Community Integrated Care

Wensley Street

Inspection report

132-142 Wensley Street
Grimesthorpe
Sheffield
South Yorkshire
S4 8HN

Tel: 01142611934

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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

Summary of findings

Overall summary

About the service
Wensley Street provides personal care to people living in a 'supported living' setting, so that they can live as independently as possible. People using the service lived in six neighbouring houses, with office accommodation on the same site. The service can support up to 30 people with learning disabilities. At the time of this inspection 20 people were living at the service.

People's experience of using this service and what we found
People told us they felt save living at Wensley Street. Staff understood what it meant to protect people from abuse. They told us they were confident any concerns they raised would be taken seriously by the registered manager. Safe procedures were in place to make sure people received their medicines as prescribed. There were enough staff available to ensure people's care and support needs were met. The provider had effective recruitment procedures in place to make sure staff had the required skills and were of suitable character and background.

Staff were provided with an effective induction and relevant training to make sure they had the right skills and knowledge for their role. Staff were supported in their jobs. Staff understood the requirements of the Mental Capacity Act 2005. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People were supported to access relevant health and social care professionals to ensure they were getting the care and support they needed to best meet their needs.

Positive and supportive relationships had been developed between people and staff. People were treated with dignity and respect. Staff were committed to promoting people's independence.

People's care and support was planned and delivered in a way that ensured it met their needs and reflected their preferences. The care records we looked at included risk assessments. They had been devised to help minimise and monitor the risks, while promoting the person's independence as far as possible. We saw people's care records were regularly reviewed with the person.

There were effective systems in place to monitor and improve the quality of the service provided. People and staff told us the registered manager and team leaders were supportive and approachable. People and staff were asked for their opinion of the quality of the service via regular meetings and satisfaction surveys. The service had up to date policies and procedures which reflected current legislation and good practice guidance.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to engage with the local community and become more independent.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update
The last rating for this service was requires improvement (published 7 July 2018) and there were three breaches of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected
This was a planned inspection based on the previous rating.

Follow up:
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-Led findings below.

Wensley Street

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection team consisted of one inspector and one assistant inspector.

Service and service type
This service provides care and support to people living in six 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who lived at Wensley Street and one of their relatives about their experience of the care provided. We met with the registered manager. We spoke with five members of care staff. We spent time looking at written records, which included six people's care records and four electronic staff personnel files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

We used the Short Observational Framework for Inspection (SOI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People we spoke with told us they felt safe living at Wensley Street. One person told us, "I feel safe here. I have friends here. It's a good place to live."
- Staff we spoke confirmed they had received training in safeguarding adults from abuse. They were able to explain to us what possible signs of abuse could look like. They were confident any concerns they raised would be taken seriously by management and acted upon appropriately.
- Staff were aware of how to report any unsafe practice. We saw the provider had safeguarding adults at risk and safeguarding children policies and procedures. They also had a whistleblowing policy and procedure. These were displayed in the office and staff we spoke with were aware of them.
- Prior to this inspection we reviewed the safeguarding notifications we had received from the service within the last 12 months. There were two in total. We saw they had been investigated and appropriate action had been taken by management to reduce the risk of repeat events. For example, disciplinary action taken against staff involved.
- The registered manager showed us the incident reporting folder. Forms were completed electronically at the time of the incident. The registered manager then printed off a paper copy and placed on the folder. They told us this meant any member of staff could readily access the information and update the folder with any new information or when any actions were taken. We saw the registered manager also kept an overview of all incidents reported each month to share common themes and any learning with staff.
- The provider was responsible for managing small amounts of money for people living at Wensley Street. We saw people were encouraged to be part of the monitoring and recording of their spending. People's financial records were also regularly audited.
- We saw every person had a 'risk log and control measures' linked to each of their assessed needs. A support plan was created for each identified risk, such as choking, eating and drinking. The risk assessments and associated support plans were person-centred and detailed. Staff had to sign to confirm they had read and understood each risk support plan.
- The registered manager had plans in place for dealing with emergency situations. For example, personal emergency evacuation plans described how each person should be supported in the event of a fire.

Staffing and recruitment

- The process of recruiting staff was safe. We checked the electronic staff personnel files for four members of staff who had been recruited since the last inspection. We saw each file contained references to confirm the applicant's suitability in previous relevant employment, proof of identity, including a photograph and a Disclosure and Barring Service (DBS) check. This helped to ensure people employed were of good character.

● We saw there were enough staff employed to keep people safe. The registered manager told us every person received a minimum amount of hours for support with personal care and additional hours dependent on their specific needs. The amount of care and support people needed was assessed by the local authority social workers prior to the person moving in. The registered manager told us they would contact the person's social worker if there was a change in a person's needs and they felt additional support was required.

Using medicines safely

● People's medicines were stored safely and securely in their homes. People told us they were happy with the support they received with their medicines.

● We saw staff who administered medicines were patient with people while doing this and then signed the person's medicines administration record (MAR). A MAR should be signed and dated every time a person is supported to take their medicines. We checked three people's MARs and found they had been completed appropriately in line with the provider's own policies and procedures.

● Some people were prescribed medicines on an 'as required' basis (PRN). In these cases we saw there was clear guidance for staff on when a PRN medicine may be required by the person.

● Staff had received training in medicines management and we saw their competency in this area was checked at least yearly. Medicines audits were undertaken by the registered manager and senior care staff.

Preventing and controlling infection

● There were systems in place to reduce the risk of the spread of infections. We saw hand sanitisers, plastic gloves and aprons were available and used by staff at appropriate times.

● People were encouraged and supported by staff to keep their homes clean and tidy.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance; Assessing people's needs and choices; delivering care in line with standards, guidance and the law

At our last inspection we found the provider did not have appropriate systems in place for obtaining consent, or for making decisions on behalf of people who lacked the capacity to consent. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 11.

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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty

During this inspection we checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- We saw people's care records contained comprehensive consent to care documents. It was clear where people did not have capacity and would require support with making some decisions.
- Where people did not have capacity to consent to care we saw their relatives or advocate had been consulted, as appropriate.
- The registered manager and staff understood the implications of the MCA and were aware of the need for best interest meetings when significant decisions needed to be made for a person lacking capacity. For example, where there was a need for potentially restrictive interventions, such as sensor mats or bed rails. We saw detailed records of these meetings taking place on people's care records.

● Staff were able to tell us what capacity and consent meant in practice. Throughout the inspection we saw care staff asked for permission first and explained what they were doing before supporting the person with anything.
● The registered manager and team leaders assessed people's needs before they moved to Wensley Street, to check the service was suitable for them.

Staff support: induction, training, skills and experience
● Staff received appropriate training and support they needed to undertake their jobs effectively. Staff told us they had an induction to their jobs. This included mandatory training covering topics such as emergency first aid and shadowing more experienced members of staff. New staff with no previous experience in the caring profession completed the Care Certificate. The Care Certificate is an identified set of 15 standards that health and social care workers should adhere to in their daily working life.
● Ongoing support was provided through training and the provider's supervision and appraisal process. This process was called 'You Can!'. We saw every member of staff had a 'You Can!' booklet which contained records of four meetings between the staff member and their manager each year (there was space to record more meetings, if required). Staff told us they found these meetings useful.

Supporting people to eat and drink enough to maintain a balanced diet
● Some people needed support with meal preparation, eating and drinking. We saw their likes and dislikes were documented on their care records and guidance was available to staff on how to encourage people to eat and drink, if required. For example, some people had been referred to the local speech and language therapy (SALT) team and their advice and guidance was available for staff to refer to.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● We saw people were supported to access on-going health and social care support services, such as GPs and social workers. There contact details were included in people's care records.
● Staff sought advice from external professionals, as appropriate. This was recorded on people's care records and shared with colleagues as part of staff handovers between shifts.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence; Supporting people to express their views and be involved in making decisions about their care

At our last inspection we saw people's privacy and dignity was not always upheld. The provider did not ensure that people's care was consistently personalised and tailored to their needs. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 9.

- People took part in regular reviews of their care and support needs and were involved in decisions about any changes. We saw records of these reviews taking place on the person's care record.
- Staff were able to tell us what it meant to treat people with dignity and respect. One member of staff told us, "People have a choice where their personal care is done, blinds go down, doors are closed, dressing gowns are on before they go into the bathrooms, people are fully dressed before they come out."
- We saw the provider's policies and procedures and values had a strong emphasis on promoting people's dignity and independence.
- People's personal information was respected, and we saw documents were locked away when not in use.

Respecting equality and diversity; Ensuring people are well treated and supported

- People told us they were well treated and supported by the staff. Comments from people included, "I like it [living here]. The staff are very nice", "The staff are nice. It's alright this home" and "It feels like home [living here]."
- Throughout the day of the inspection we saw staff calmly engaged with people to distract them when they appeared to become agitated with themselves or another person. Staff were able to prevent or diffuse these types of situations by chatting with the person about things they knew they were interested in or by encouraging them to undertake an activity they knew they liked and relaxed them.
- We saw written compliments people and their relatives had given about the service. These were all positive about the care and support people had received.
- All the staff we spoke with, including the registered manager talked about the people they supported with compassion. They clearly knew people well. We saw people and staff were comfortable and relaxed with each other.

● We looked at whether the service complied with the Equality Act 2010 and how the service ensured people were not treated unfairly because of any characteristics that are protected under the legislation, such as gender and race. Our discussions with the registered manager and staff showed us people's rights were central to the care and support they provided.
● Staff received training on equality and diversity.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The care records we looked at were person centred and promoted choice and independence. For example, people had 'aspirational plans', which detailed things they wanted to achieve and how they planned to do this, such as plan their own birthday party or go on a sunny holiday.
- Care records included background information about the person's social history, and their likes and dislikes. It was clear to us they had been devised and reviewed in consultation with people and their relatives, where appropriate.
- The staff we spoke with understood people's needs and preferences, so people had as much choice as possible. We saw staff interacted positively with people in line with their care plans.
- Staff told us they had time to read people's care records as part of their induction. Staff kept up to date with any changes via handover meetings and reading people's 'daily notes and learning log'.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- We saw information was made available to people in a format they could understand.
- People's care records contained 'communication charts'. These contained excellent, person-centred guidance for staff on how best to communicate with people.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Activities were planned with people taking into account their interests and preferences. One member of staff told us, "We support people to go out during the day, in the evenings there are parties and barbeques. Some people grow vegetables, tomatoes and grapes. When they have reviews aspirational outcomes are discussed. It's about knowing and understanding the background information about people."
- People were supported to access the community. We saw records of people attending lunch clubs, going shopping and going on other day trips out.
- Family and friends were welcome to visit people any time and encouraged to join in with any planned events.

Improving care quality in response to complaints or concerns

- We saw the service had an up to date 'Comments, Complaints and Compliments Procedure' in place. This

was displayed in the office and we saw there was also an easy read 'How to make things better' (complaints procedure) on each person's care record.

● We saw the registered manager kept a record of any compliments and had a system in place to record any complaints, their response and the outcome.

● The registered manager told us there had not been any complaints since the last inspection. Our conversations with people and staff and our review of care records confirmed this was the case.

End of life care and support

● The registered manager told us staff training on supporting people at the end of their life had recently been introduced by the provider.

● Staff told us end of life documents had just come in to use and they had been discussed at team meetings. We saw some people had completed these documents and they were held on their care record. The registered manager told us these were to be discussed with everyone living at Wensley Street.

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection we found the provider did not have effective systems to assess and monitor the quality of care provision. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.

● The provider now had effective quality assurance and governance systems in place. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations.
● We saw medicines and finance audits were undertaken regularly. A 'continuous improvement audit' was also completed for each house by the responsible team leader. This covered areas such as, care records and safety of the premises. Any actions required were recorded and followed up. The registered manager kept oversight of all the audits.
● The provider had a comprehensive set of policies and procedures covering all aspects of service delivery. We saw these were up to date and therefore reflected current legislation and good practice guidance. These were available to staff on line and paper copies were held in the office.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong
● People living at Wensley Street and staff told us the service was well managed. Comments from staff included, "[Name of registered manager] is a good manager and is there for me when I need her" and "They [registered manager and team leaders] are very supportive. You can always ask for information and support."
● The service had an open culture. Staff were committed to providing person-centred care and learning from any incidents.
● The registered manager was aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008. The registered manager confirmed that all notifications required to be forwarded

to CQC had been submitted. Evidence gathered prior to the inspection confirmed that a number of notifications had been received.

● The provider continued to ensure the ratings from their last inspection were clearly displayed in the office and on their website.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

● There were opportunities for people and staff to give feedback on the service.

● The provider had introduced a service satisfaction survey for people living at Wensley Street. This had been sent out recently and therefore the results were still to be formally analysed and publicised. However, we looked at the completed surveys that had been returned to the office. There were ten, so far. There were no negative comments to any of the questions asked. Every person had indicated they were happy or very happy with support they received.

● We saw the minutes from meetings with staff. The registered manager met regularly with the team leaders. Team leaders held bi-monthly meetings with staff assigned to each house. The registered explained formal meetings with people living at the houses no longer took place as they were not well attended. However, they would consider reintroducing them if this is what people wanted.

Working in partnership with others

● The registered manager told us they had developed good relationships with a local lunch club several people attended.

● The registered manager worked in partnership with Sheffield local authority.

● Staff had developed and sustained good working relationships with visiting health and social care professionals.