Community Integrated Care

Wensley Street

Inspection report

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

Tel: 01142611934

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14 March 2017

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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 caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

The inspection took place on the 14 March 2017 and was unannounced. This meant the people who lived at Wensley Street and the staff who worked there did not know we were coming. This was the first time the service had been inspected.

Wensley street had been a care home accommodating up to 30 people. In August 2016 they changed their registration status to provide supported living. Supported living means that people are supported to live in a way that they want and that people are given more choice and control.

The service did not meet all the regulations we inspected and were given requirement actions for not following their own recruitment practices. You can see what action we told the provider to take at the back of the full version of the report.

There was a manager at the service who was registered with CQC. 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.

Arrangements were in place to ensure medicines were safely administered but there had been a number of medicine administration errors. The registered manager told us they were working with the pharmacist to improve the medicines administration and to ensure all staff were competent in the process.
We have made a recommendation about the safe management of medicines.

Recruitment practices ensured that the staff employed were suitable to work with people but there were some gaps in staff personnel files. The registered manager was reviewing staff files to make sure all the required documentation was there. Staff received training and support to deliver a good quality of care to people.

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

People were involved in menu planning, shopping and meal preparation. We saw people were able to choose what they wanted to eat and there was no set times. There was plenty choice of food and snacks were available.

Staff respected people's privacy and dignity and spoke to people with understanding, warmth and respect. There was a friendly, homely atmosphere and staff supported people in a kind and caring way that took account of their individual needs and preferences. People's needs had been identified, and from our observations, we found people's needs were met by staff who knew them well.

Care records detailed people's needs and were regularly reviewed.

There were systems in place for monitoring quality, which were effective. Where improvements were needed, these were addressed and followed up to ensure continuous improvement. The registered manager was aware of how to respond to complaints. Information on how to report complaints was clearly displayed in the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.
Improvements were required to reduce the number of medicine errors when administering people's medicines.

There was enough staff to meet people's needs, but the recruitment of those staff had not ensured all the necessary documents were in place.

The service used the local authority safeguarding procedures to follow a local initiative. Staff had been trained in safeguarding and were aware of their responsibilities to report any possible abuse.

Is the service effective?

Good

The service was effective.
Staff understood their responsibilities under the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) to ensure people's rights were protected.

People were given a nutritious diet and said the food provided at the service was good.

Induction, training and supervision gave staff the knowledge and support they needed to satisfactorily support the people who used the service.

Is the service caring?

Good

The service was caring.
People who used the service told us staff were caring and kind.

We observed there were good interactions between staff and people who used the service.

Is the service responsive?

Good

The service was responsive.
There was a suitable complaints procedure for people to voice their concerns. The manager responded to any concerns or

incidents in a timely manner and analysed them to try to improve the service.

People were able to join in activities suitable to their age, gender and ethnicity.

Plans of care were developed with people who used the service, were individualised and kept up to date.

Is the service well-led?

Requires Improvement

The service was well-led.
There were systems in place to monitor the quality of care and service provision at this care home. However there we made recommendations in relation to the recruitments processes and safe management of medicines.

Policies, procedures and other relevant documents were reviewed regularly to help ensure staff had up to date information.

Staff told us they felt supported and could approach managers when they wished.

Wensley 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 checked 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 the 14 March and was unannounced. The inspection was undertaken by an adult social care inspector and an expert by experience. An expert-by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection visit we reviewed information we had received about the service. We also reviewed notifications sent to the Care Quality Commission by the registered manager.

Before the inspection, we asked the provider to complete 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. Due to technical problems a PIR was not available and we took this into account when we inspected the service and made the judgements in this report

During our inspection we visited all of the houses at Wensley Street. As part of this inspection we spent some time with people who used the service, talking with them and observing support, helping us understand the experience of people who used the service. We looked at documents and records that related to people's care, including two people's support plans. We spoke with three people who used the service and two people's relatives.

During our inspection we spoke with the registered manager, the senior manager, the regional manager and the deputy manager. We also spoke to five care staff. We looked at records relating to staff, medicines management and the management of the service.

Requires Improvement

Is the service safe?

Our findings

People and their relatives told us Wesley Street was a safe place to live. One person said "I feel safe here and the staff are really good, if there's anything wrong." One relative told us "I feel very confident that [my relative] is very safe." Another person told us "It's the best place [my relative] has ever lived."

Relatives also told us about the change from a care home to supported living. One relative told us "I was involved in the selection of the new provider" and another person told us the new provider talked to them about activities that the people living there would be able to do and the person also told us that they were "very happy and felt the activities were followed."

Interactions we observed between staff and people were inclusive. We saw staff used appropriate methods to ensure people were safe when they supported them. For example we saw a staff member observe a person who administered their own medicines and gently reminded them to make sure they locked their medicines away.

We looked at the systems in place for managing medicines in the home. This included the storage, handling and stock of medicines and medication administration records (MARs) for two people. Medicines were stored safely, at the right temperatures, and records were kept for medicines received, administered and returned. Some of the people living at the service had chosen to look after their own medication and other people who were assessed as not having capacity to manage their own medicines were supported by staff.

We found there had been a number of medication errors. When we talked to the registered manager and the regional manager about these they assured us they had taken measures to address these concerns .They had put a medication action plan in place and they were working with the pharmacist to review and improve their systems. The service was also being supported by the local clinical commissioning group CCG who were going to support the service with training in the safe management of medicines.

We recommend the service considers current Nice guidelines for the safe administration of medicines.

The services policies and procedures states applicants were required to complete an application form which detailed their employment history and relevant experience and that employment was only offered on the receipt of two written satisfactory references (one being from their previous employer). Also, staff were only appointed once a satisfactory check had been received from the disclosure and barring service (DBS).The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults.

We inspected recruitment records for four staff and found some gaps in the information required to be obtained in accordance with Schedule 3 of the regulations. Schedule 3 is a list of documents required to assist services in ensuring they employ staff who are fit to work with vulnerable people. For example, in one file no references had been obtained and in another file there was no application. The registered manager told us they were in the process of reviewing all staff files to make sure they had all the necessary documents

in place. This meant the service had not followed their own recruitment policies and procedures and was a breach of Regulation 19 of the Health and Social Care Act 2008.

There were enough staff to meet people's needs and provide personalised care and support with activities. Staff were always present when people spent time in the communal areas and people who were spending time in their rooms were suitably supported. We saw that the staff responded quickly so that people did not have to wait for support or assistance.

We looked at the homes staffing rota for the two weeks prior to this visit which showed these identified numbers were maintained in order to provide appropriate staffing levels so people's needs could be met. Staff spoken with said there was enough staff to meet people's needs, however on occasions they did use agency staff. The registered manager said that they tried to use the same agency staff wherever possible to support people with their routines and provide continuity.

Staff told us that since the scheme had turned into supported living it had meant people were getting more time to do activities of their choice.

Policies were in place in relation to safeguarding and whistleblowing procedures. There was a copy of the local authority safeguarding procedures in the office which was accessible to all staff. Safeguarding procedures were designed to protect people from abuse and the risk of abuse.

Staff we spoke with demonstrated a satisfactory knowledge of safeguarding people and had a clear understanding of what may constitute abuse and how to report it. All were confident that any concerns reported would be fully investigated and action would be taken to make sure people were safe. We found that staff had received training in the subject during their induction period, followed by periodic refresher courses.

The service had a policy and procedure on safeguarding people's finances. The registered manager explained each person had an individual amount of money kept at the home that they could access. We checked the financial transactions for two people and found the records and receipts tallied. These showed procedures were in place to safeguard people's finances.

We saw risks had been identified for individuals and measures were in place to ensure people's safety. We looked at three people's support plans and saw each plan contained risk assessments that identified the risk and the actions required of staff to minimise the risk. The risk assessments covered all aspects of a person's activity and included road safety, community presence, travel, emergency evacuation and daily routines. We found risk assessments had been updated as needed to make sure they were relevant to the individual.

Each person had been assessed for any risks presented by the environment or their daily activity. These risks and the actions staff needed to take were clearly recorded in people's files. The staff said they understood the actions they needed to take to minimise these risks.

People told us about how the service used assistive technology to keep them safe. Assistive technology is equipment that helps people to live as independent a life as possible. For example, one relative told us that their relative had an alarm fitted on to their mattress and a pressure mat by the bed in case they fell. Another relative told us about a light that alerted staff when their relative got out of bed.

We found that a policy and procedure was in place for infection control. Training records seen showed all

staff were provided with training in infection control and the staff spoken with confirmed they had been provided with this training. We found staff undertook cleaning, with support from people living at the home with some relevant tasks. We found the houses were clean and personalised to the people living there.

Good

Is the service effective?

Our findings

People and relatives we spoke with told us staff respected their choices and decisions. One person told us, "Staff are kind and always there when you need them." Another person said, "The staff always respect my decisions."

The registered manager told us staff had received Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) training. Staff we spoke with confirmed that they had received training in the Mental Capacity Act 2005. The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including balancing autonomy and protection in relation to consent or refusal of care or treatment.

The MCA includes decisions about depriving people of their liberty so that if a person lacks capacity they get the care and treatment they need where there is no less restrictive way of achieving this.

Care and support plans included information that people were supported to make decisions, including decisions which others may consider unwise. For example, within the care and support plans there was decision making agreements, which clearly documented the best way to support a person when they were making a decision. The decision making agreements looked at what is important to the person, who the best person was to support them making a decision, the information required to make the decision and the right time and place to enable the person to make a decision.

One staff member told us "It's about giving people choices and putting things in a way people understand so they can make informed choices."

Care documentation contained information about health appointments and any action taken as a result. Where it had been identified as necessary, regular health screenings were also undertaken. We also saw people were able to meet with more specialised healthcare professionals according to their needs such as speech and language therapists and physiotherapists. We inspected the daily records of two people who had recently been assessed by the speech and language therapist. We saw that when people were at risk, health care professional advice was obtained and the relevant advice obtained.

Relatives spoken with all confirmed that people were fully supported with access to health care as and when they needed it.

People's nutritional needs had been assessed and people's needs in relation to nutrition were documented in their plans of care. We saw people's likes, dislikes and any allergies had also been recorded. We saw people choosing what they wanted to eat and people ate at the times they preferred. We saw there was a good choice of food available in the service. "There is always fresh fruit and vegetables." A relative told us [My relative] likes a shot of whisky at night and he always gets one."

Training identified as necessary for the service was updated regularly. Staff told us they were happy with the

amount of training they received and believed it equipped them to do their jobs effectively. We saw that staff had completed the home's induction which was thorough and included training around safeguarding and moving and handling. New staff were supported to meet people's needs. The mandatory training programme was mapped to the Care Certificate . The Care Certificate is a set of standards that social care and health workers stick to in their daily working life. It is the new minimum standards that should be covered as part of induction training of new care staff. The Care Certificate gives everyone the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

Staff also had training specific to people's needs such as PEG training. A PEG is a tube which is passed into a person's stomach to provide a means of feeding when oral intake is not adequate.

Staff told us they felt well supported by the registered manager and received supervision and annual appraisals from the registered manager. This gave them an opportunity to discuss any changes in people's needs and exchange ideas and suggestions on how best to support people. Staff were able to ask for additional supervision at any time.

Good

Is the service caring?

Our findings

People we spoke with told us the staff were competent in their roles and understood people's needs. They told us they liked living at Wensley Street.

People were supported to maintain family relationships and friendships. People's support plans included information about those who were important to them. Relatives we spoke with told us staff encouraged and supported regular contact with family and friends.

We found that staff spoke to people with warmth and respect and day to day procedures took into account people's privacy and dignity. Staff spoke of people kindly and with warmth and affection. One staff member said "I love working here" and another staff member said "I would be happy to have my family to live here."

We observed the staff working with people in a calm, friendly manner. They took time to fully explain what they were doing and stopped what they were doing to sit and spend time to chat with people. Staff were aware of how best to communicate with people. Throughout the inspection we heard conversations between care staff and people who used the service and it was clear that staff understood people's needs. We also saw staff and the people they supported laughing and joking together.

People were supported to access the community and activities. People accessed the community with support from staff. People told us they enjoyed the activities and that they were able to choose what they wanted to do and staff facilitated it.

People told us about their holidays they had been on with their friends who also used the service and how they enjoyed going away.

We saw that staff respected people's dignity and privacy and were patient with people. For example, care staff we observed always asked people they were supporting before they did anything to assist with their care needs. We also saw staff respected people's decisions. We saw staff always wait for an answer from people when they were asked a question.

We inspected people's care plans and found where they were able they were involved in developing the plans. Information in the plans also told staff about people's likes, dislikes, choices and preferences. We found that staff spoke to people with understanding, warmth and respect.

People's confidentiality was respected and all personal information was kept in a locked room. Staff were aware to maintain people's confidentiality and did not speak about people in front of other people. When they discussed people's care needs with us they did so in a respectful and compassionate way.

All staff we spoke with were passionate about providing high quality care. They all knew people well. One member of staff told us "There's nothing I would change here, I would recommend it. People have the chance to get out and about and do the things they enjoy; you can see people are happy here."

Good

Is the service responsive?

Our findings

The people who used the service and their relatives told us the staff were good and provided support that met people's needs. We also observed staff respond to people's needs. Staff we spoke with understood their needs and explained to us how they met them. Staff were also able to explain to us how each person responded differently and how this required different approaches and methods, which evidenced staff were responsive to individual's needs. One relative told us they were involved in all the care planning and had attended several meetings. They said, "Staff are always friendly."

We inspected two people's plans of care and found each person's care plan outlined areas where they needed support and gave instructions of how to support them. The plans had been written with the involvement of the person where they wanted to be involved and where appropriate, their close relatives.

People who used the service told us, "I like to go swimming, shopping", "I join in the activities. I like them and there are plenty" and "I have got a great social life. We go to bingo, to the pub and we go on holiday. We do what we want."

We talked to the staff about the care plans and how they had changed since moving to supported living. The staff said "The support plans are better, it's about what people want to achieve" and "The care plans are about the person and what works well and what doesn't work so well. We use this information in the monthly meetings to decide how best to support people. It's much more person centred."

The service was responsive to people's needs for care, treatment and support. Each person had a one page plan that gave staff at glance information of what people needed to have in place to keep them safe and happy. Each person had a support plan which was personalised and reflected in detail their personal choices and preferences regarding how they wished to live their daily lives. Support plans were regularly reviewed and updated to reflect people's changing needs. Staff knew people's individual communication skills, abilities and what made a good day and what made a bad day for the person. They provided clear guidance to staff about the person's individual needs, and instructions on how to manage specific situations. This was to help staff in delivering better person centred care.

People's support plans we inspected also contained details of activities people liked to participate in or outings they enjoyed. People were supported to engage in activities at home and in the community.

Daily records contained information about what people had done during the day, what worked well and what didn't work well. This information was then used to plan future support.

People's most up to date information was relayed to new staff coming on duty. Handover meetings were held between staff during each shift change which meant staff would know of any changes to a person's needs or anything important that had happened during the earlier shift. The staff team worked well together and information was shared amongst them effectively. Daily logs were completed throughout the day for each individual. These recorded any changes in people's needs as well as information regarding

appointments, activities and people's emotional well-being.

People were supported to take part in activities which they enjoyed, according to their own personal preferences. People took part in group activities, as well as individual and one to one activities. One person told us "The activities are good."

Throughout our visit people were consulted by staff about what they wanted to do and when. We saw this during activity sessions where people were encouraged but not pressurised to join in. People were also encouraged to interact with each other rather than just staff. This meant the service promoted people to have fulfilled lifestyles.

The registered manager told us there was a comprehensive complaints policy, which was also in an easy read version; this was explained to everyone who received a service. The procedure was on display in the service where everyone was able to access it. People we spoke with said staff talked to them and they were able to tell staff if something was wrong and it would be resolved. One person said, "You go straight to the manager if you want to make a complaint and she will help you."

People we spoke with did not raise any concerns regarding the service and told us if they had any they would speak to staff or the registered manager.

We were told by the registered manager that they planned in the future to have meetings that would give people the opportunity to contribute to the running of the service.

Requires Improvement

Is the service well-led?

Our findings

We checked the service demonstrated good management and leadership, and delivered high quality care, by promoting a positive culture that was person-centred, open, inclusive and empowering.

At the time of our inspection the service had a registered manager 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We asked people who used the service how they thought the service was run. People who used the service said, "The manager is very good, if you have got a complaint you can go to her and she will sort it out", "The manager is all right. The staff are all good" and "The manager is around and you can talk to her." Staff told us they were listened to and valued by the registered manager and felt that they worked together as a good team which improved the quality of life for people they supported.

Staff members we spoke with said communication with the registered manager was 'very good and they felt well supported to carry out their roles in caring for people.' They said they felt confident to raise any concerns or discuss people's care at any time. They said they worked well as a team and knew their roles and responsibilities very well.

They told us they had been supported by the registered manager during the change from residential care to supported living.

Staff confirmed both house and team meetings were taking place and we saw evidence of team meeting minutes that included attendees and topics covered.

The registered manager conducted regular audits which included infection control, medicines, notifications to the CQC, health and safety, accidents, supervision and appraisal, training, care plans and risk ,assessments, complaints and compliments . The audits helped the registered manager to maintain or improve the quality of service provision.

There were effective systems in place to monitor and improve the quality of the service provided. We saw copies of "service pulse reports" produced by the regional manager. For example, checks were completed in such areas as safe administration of medicines, health and safety, communication, participation and decision making and staff personnel files
The reports included any actions required and these were checked each month to determine progress and to check what actions had been taken to improve the service.

Monthly house meetings were held to talk about what had worked in the past month and what had not worked. It helped staff to think about what good support looked like for the people they were supporting. Topics on the agenda included food, activities and introducing new staff.

Staff meetings were held regularly and were held for the whole staff group and also separately for team leaders. The team leader meetings were to give the registered manager an opportunity to say what was expected of the role and their duties.

We found that recorded accidents and incidents were monitored by the registered manager to ensure any triggers or trends were identified.

We looked at some of the policies and procedures which included, whistle blowing, safeguarding, complaints, business continuity, health and safety, medicines administration and infection control. We saw the policies were reviewed regularly. Staff had the opportunity to follow up to date policies and procedures to follow good practice guidelines.

The registered manager told us staff completed daily, weekly and monthly audits which included infection control, fire safety, medication and care plans.

We saw there was a service user guide and statement of purpose. These documents gave people who used the service and professionals the details of the services.

The registered manager was aware of the provider's obligations for submitting notifications in line with the Health and Social Care Act 2008. The registered manager confirmed that any notifications required to be forwarded to CQC had been submitted and evidence gathered prior to the inspection confirmed this. People and staff personal records were kept secure at all times.