is it has encouraged people to talk to each other about their mental health". A person said "Yes they keep me informed it's run quite good actually, it's a place that's nice to be in and I do make decisions like colour of games room."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>People were not protected against the risks associated with unsafe management of medicines because staff did not always follow policy and procedures. Regulation 12 (2) (g).</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not implement robust quality assurance systems to effectively improve the quality and safety of the home. Risks to the quality and safety of the service people received were not always identified and effective measures were not in place to ensure these were mitigated and addressed. Regulation 17(1)(2)(a).</p>