

Livability

Wall Street

Inspection report

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12 May 2016

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Ratings

Overall rating for this service	Good ●
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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 and 12 May 2016 and was unannounced.

Wall Street provides accommodation and personal care for up to 10 people with a physical disability. There were nine people living at the home when we visited. A registered manager was in post at the time of our inspection. 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 were protected from harm and abuse because the provider had clear procedures for dealing with any concerns and staff understood these. The registered manager adopted a positive approach to risk and people were involved in risk assessment. Any accidents or incidents at the service were monitored on an ongoing basis to ensure lessons were learned. People's medicines were stored, administered and disposed of safely.

There were enough staff to meet people's needs and staff had the necessary skills and knowledge to support them effectively. Safe recruitment and selection procedures were followed at the service. The registered manager carried out pre-employment checks on all staff before they were allowed to start work. Staff received an effective induction upon joining the service and spoke positively about the ongoing training and one on one support sessions provided. The registered manager maintained up to date staff training records and adapted how training was delivered.

The people living at the service knew the registered manager and staff spoke positively about the overall management of the service. Staff were involved in the running of the home and able to question the way things were done. People and their representatives were involved in their assessment and care planning. People's care plans detailed their care and support preferences and provided staff with guidance on how to support them. Staff understood people's healthcare needs and provided support for people to attend routine health monitoring and check-up appointments.

Staff demonstrated a good understanding of the Mental Capacity Act 2005 and how to apply it in their work. People were asked for their consent before staff carried out care tasks. People chose when they wanted to eat and drink during the day and received the support they needed with eating and drinking from staff. Risks to individuals associated with eating and drinking had been identified and assessed with appropriate specialist advice.

People were supported by staff who were kind and caring. People felt comfortable and relaxed in their home and were supported to pursue their hobbies and to participate in activities of their choosing. People were supported by staff who had a good understanding of their needs and preferences. . People were supported by staff in a way that maintained their dignity and respected their privacy.

People were supported to maintain relationships with families and those that mattered to them. People's relatives could visit the home whenever their family members wanted and were made to feel welcome.

The provider and registered manager encouraged an open dialogue with the people who lived at the service. People were encouraged to give feedback and their views were valued.

The registered manager had a clear understanding of the responsibilities associated with their role and felt supported by the provider's senior management team.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were safe because there were enough staff to meet their needs and safe recruitment practices were adopted by the registered manager. People were supported to take their medicines safely by trained and competent staff.

Is the service effective?

Good ●

The service was effective.

People were supported by a well-trained and well-supported staff team. People were supported to make choices about their care and treatment. People had access to relevant healthcare professionals to keep them well.

Is the service caring?

Good ●

The service was caring.

People were supported by a caring staff team who knew them well. People were treated with dignity and respect.

Is the service responsive?

Good ●

The service was responsive.

People were involved in planning their care and support. People and their relatives were aware of how to raise a concern and were confident that their views would be responded to appropriately.

Is the service well-led?

Good ●

The service was well-led.

People and staff were involved in the running of the home. The registered manager was well-supported and there were effective quality assurance systems in place which drove improvements.

Wall Street

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 and 12 May 2016 and was unannounced. The inspection team consisted of two inspectors.

Before our inspection we reviewed the information we held about the service and the statutory notifications they had submitted. A notification is information about important events which the provider is required to send us by law.

We asked the local authority and Healthwatch for any information they had which would aid our inspection.

During our inspection we spoke with four people living at Wall Street. We also spoke with six relatives, four care staff, the deputy manager and the registered manager.

We saw one person's care records and other records relating to the management of the service including staff training records, records relating to medicines and records of feedback received about the home.

Is the service safe?

Our findings

All of the people we spoke with told us they felt safe living at the home. One person said, "Staff know what they're doing here because they've been here so long." People confirmed that they knew how to raise any concerns or worries about their personal safety or treatment by others with either staff or management. One person told us, "If I was worried, I'd go to the deputy manager." Another person said, "If I've got things on my mind, I talk to someone about it." We saw information was available for people and staff advising them what to do if they suspected something was not right.

People's relatives were satisfied that their family members were safe at the home. One relative told us, "I know [person's name] is cared for. They feel safe there and that's the most important thing." Another relative said, "There's always someone about. I've got no concerns about [person's name's] safety."

We saw that the provider had clear procedures in place for identifying and responding to potential abuse. The management team had made appropriate notifications to the relevant authorities in line with these procedures when concerns had previously been raised. Information about any safeguarding issues was discussed with the directors at the provider's safeguarding forum meetings to ensure all appropriate action was taken.

Staff told us what they would do if they witnessed or suspected abuse. They felt confident about raising concerns with the management team or provider. One staff member told us, "I'd report any concerns to the deputy or manager or I'd go straight to head office. Information was available to staff on how to report concerns which included the contact details of relevant external agencies.

The registered manager and provider had systems in place for identifying and managing risks to people's overall safety and wellbeing at the home. These included the ongoing monitoring of any accidents and incidents at the home to ensure lessons were learned. The provider's internal health and safety team also carried out periodic inspections at the home and made recommendations to the registered manager as necessary. As a result of one such inspection, a potential hazard involving a bathroom fixture had been reported to the registered manager who had addressed this issue.

Staff spoke with a good understanding of the risks associated with people's individual care and support needs. Restrictions on people's freedom were kept to a minimum because staff and the management team adopted a positive and person-centred approach to risk. For example one person told us how they went out independently but would let staff know when they were back safely after longer outings.

The provider followed safe recruitment procedures. Staff told us they had completed a Disclosure and Barring Service (DBS) check and supplied written employment references to ensure they were suitable to work with people.

People said that they felt there were enough staff on duty to meet their needs. The registered manager told us that they monitored staffing levels in line with people's needs and would make changes as necessary. We

saw there were enough staff to meet people's needs at this inspection.

We looked at how people received their medicines. People told us they were happy with the support they received from staff to take their medicines. One person told us, "They [staff] ask me every day if I'm in pain or have toothache. If I ask for pain relief they give it to me." We found the registered manager had safe systems in place for the storage, administration and disposal of people's medicines. People's choices and preferences around their medicines had been taken into account and their ability to self-administer medication had been assessed.

Staff were required to complete external training before becoming involved in the handling or administration of people's medicines. They then underwent periodic competency checks to ensure they were still safe to support people with their medicines. The registered manager was able to describe the practical steps they had taken to improve upon the administration of people's medicines as a result of monitoring the home's procedures.

Is the service effective?

Our findings

People told us that staff had the necessary skills and knowledge to support them effectively. One person said, "They do so much for me. It's hard to pick out one thing." Another person said, "Some are good and some are ok but they all know enough."

Staff felt they had received an effective induction when first starting at the home. They told us they were given time to accompany more experienced staff, read the care plans and get to know the needs and preferences of the people they would be supporting. Staff told us that volunteers and agency staff also underwent an induction to the home. We spoke with a staff member who had previously worked at the home through an agency who confirmed this.

We asked staff about the training they received to perform their job roles. Staff spoke positively about the training provided and the impact it had had on their working practices and confidence. One staff member said, "The training's really good here, I've never done so much before." Staff felt able to request additional training when they needed it. One staff member told us, "I identified I needed hoist training and I received it within two weeks. The training has increased my confidence."

The registered manager showed us the system they used for recording, updating and reviewing current staff training needs. They explained how the way in which the training delivered was adapted to individual learning styles to maximise learning. For example some staff had expressed a preference for classroom-based training over e-learning and this had been catered for.

Staff told us they received regular one to one sessions with a senior member of staff which enabled them to raise any work-related issues and receive constructive guidance. One staff member said, "My one to ones are really good. I feel confident enough to vent. They listen and we go over any issues."

We looked at whether the service was working in accordance with the requirements of the Mental Capacity Act 2005. 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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager confirmed that people's capacity to make decisions was assessed as required in line with the MCA. At this inspection it had not been necessary for the provider to make any DoLS applications but they were ready to do so if required. The staff we spoke to demonstrated a good understanding of the MCA and how to apply its principles in their day to day work by supporting people to

make their own decisions. People told us that their consent was sought before staff carried out care tasks.

People told us that they decided what they ate and drank each day. One person said, "I get my own food with my own money. I go to the shops or get a takeaway." Another person said, "I do everything myself to do with my food and drink." We found that people had individual food budgets, planned their own meals and purchased their own food and drink with support from staff where they needed it. During our inspection we saw people making choices about what they wanted to eat from their personal food supplies.

The people who lived at the home and their relatives told us that people received the right support from staff with eating and drinking. Staff told us that people had been assessed by a dietician or a speech and language therapist where necessary and that the specialist advice received was followed. Staff told us that they monitored people's diets and encouraged healthy eating choices.

Staff understood people's current health issues and provided support for them to attend routine health monitoring and check-up appointments as needed. One person told us, "I do my own appointments from time to time." Outcomes of health appointments were recorded in people's care records and communicated to all staff to ensure people received consistent support with their health. Staff told us about the daily input and valuable advice provided by the district nurses. People received regular reviews of their medicines to ensure they were receiving what they needed in order to keep well. People's relatives spoke positively about the prompt manner in which the service had responded to medical emergencies and the steps taken to keep them informed in these circumstances. One relative told us how staff had called an ambulance without delay in response to their family member's complaint of significant pain.

Is the service caring?

Our findings

All of the people we spoke with talked positively about the staff team. One person said, "They're chatty and friendly. We have a good conversation." People's relatives also felt their family members were treated well. One relative told us, "It's like [person name's] home. What better can you get? They're all really good to [person's name]." Another relative said, "They're [person name's] second family. When we're on holiday together they want to call staff."

We saw staff chatting with people about the things they were doing at the time, their plans for the day and other topics of shared interest such as football in a relaxed, friendly manner. Staff listened to people and took interest in what they were telling them.

Staff understood the needs, preferences and interests of the people who lived at the service. We saw staff responding to people in a meaningful way and taking action to ease any distress. We saw one person starting to become distressed after chatting with staff in the entrance hall. Staff were quick to offer them reassurance and the opportunity to speak in private. We later saw this person happy and relaxed. Another person asked for help to stretch out a limb to relieve some discomfort. Staff were quick to offer the physical assistance requested. This person told us, "Staff know me. They know when to give me space if I'm having a bad day."

People's relatives told us they could visit the home whenever their family members wanted and that they were made to feel welcome. One person told us that they and their family could spend time together at the service whenever they chose.

People felt that staff respected their privacy and dignity. One person told us they have their own privacy, freedom and independence living at the home. Another person said, "Staff are very, very good. They always knock on my door before entering." The staff we spoke to understood what it meant to respect people's privacy and dignity. One staff member told us, "Conversations with people are held in suitable locations, so they are not overheard. We talk to people and carry out their personal care in an appropriate manner."

The registered manager told us that although no one was currently accessing advocacy services at the home, people were provided with information they could understand on this subject and were signposted to local advocacy services as needed.

Is the service responsive?

Our findings

People living at the home told us they felt involved in planning their care and support. One person told us, "I've been my own boss here. I make my own plans and decisions." Another said, "I have choices about everything. I choose the clothes I wear, what I do and what I want to eat."

The registered manager described how they involved people and their representatives in assessment and care planning through arranging regular review meetings with them to discuss these issues. They told us how they had consulted with someone who was about to move into the home and their representatives throughout the admissions process. People had also been allocated key workers to encourage their contribution towards care planning. A key worker is someone who acts as a focal point for one of the people who lives at the service among the wider staff team. One person told us, "My key worker comes and talks to me about my plans. We get on well."

People had care and support plans that were personal to them and set out what they felt was important including their personal preferences and their likes and dislikes. Staff told us they used the guidance provided in people's care plans when supporting them on a day to day basis.

The provider had introduced an electronic care record system to assist record-keeping and the regular review and updating of people's assessments and care plans. Staff told us that care plans were kept under regular review and that they were alerted to any resulting changes made.

During our inspection we saw people doing things they found interesting and stimulating in their home and going out to do shopping or other activities in the local area. People told us that they felt supported to pursue their hobbies and to participate activities of their choosing. One person told us, "I like reading books or going out for a coffee." Another person said, "Sometimes I go shopping on my own and have a wander around. I go out when I choose." Another person said, "I'm a great boxing fan. I watch events on TV at the local pub." One person told us about how much they enjoyed their local work placement.

People felt they were supported to maintain relationships with relatives and others outside of the home. One person said, "I keep in contact with my family on the computer." Another told us, "I send text messages to my family on my phone."

People and their relatives told us they knew how to raise concerns about the care and support provided and were confident their concerns would be addressed. One person who lived at the home told us, "If I had any concerns I would tell someone, don't you worry." A relative told us, "I go straight to the top." We saw that the provider had formal procedures for managing and responding to complaints. The registered manager confirmed there were no current complaints about the service. They described how the home's most recent complaint had been investigated and acted upon.

Is the service well-led?

Our findings

People felt involved in the running of their home. They knew who the registered manager was, were able to talk to them and felt that their opinions were valued. One person told us, "I've known them for years". Another said, "Me and the registered manager go back a long, long way. We get on absolutely 100% and they are approachable."

The people who lived at the service were actively involved in the recruitment process. One staff member told us, "I was interviewed by the deputy manager, a senior and [person's name]. [Person's name] asked me quite a few questions about issues that related to him."

The provider and registered manager had developed ways of encouraging an open dialogue with the people who lived at the service and their representatives. A service user engagement team had been established whose role was to proactively gather feedback about what people liked and disliked about the service and to support them in expressing their views.

We saw that the provider sent out feedback surveys to people and their representatives in a wide range of formats. The people we talked to confirmed that they had received these surveys and that they had a response from the provider on the issues they raised. One told us, "They make changes or give it a good go."

People and their representatives received a periodic newsletter containing updates about the service and information about upcoming events. A "friends of Wall Street" group had also just been set up to encourage the involvement of people, staff and representatives in the running of the service and to generate and implement fresh fundraising ideas.

Staff spoke positively about the management of the service. One staff member said, "The management team are excellent, we have a really good relationship. I feel confident about speaking to them." Another said, "They're very approachable. They will listen to what people say and deal with them in a fair way. They try to ensure both staff and the people who live here feel involved and supported."

Staff felt involved in the running of the home and spoke enthusiastically about their work. The registered manager spoke to us about the importance they placed upon praising staff for their successes and achievements at work. We saw that the provider had introduced an annual awards programme to recognise outstanding staff achievement and the work of supporters and volunteers. One staff member told us, "It's like a family here. We all support each other. I've never known a place like this to work." Another said, "Staff get on really well and it helps the people who live here feel relaxed. We all leave our problems at the door." Staff felt able to challenge practice where necessary. One staff member told us how they had felt supported to raise the need for additional staff training at a recent staff meeting.

We saw information about the provider's values and vision on display within the service. The staff we spoke with were aware of the provider's stated values and vision. One staff member told us, "We discuss a lot about our values, vision and ethos. It's about trying to get the best outcomes for people, putting them first

and adapting the service to people." The registered manager told us how they took appropriate opportunities to remind staff team of these values such as making reference to them on printed materials.

The registered manager showed a clear understanding of the responsibilities associated with their role and along with the deputy manager provided effective management and leadership for the service. The registered manager told us they were well-supported by the provider's senior management team.

The registered manager confirmed that they carried out regular quality checks on the Wall Street. We saw how they had identified the need to introduce quizzes on safeguarding and the MCA into staff meetings to keep people's safety and rights at the forefront of staff member's minds.

The provider's internal quality development team completed additional quality checks on the service. During one such visit, this team had identified the need for improvements in the cleanliness of the home's kitchens. We saw these recommendations had been completed.

The registered manager described the ways in which they kept up to date with current best practice. This included reading the regular internal bulletins distributed by the provider, attending local provider forum meetings and accessing other resources and events organised by the local authority. This enabled the registered manager to keep abreast of new trends and developments and to incorporate best practice within their work.