West Berkshire Mencap

Your Choice Services - St Johns Road

Inspection report

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Ratings

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

Overall summary

The inspection took place on 16 June 2015. The service was providing personal care support for seven people within a supported living setting, each with their own individual flat. The people supported all have needs relating to learning disability and some were also living with autism.

The service was required to have a registered manager and one was in place. 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.

Summary of findings

We found the service was well managed and there were sufficient and well trained staff to meet people's needs. The registered manager monitored the operation of the service effectively; sought and acted upon the views of people, relatives and external professionals.

Staff were knowledgeable about people, understood their communication and were effective in meeting their needs. Staff respected people's dignity, privacy and rights; and advocated on their behalf with other agencies. Staff also ensured people's healthcare needs were met.

People were safe and well cared for and experienced a fulfilling lifestyle in accordance with their wishes and preferences. They and their representatives were involved in decisions about their care. People received the support they needed with their medicines and could manage these themselves if able.

The staff team provided good and consistent care and maintained a calm, relaxed and homely atmosphere. People appeared relaxed and happy and related positively to staff.

Summary of findings

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 was safe.

The service responded appropriately to any safeguarding issues that arose.

People were looked after by staff who had been through a robust recruitment process. Staff were provided in sufficient numbers.

People received appropriate support to take their medicines safely.

Good

Is the service effective?
The service was effective.

People were supported by staff who were well trained and supported.

People's rights were upheld by the staff.

They received appropriate support with their dietary and health needs.

Good

Is the service caring?
The service was caring.

People were supported by staff who were caring and knew their needs, communication methods and preferences well.

People and their representatives were involved appropriately in decision making by staff who also protected their privacy and dignity.

Good

Is the service responsive?
The service was responsive.

People's care plans and other records were focused on their individual needs, aspirations and wishes.

People had opportunities and were supported to undertake varied activities within the service and the local community according to their interests.

The service sought people and relatives views on its effectiveness and was open to complaints or suggestions for improvement.

Good

Is the service well-led?
The service was well led.

Staff were effectively supported by management and senior staff were always available for advice.

Records indicated and people told us the service was well managed and effectively monitored.

The service worked well with external health providers in peoples' interests.

Good

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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 16 June 2015. The provider was given 48 hours' notice because the location provides a supported living service and we wanted to ensure the registered manager would be there.

The inspection was carried out by one inspector. Prior to the inspection we reviewed the records we held about the service, including the details of any safeguarding events and statutory notifications sent by the provider. Statutory notifications are reports of events that the provider is required by law to inform us about.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information provided in the PIR and used this to help us plan the inspection.

We contacted two local authority care commissioners' representatives and received feedback from one of them about the service.

During the inspection we spoke with two staff, the registered manager and deputy manager. We spoke with one person using the service and one relative. The other people using the service were unable to tell us about their experience.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We reviewed the care plans and associated records for three people, including risk assessments and reviews and

related this to the care observed. We examined a sample of other records to do with the operation of the service including staff records, complaints, surveys and various monitoring and audit tools. We looked at the recruitment records for two recently appointed staff. Following the inspection we spoke with two further relatives to seek their views about the service.

Good

Is the service safe?

Our findings

One person told us they felt safe in the service and was always treated kindly by the staff. Relatives said people were safe and well cared for. One noted the person was: "always happy to return" to the service after outings. They were happy that the service always provided the staffing levels needed to keep individuals safe. Another person was described as: "fairly independent but vulnerable" by their relative who told us they felt sure the person was safe in the service. A representative from the commissioning local authority told us the service had appropriate systems to safeguard people and sought advice when necessary.

People were protected from harm because the service checked the competency of staff in key areas following their training to make sure they were working in ways that kept people safe. Staff understood their role in safeguarding people and were confident that the provider would act on any concern they reported. When a safeguarding issue arose the service took timely and appropriate action to protect people.

Staff received training on safeguarding, whistle-blowing and the new 'Duty of Candour' had recently been included in the training so staff were aware of its implications. The 'Duty of Candour' under Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, came into effect from April 2015. The Duty of Candour is to ensure providers are open and honest with people who use services and people acting lawfully on their behalf, in relation to care and treatment. It sets out specific requirements on providers when things go wrong with care and treatment. These include informing people about what happened, providing reasonable support, truthful information and an apology when things go wrong.

People were supported to have an active and stimulating lifestyle because risks were appropriately assessed. Their files contained suitable risk assessments which were enabling and relevant to the individual. Risk assessments addressed relevant areas including people's epilepsy management and the level of staffing support each person required.

At the time of this inspection there were no staff vacancies within the service. Any gaps in staff cover were usually addressed from within the team or by the provider's back-up 'bank' staff team. Only one regular agency staff had been used at times to cover emergencies. The agency worker was due to attend the provider's core training and was shadowing permanent staff with particular people to ensure they were familiar with their needs and how to support them.

The provider's recruitment and selection system for new staff helped to ensure people were safe and well cared for. New staff shadowed experienced colleagues with particular individuals before supporting them alone to ensure they were sufficiently aware of their needs. Staff retention was generally good. A significant number of staff had been in post for more than a year and were very familiar with people's individual needs. Recruitment records were detailed and included verification of references and recent checks for any criminal record. However, in one or two cases records did not demonstrate that gaps in employment history had been explored. The registered manager assured us that applicants had been asked about these and agreed to address the identified recording omissions.

One person managed their own medicines with occasional prompting from staff. Staff supported the remaining people with their medicines to varying degrees. Where people were supported with this they received their medicines at the right times and in the most appropriate form for them. The local authority also felt medicines were safely managed.

One person's relative had been supported by the service to try to resolve an issue relating to medicines management. Pending the resolution an appropriate plan was put in place agreed between the various parties to be in the person's best interests.

People were safeguarded when a medicines error occurred, because staff reported it immediately to management and sought medical advice to ensure the person's wellbeing was not put at risk. The provider also provided retraining to staff and reported the incident to the local authority safeguarding team who were happy with the action taken.

Good

Is the service effective?

Our findings

Relatives were very positive about the effectiveness of the service. One person had lived there for several years. Their relative described how the person was: “Still improving and developing their skills”, citing how they could now cope with attending discos, going for pub lunches and: “having a normal life”. Another relative told us staff knew the person very well saying: “They totally know [name], probably better than I do and new staff quickly pick up what makes [name] tick”. They added: “They match him well with staff and he now enjoys going out with them as friends”. Staff had also passed on some of their training to parents to support them. Another relative told us: “The staff know [name] well, they are excellent”.

One staff member was being trained as a mentor to deliver training related to the new national qualification for social care induction and training programme. New staff will receive a 12 week induction including shadowing experienced staff and observations of their practice. Five staff were due to start on this new programme in July.

Staff received a range of core and specialist training to equip them to meet people’s needs. Core training was updated annually and was tailored to the needs of the service. The training matrix supplied showed that a regular training cycle was provided. Staff had either attended or were booked to attend the core training within an appropriate period with the exception of food hygiene where some staff were not yet booked on an upcoming course.

Staff received a nationally accredited training on managing and supporting people whose behaviour might harm themselves or others. The focus of the training was on the early recognition of and response to, signs of anxiety and distress and redirecting people or de-escalating situations. Staff were also taught approved physical interventions but these were rarely used and had been specifically risk assessed for each individual. The training included competency assessments of staff. We saw staff using the identified early interventions such as redirection effectively to support people.

Such behaviours were recorded and monitored to provide evidence when seeking external advice and to identify successful strategies for inclusion in the care plan. Behaviour support plans were completed by the registered manager and checked by the instructors who provided the behaviour support training. Each plan was also risk assessed and included the appropriate interventions and when to use them.

Staff were supported through regular, (usually two-monthly) supervision and annual appraisals to monitor their practice, training needs and development. Each staff member had an individual training and development programme which set individual targets and monitored progress.

People’s rights were protected because the registered manager and staff understood the requirements of the Mental Capacity Act 2005 (MCA) and the associated ‘Deprivation of Liberty Safeguards’. The local authority representative from the commissioning team was satisfied that the service applied this legislation appropriately and sought their guidance and support when required.

The Mental Capacity Act 2005 provides the legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make particular decisions for themselves. The MCA also requires that any decisions made in line with the MCA, on behalf of a person who lacks capacity, are made in the person's best interests. Four people had been assessed as having capacity to make day-to-day decisions although they were unable to make major decisions such as about medical treatment. Individual mental capacity assessments had been completed for specific decisions where required.

The service liaised effectively with other services and people’s representatives to enable other necessary medical treatment to be carried out at the same time. This minimised the stress which would otherwise be caused by the need for multiple appointments. Excellent support had been offered to people to prepare them for necessary hospital appointments, including a series of planned visits ahead of their actual appointment. In one case this had entailed a series of supported visits over an eight-week period, which resulted in a successful treatment outcome.

Staff explained what was going to happen in a way each individual understood, when supporting personal care and involved people as much as possible. If people refused support this was recorded and staff tried again later or a different staff member offered support. Some people responded more positively to specific staff. Where this was known, it was recorded and respected wherever possible.

Good

Is the service effective?

Each person had a family or professional representative to advocate on their behalf. We saw records of appropriate 'best interests' decision making on behalf of people. For example, two people had best interest decisions recorded about having their medicines put on their food in front of them to help ensure they took them. The pharmacist had approved administration in this way to be appropriate.

Where people are deprived of their liberty the service must apply to the local authority for a 'Deprivation of Liberty Safeguards' (DoLS) authorisation. DoLS authorisations are provided under the MCA to safeguard people from illegal restrictions on their liberty. The service had made appropriate applications under DoLS based on people's needs.

People received the support they needed to make choices about food and take some part in shopping and food preparation. Advice and support around people's dietary needs had been sought from dieticians and nutritional risk assessments had been completed. One person had been supported to lose two stone in weight and was very happy that they had achieved this. Another person was on a highly specialised diet due to their health needs. Staff had received training on providing for their needs and detailed information was provided about the diet, including suitable meal recipes. Detailed records of food and fluid intake were maintained. The diet had proved effective in reducing the number and intensity of the person's seizures and shortening the recovery time after a seizure.

Routine healthcare appointments were supported and any outcomes documented in people's files. Four people were living with epilepsy and each had an individual epilepsy plan on file. People's epilepsy was well managed and effectively monitored, which enabled them to live safely in the community. Where necessary a detailed record of all seizure activity was maintained, documenting their type and duration. The information was used by the consultant to assess medicine levels. Other external health professionals had been consulted as required, including psychologists, psychiatrists, specialist nurses and GP's.

The service had worked with the family and professionals to obtain a 'best interests' agreement to video one person's unusual range of seizures. This enabled the consultant to understand and witness their complexity. In this way advice was provided, without the need for hospital visits with which the person did not cope well. The video was also used to train staff so they were able to recognise and act on the person's seizures, some of which only presented fleeting symptoms.

The registered manager was about to complete a 'train-the-trainer' course to enable her to provide epilepsy training updates, relevant to individual's needs, as and when necessary.

The premises were homely and some new furniture and flooring for communal areas had recently been ordered. Four people's bedrooms had been decorated earlier in the year and the handyman was due to redecorate the remaining bedrooms, the lounge and dining room in the near future.

Good

Is the service caring?

Our findings

One person told us they knew the staff very well and said the staff knew his needs well. Staff were described as: "very kind". The person was encouraged to attend to his own care needs wherever possible and was prompted and reminded at times by the staff.

Relatives were very happy with the care and support provided to people by the service. They felt people had continued to develop their skills and broaden their life experience whilst receiving support. The service was described as: "very caring and good at supporting people's dignity". One relative gave the example that staff always made sure people were dressed appropriately and supported them to maintain their personal hygiene. One relative told us the service had also provided good support to the family. Another described the care provided as: "excellent".

Relatives said they were made to feel welcome at any time by the staff and were kept informed of any concerns about people's wellbeing. A relative also told us they valued the two-way communication by means of the communication book, which was used between them and the staff team. They were also involved, where appropriate, in consent and decision-making and had opportunities to express their views in family liaison meetings. The minutes of these meetings showed that any issues identified were followed up and addressed.

Six people had family to represent them where necessary. One person had a local authority advocate and a deputy who managed their finances on their behalf. Relatives usually also took part in people's reviews, where appropriate, to advocate on their behalf. Files contained evidence of the involvement of people and their representatives in decision-making.

The service had also advocated on people's behalf to obtain increased support or on healthcare issues, with external agencies. A representative from the commissioning local authority described the service as: "inclusive, supportive and enabling". They told us staff provided people with choice and supported participation in decision making.

The staff provided settled and consistent care and it was evident, they were familiar with people's personalities and needs. Staff described how they worked with people on an individual basis and knew how they each communicated their wishes and anxieties.

People and staff communicated well and we saw numerous examples of humour and warmth in their interactions. A staff member asked before sitting down next to a person and then engaged with them in a friendly and relaxed way. People were encouraged to use their computer tablets and to involve themselves in other activities. People had been out in the community for activities or supported work placements and were welcomed on their return and asked about their day. They were offered choices about what was on TV or what music was played. One person returned from a medical appointment and was proud about having successfully lost a significant amount of weight and this was positively reinforced by the staff.

Staff worked with people so as to respect their dignity and rights. One relative told us the staff listened to them, respected [name] and: "refer to him by his preferred nickname". A staff member explained that each person had their own flat and the door into it was treated as though it was their own front door. Personal care support was delivered behind closed doors in appropriate areas ensuring that curtains were closed. Support was also provided by one staff member wherever possible to maximise people's dignity. Staff understood how to involve people in their care and sought their consent before providing support. A relative told us the staff: "give [name] the confidence to make decisions" and added that staff: "encourage his choices". Written records by staff reflected appropriate attitudes to people and their behaviours. Notes were clear and person-centred. Records were kept securely to safeguard people's confidentiality.

Good

Is the service responsive?

Our findings

One person who was able to speak with us was very happy with the support received from staff. They told us they could play their drums whenever they wished and enjoyed their paid work placement where they got to work out of doors. They were happy that staff supported them to go to live football matches, including a trip to Wembley as well as supporting their holiday choices and going out with them for meals. They told us about a behaviour by another person which they did not like and said that staff always stepped in to stop this if it happened. Other people were unable to directly describe their experience but their interactions with staff suggested positive relationships and trust.

Relatives were happy that their views and those of the people receiving support were sought and acted upon informally and during regular reviews. One told us: "They listen to my views". Relatives also felt listened to through the family liaison meetings. One relative was pleased with how the staff had responded to and encouraged a person to do things for themselves. The support provided had enabled the person's skills to develop to the point where a move to more independent living in the community was being planned. The plan included on-going support in the community from the staff he was familiar with.

We saw staff responding in a timely way to people's needs and using appropriate skills to support individuals to manage their own behaviour. Staff used humour and distraction appropriately to intervene as well as offering encouragement for positive behaviours.

People had care plans which were focused on their individual needs, wishes and aspirations. They described people's preferred routines and how they communicated their needs. The way staff worked with each person was based upon what had been identified as most successful in engaging them. People received support to manage their behaviour where this could present a risk of harm to themselves or others. Detailed behavioural support guidance was included in care plans where required. Care plans made appropriate reference to people's best interests and this was formally documented where decisions were made on people's behalf. Care plans and risk assessments also individually addressed issues such as responding to medicines refusals and providing medicines in a form most likely to be acceptable to people.

There was evidence of thorough consultation with medical practitioners around the needs and risks regarding one person's possible medicines refusals and regarding the specialist diet for another. The service had liaised with the neurologist to support the epilepsy management for another person. Staff had clearly responded positively to people's changing needs and had been provided with relevant specialist training.

People were provided with levels of staff support in response to their assessed needs and depending on their chosen activities. Some people were supported by two staff when in the community. Several people were supported one-to-one by staff. People's independence was also supported where possible. One person was supported with their journey to and from college but remained there independently throughout the day.

People's support was very much centred around their individual personalities, needs and preferred activities. The facilities provided for people were also individualised. One person had their own freezer in their room containing some of their favourite meals. Several people had tablet computers which they enjoyed using. One person had a work experience placement at an animal rescue centre and their own dog, which reflected their interest in animals.

A relative told us: "I have never seen anything concerning, nor had to complain". They added that any minor issues were discussed and sorted out in a timely way. The provider's complaints procedure was provided to relatives and available in an easy-read version to help with explaining it to people. No complaints had been received about this service in the previous 12 months. Issues were raised informally or within family liaison meetings and quickly addressed without becoming a complaint.

A relative told us when they had an issue in the past: "It was acted on immediately" and the staff: "turned it into a positive experience" for the person about speaking up for themselves. They had also been given an apology.

The views of relatives had been sought through a recent survey. The provider had made changes in response to survey feedback. For example changes had been made to improve the effectiveness of communication with families through family liaison meetings and in other ways.

Good

Is the service well-led?

Our findings

Relatives told us the service was well managed and organised and they had confidence in the staff and management. A representative of the local authority commissioning team said they had: “a lot of faith in the service [the provider] offered to people”. They praised the quality of care planning and other records and the way staff put the care plans into practice. Communication between the registered manager and the local authority was open and the registered manager accepted any shortfalls identified and sought to constantly improve the service.

In order to provide training relevant to the needs of the service and the people supported, the registered manager delivered most of the staff training. She had attended relevant training herself to equip her to do this. Members of the senior staff team covered all shifts to provide management support and guidance at all times. Staff told us they could also contact the out of hours on-call manager for advice if required. Staff and keyworker meetings took place approximately quarterly to enable team discussion of relevant topics.

Staff confirmed they were well supported in their role and that team meetings and communication were effective. One staff member said it was a: “happy and positive team” and added that: “personal development was encouraged”. Staff worked enthusiastically and proactively and seniors were in evidence leading the shifts. Relationships between staff appeared positive and they worked together and communicated their intentions well.

The provider usually notified us of incidents and events as required. One event involving a staff dismissal had not been notified as required although other necessary actions had been taken, including notification to the local authority safeguarding team who were satisfied with the action taken in response to the issues.

The registered manager received all incident reports as well as seeking verbal feedback from staff to enable these to be monitored for any concerns or patterns of behaviour. The registered manager oversaw supervision records and care files to maintain an overview of their quality and content. She signed records periodically to evidence her monitoring. She carried out monthly spot check visits to monitor the operation of the service out of hours. Spot check visits were recorded and noted where issues required follow up.

Staff were also expected to self-audit their practice and practice issues were discussed in team meetings or supervision. The provider oversaw the operation of the service mainly through their supervision meetings with the registered manager.

Records were detailed and maintained to a good standard. Information was clear and readily available and specific and thorough guidelines were in place where required. The language used within records reflected a positive and professional attitude towards people. Staff and managers clearly knew people well.