

South Yorkshire Housing Association Limited

Lister Avenue

Inspection report

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03 August 2017

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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

Lister Avenue is registered to provide personal care and accommodation for up to twenty five people who have mental health difficulties. The project consists of five adjacent houses, each accommodating up to five people. At the time of this inspection twenty four people lived at The Lister Project.

At the last inspection in July 2014 the service was rated Good.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Lister Avenue on our website at www.cqc.org.uk'

At this unannounced inspection on 19 July and 3 August 2017 we found the service remained Good. The service met all relevant fundamental standards.

The service had a registered manager 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 and associated Regulations about how the service is run.

People who used the service told us they were happy with how care and support was provided at the home. They spoke positively about the staff who supported them and the manager. Everyone we spoke with told us they felt safe living at Lister Avenue.

We saw there were systems in place to protect people from the risk of harm. Staff we spoke with were very knowledgeable about safeguarding people and were able to explain the procedures to follow should an allegation of abuse be made. Assessments identified risks to people and management plans were in place to reduce the risks this ensured people's safety.

We found the service to be meeting the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). The staff we spoke with had a good understanding and knowledge of this topic.

Systems were in place to ensure people received their medications in a safe and timely way from staff who were appropriately trained and competent.

There was enough skilled and experienced staff on duty to meet people's needs. Recruitment systems were robust, so helped the employer make safer recruitment decisions when employing new staff. New staff had received an induction into how the home operated and their job role. This was followed by regular refresher and specialist training to meet the needs of the people using the service.

People were supported to eat and drink sufficient to maintain a balanced diet and adequate hydration.

People's needs had been assessed before they moved to the home and had been involved in the planning of their care. Care files checked reflected people's care and support. However, we found the care files were not easy to follow and it was difficult to find information. This was being addressed by the registered manager.

People had access to a varied programme of activities which provided regular in-house stimulation, as well as trips out into the community. People said they enjoyed the activities they took part in.

A complaints policy was available to people using and visiting the service. The people we spoke with told us they had no complaints, but said if they had a concern they would raise it with staff. We saw when concerns had been raised they had been investigated and resolved in a timely manner.

There were systems in place to monitor and improve the quality of the service provided. These had identified areas that needed improvement and action had been taken. However, minor infection control issues we identified at the inspection had not been identified but were actioned immediately. People were listened to and the provider actively sought the views of people who used the service, relatives and external professionals.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Lister Avenue

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 was 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.

The unannounced inspection was carried out by an adult social care inspectors on 19 July and 3 August 2017.

Before our inspection, we reviewed all the information we held about the home. We also asked the provider to complete a provider information return [PIR] which helped us to prepare for the inspection. This is a document that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make.

We also contacted the local authority contracts and commissioning to gain further information about the service.

At the time of the visit there were 24 people using the service. We spoke with eight people who used the service and one relative. We also spent time observing how staff interacted with people and how support was provided.

We spoke with the area lead, two project leads, three care staff, a domestic and two catering staff. We also contacted seven health care professionals following the inspection for feedback.

We looked at documentation relating to people who used the service and staff, as well as the management of the service.

Is the service safe?

Our findings

People we spoke with said they felt the home was a safe place, and our observations confirmed this. We saw care was planned and delivered in a way that promoted people's safety and welfare. One person told us, "I definitely feel safe here." Another said, "I like it here, I am safe."

Policies and procedures were available regarding keeping people safe from abuse and reporting any incidents appropriately. The staff we spoke were knowledgeable about safeguarding people and the company's whistle blowing policies and procedures. Whistleblowing is one way in which a staff member can report suspected wrong doing at work, by telling someone they trust about their concerns. Staff said they would not hesitate to report any safeguarding concerns.

Assessments were in place to monitor any specific areas where people were more at risk, and staff were very knowledgeable about risks and how to manage them to ensure people's safety.

Appropriate equipment and arrangements were in place in case the building needed to be evacuated, with each person having their own evacuation plan.

We found that overall there was enough staff to meet the needs of the people at the time of our inspection. Staff confirmed that there was enough staff. They told us the staffing arrangements were changing and that the proposed new rota was much better. It allowed flexibility to meet people's needs better and meant more staff were on duty at the times when additional numbers were required to facilitate activities, appointments and individuals preferences and choices.

We found a robust recruitment and selection process was in place, which included new staff receiving a structured induction to the home. We sampled two recently recruited staff files and found all essential pre-employment checks had been obtained before the staff member was offered employment.

We looked at the systems in place for managing medicines across all four units in the home. This included the storage, handling and stock of medicines and medication administration records (MAR). We found medication was stored correctly and at the recommended temperatures. We found medication was managed safely and people received their medication as prescribed.

Some people were assessed to be able to administer their own medication and this was risk assessed and monitored. Although we found more information could be with the MAR to ensure staff had all the information required to make decisions regarding medications. The project lead acknowledged this would be helpful and organised it following our inspection.

Is the service effective?

Our findings

Staff we spoke with all said the training provided was good and they could access service specific training to ensure they understood people's needs.

We found new staff completed the company's induction which include mandatory training. Staff told us they had also shadowed experienced staff as part of their induction. The company were aware of the Care Certificate. The Care Certificate looks to improve the consistency and portability of the fundamental skills, knowledge, values and behaviours of staff, and to help raise the status and profile of staff working in care settings.

There was a training matrix to monitor which training staff had completed and when it required updating. This ensured staff were up to date with training required.

Staff told us they felt supported and confirmed they received regular supervision and support sessions.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). The management team were aware of their responsibilities under this legislation. Staff gave examples of how people's best interests were taken into account if the person lacked capacity to make a decision. Records sampled demonstrated that where people could not speak for themselves decisions had been made in their best interest and these were recorded in their care files.

People received adequate nutrition and hydration. Each house had their own kitchen and people could prepare their own meals if they wished. There was also a central kitchen that prepared meals for people. People had choices and were able to do their own shopping if they wished. On the day of our inspection they had the main meal at lunchtime as they had organised a 'High Tea' this had been requested by people who used the service. The summer house had been set up in the garden and tables, chairs and umbrellas were out. The tables were laid with cloths and condiments. The tea was variety of sandwiches, snacks and cakes and tea was served in china cups with saucers so it was like going out for an afternoon tea. Everyone joined in and enjoyed the experience. People were sat talking and laughing together while eating. One person said, "It's right posh this, I love it." Another said, "I love the food it is very good."

Staff we spoke with were knowledgeable about people's dietary needs and were aware of special diets, people's cultural needs and if there were any risk associated with food.

Care plans detailed people's needs and how they could be met. We saw evidence of involvement from health care professionals when required. For example, we saw referrals to dieticians and the mental health team. However, although care plans contained the required information they were not always easy to follow and some information was difficult to locate. Staff could explain people's needs and were very knowledgeable on how to meet people's needs. Staff told us they were changing over to a computerised

system, which should be implemented in three to six months. This should improve the documentation. The local authority told us they had identified that care plans could be improved and explained the provider was ensuring their recommendations were being implemented.

Health care professionals we spoke with told us the staff were all very good they understood people's needs and ensured they were met. One health care professional told us, staff are very effective in meeting people's needs, they said, "Staff are very creative in engaging with service users, they recently found a 'spark' in one of the service users which has led to enabling them to be better supported." Another commented, "The front line support staff are very good and work hard to meet the needs of the service users in a personalised and appropriate manner."

The service was well maintained and clean. People had access to well-maintained accessible outside space. However, we found the domestic stores in each house required improvements, paint was peeling off the walls, the shelving was badly damaged, items of old equipment was stored in the rooms and they were not well organised and were not kept clean. We discussed this with the area lead who agreed to action these immediately. On the second day of our inspection we saw these had been redecorated and completely refurbished.

Is the service caring?

Our findings

People we spoke with all told us how kind, considerate, caring the staff were. One person living at the home said, "I like it here." Another person told us, "The staff are good." Another said, "The staff are lovely, they look after me, I don't want to live anywhere else."

Health care professionals we spoke with spoke highly of the staff. One said, "The support staff respect the opinions and choices of the service users and families and work to ensure these choices are respected and met."

During our visit we spent time in communal areas observing and talking with people who used the service and staff. We saw staff interacted with people in a positive way. They supported people in a caring and responsive manner, while assisting them to go about their daily lives and encouraging independence. We observed staff treating each person as an individual and involving them in making decisions. We saw people were always asked what they wanted to do, or what assistance they needed, in an inclusive sensitive way. It was evident from observations that people who used the service were very comfortable in the company of the staff and had a good relationship with them. □

Staff were able to describe the ways in which they got to know people, such as talking to them speaking with health care professionals and relatives. In the files we looked people's needs and preferences were recorded in their care records.

People living at the home looked well-presented and cared for and we saw staff treated them with dignity. We saw staff respecting people's privacy and dignity by knocking on bedroom doors before entering, closing doors while providing personal care and speaking to people about things discreetly. Noticeboards around the home provided people with information promoting respecting people's dignity, as well as the names of the dignity champions at the home. A dignity champion is a staff member who signs up to act as a good role model to educate and inform all those working around them, in order to promote dignity in people's care.

We were told that everyone living at Lister Avenue had access to advocacy services if they required them. Advocacy services provide independent support and encouragement that is impartial and therefore seeks the person's best interests in advising or representing them. The management team were aware of the need to seek advocacy when required.

We saw relatives could visit without restriction and were made welcome. Although we did not see visitors during our inspection, people told us they could visit when they wanted and they also visited their relatives in their home.

Is the service responsive?

Our findings

People told us staff were responsive to their needs. We saw interactions between staff and people using the service were good and it was clear staff focused on the individual's needs and preferences who they were supporting. Staff offered people options and choices. For example what meals they would like or which activities they wanted to participate in.

Health care professionals we spoke with all spoke positively about the staff and how they supported people to meet their needs. They told us staff were having to change their way of working with people they supported as many thought it was a home for life but staff needed to ensure people were supported to become independent and use Lister Avenue as a stepping stone to independent living. One professional told us, "Lister Avenue work really well with commissioning and are keenly working to continue to develop their service to a more recovery focused service, which will benefit the people they support."

Care files we looked at contained information that demonstrated people's needs and risks had been identified and had measures in place to explain how their needs were met. However, they were not easy to follow or find information. Staff were very knowledgeable about people's needs and were aware of any changing needs. However, the staff we spoke with all told us they found the care records difficult to use as some information was in the care file and other information was on the system. There was an overview of the person at the front of the file called 'The mini care plan' this detailed people preferences and choices and staff acknowledged this could also give a personalised overview of people needs, and point staff where to find more detailed information. This would ensure anyone reading people's care files could easily find relevant information to be able to meet their needs. The care records were being reviewed at the time of our inspection and a new system was being implemented and care records were going to be computerised. Staff told us that until this is completed an overview would be very helpful and the registered manager agreed to commence implementing this.

Care files were regularly reviewed and evaluated to ensure that they were up to date and captured any changing needs. There was a key worker review each month this involved the person who they supported and it was evident from looking at care files people had input into their care support.

There was not a dedicated activity co-ordinator but all staff arranged and supported people in activities. People we spoke with told us the activities were very good. One person told us, "Get lots of activities and things to do, there is always something going on." Some people were able to access the community on their own and other liked support. We saw people were out on the day of our inspection; one person had just returned and told us they had been to visit a relative. They said, "I go out regularly, I tell staff where I am going and what time I will be back." We saw a 'High Tea' had been organised on the day of our visit this had been requested by the people who used the service at a residents meeting and therefore had been facilitated by staff. People who attended the tea all enjoyed the afternoon. Staff told us it was an opportunity for all the people to get together and have a chat and a laugh.

The provider had a complaints and compliments procedure which was available to people who lived at and

visited the home. Records showed that the service had fully investigated complaints and concerns raised. We saw posters in the service that gave information about how to make a complaint. There was also a box in reception for people to post their opinions of the service provision or raise concerns.

The people we spoke with raised no concerns, but told us they would not hesitate to speak with staff if they had any issues.

Is the service well-led?

Our findings

At the time of our inspection the service had a manager in post who was registered with the Care Quality Commission. 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.

There was a structured team in place to support the registered manager. This included three project leads and support workers. Each member of staff we spoke with was clear about their role and the roles of the other staff employed at the home.

We found systems were in place for managing safeguarding concerns and incidents and accidents. Staff told us that the registered manager took steps to learn from such events and put measures in place which meant they were less likely to happen again.

Effective systems to monitor and improve the quality of the service provided were in place. We saw copies of reports produced by the registered manager and the area lead. Any issues identified were recorded on an action plan and were actioned.

The registered manager actively sought the views of people who used the service and their relatives. This was done in a number of ways such as daily interactions with people, guest meetings and questionnaires. People's feedback was taken into account to improve the quality of the service. We saw the results of the last survey sent out and most of the comments were very positive.

Communication within the staff team was described as very good. Regular hand overs kept staff informed of people's changing situations. Staff meetings enabled staff to keep up to date with and changes and updates.

We saw company policies and procedures were in place to inform and guide people using the service and staff. They had been reviewed and updated regularly to make sure they reflected current practice.