

The Burton Street Foundation Limited

Residential Support Services

Inspection report

The Burton Street Foundation
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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

The inspection was unannounced, which meant the provider did not know we were coming. It took place on 21 June 2016. The home was previously inspected in February 2014, and at the time was meeting all regulations assessed during the inspection.

The home had a registered manager. 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.

Residential Support Services provides personal care to adults with Learning Disabilities. The service provides support and social interaction to enable people to become more independent in the community. The office is based in a converted school where day services are also provided.

There was a strong person centred and caring culture in the home. (Person centred means that care is tailored to meet the needs and aspirations of each person, as an individual.) The vision of the service was shared by the management team and staff. All staff we spoke with were passionate about providing care that was individualised and ensuring people who used the service fulfilled their goals.

We found there were enough staff with the right skills, knowledge and experience to meet people's needs. The provider followed a robust recruitment procedure to ensure safe recruitment. Staff were provided with appropriate training, support and supervision to help them meet people's needs.

There were systems in place to manage risks, safeguarding matters and medication and this ensured people's safety. Medication procedures were being improved at the time of our inspection. Where people displayed behaviour that was challenging the training and guidance given to staff helped them to manage situations in a consistent and positive way which protected people's dignity and rights.

People received care and support that was responsive to their needs. Care plans provided detailed information about people so staff knew exactly how they wished to be cared for in a personalised way. A wide and varied range of activities was on offer for people to participate in if they wished.

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

Systems were in place which continuously assessed and monitored the quality of the service, including obtaining feedback from people who used the service and their relatives.

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 protected from harm. Staff knew what action to take if they suspected abuse was taking place.

Risks and safeguarding were managed well and this helped to ensure people's safety. Medication procedures were in place and these were being improved at the time of our inspection.

There were sufficient numbers of staff to meet people's needs safely. The service followed safe recruitment practices when employing new staff.

Is the service effective?

Good ●

The service was effective.

Staff were trained to enable them to meet people's needs in a person-centred way.

Consent to care and treatment was sought in line with the Mental Capacity Act 2005 legislation and staff understood the requirements of this.

People were supported to have access to appropriate healthcare services.

Is the service caring?

Good ●

The service was caring.

Relatives told us staff were exceptionally caring and provided person-centred care.

Staff spoke with pride about the service and about the focus on promoting people's wellbeing. Staff were very passionate and enthusiastic about ensuring the care they provided was personalised and individualised. Staff were very respectful of people's privacy and dignity.

Health care professionals we spoke with told us staff were very

caring and people were supported to express their views and were actively involved as much as they were able.

Is the service responsive?

Good ●

The service was responsive.

Care plans provided detailed and comprehensive information to staff about people's care needs, their likes, dislikes and preferences.

There was a varied range of activities and these were mentally stimulating. People were encouraged to pursue their own hobbies and interests.

People's concerns and complaints were investigated, responded to promptly and used to improve the quality of the service.

Is the service well-led?

Good ●

The service was well led.

Everyone we spoke with was extremely positive about the way the home was managed.

The vision and values of the home were understood by staff and embedded in the way staff delivered care. The provider, registered manager and staff had developed a strong person centred culture in the service and all staff we spoke with were fully supportive of this.

There was a range of robust audit systems in place to measure the quality and care delivered. Health care professionals, relatives and staff were extremely positive about the way the home was managed.

Residential Support Services

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 21 June 2016 and was unannounced. The inspection was undertaken by an adult social care inspector.

We looked at the PIR, this is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information received about the service from notifications sent to the Care Quality Commission by the registered manager. Following the visit we contacted three healthcare professionals to seek their views of the service.

As part of this inspection we spoke with the relative of the person who used the service, this helped us understand their experience of the service. We looked at documents and records that related to people's care, including the person's care and support plans

We spoke with four support staff, the registered manager, the training officer and the provider. We also looked at records relating to staff, medicines management and the management of the service. We also spoke with health care professionals.

Is the service safe?

Our findings

We spoke with a relative of a person who used the service and they told us their relative was safe and were well looked after by the staff who supported them. The healthcare professionals we spoke with told us the service provided a safe environment for people who used the service.

The files we looked at showed that actions were taken to minimise any risks to people who used the service. The person who was using the service at the time of the inspection had assessments about all risk that were pertinent to their needs and these had been reviewed regularly. The assessment and risk management information was good, clear and showed the involvement of the person who used the service and their relatives. One health care professional we spoke with told us, "Staff have a very good understanding of people's needs and how to manage the risks. I am confident staff follow advice and guidance to meet people's needs."

We saw risk assessments were developed where people could display behaviour that may challenge others. These provided guidance to staff so that they managed situations in a consistent and positive way, which protected people's dignity and rights.

The provider had safeguarding policies and procedures in place to guide practice. Safeguarding procedures were designed to protect people from abuse and the risk of abuse. Staff told us, and records seen confirmed that all staff received training in how to recognise and report abuse. Staff spoken with had a clear understanding of what may constitute abuse and how to report it. Where concerns had been raised the registered manager had notified the relevant authorities and taken action to ensure people were safe.

The staff we spoke with were also aware of the 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 and all felt confident the registered manager would respond appropriately.

Staffing levels was determined by the commissioning authority. We saw the provider maintained the staffing levels to ensure people's needs were met and they were safe. Staff we spoke with confirmed there was a good staff team and always enough staff to ensure levels were maintained.

The recruitment and selection process ensured staff recruited had the right skills and experience to support the people who used the service. The staff files we looked at included relevant information, including evidence of Disclosure and Barring Service (DBS) checks and references. DBS checks helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

Staff we spoke with were able to explain the procedures for receiving and administering medicines which ensured the person received their medicines as prescribed. Staff also had a good understanding of medicines and made sure the person had their medicines reviewed regularly with the appropriate healthcare professionals. However, we found the medication administration records (MAR) was not always

completed fully. We found there were no received amounts recorded, if medicines were hand written these were not checked and signed by another staff member and staff did not always sign when medication was administered. The provider updated the procedures during our inspection and arranged supervisions with all staff who administered medication. The provider confirmed in writing following our inspection that this had been carried out, they had also completed a full audit to check systems were being followed. They assured us that more regular audits would be carried out to ensure the staff continued to follow procedures.

Is the service effective?

Our findings

Everyone we spoke with praised the quality of the service. The relative of the person who used the service at the time of the inspection told us, "(My relative) is a lot happier now, all staff understand their needs and they are a happy outgoing person again."

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. Staff were also aware of the legal requirements and how this applied in practice.

The person was supported to do their own shopping. Their relative told us there was variety and choice available; staff also took them out for meals to different places that they were able to choose.

We looked at the person's care plan in relation to their diet and found this included detailed information about their dietary needs and the level of support they needed to make sure that they received a balanced diet. We saw people's weight was monitored where they were either assessed as at risk of not receiving adequate nutrition or at risk of becoming overweight due to medical intervention. This was monitored and professional advice obtained if required.

The person's care records showed that their day to day health needs were being met. They had good access to healthcare services such as dentist, speech and language services and GP's. The person's care plans also provided evidence of effective joint working with community healthcare professionals. We saw that staff were proactive in seeking input from health care professionals.

It was clear that staff sought advice from external professionals to make sure people's needs were met. The professionals we spoke with told us that the service was very good and met people's needs. One professional told us, "The person requires complex oral care in hospital under general anaesthetic. The staff have been extremely helpful in coordinating all aspects of the care including organising the logistical issues and risks that the hospital admission poses. They have liaised professionally with the anaesthetists and his team, the hospital staff, GP, parents and us. They have appropriately shared risks assessments and plans to ensure the safety of the person."

All new staff were required to complete the Care Certificate, which is a nationally recognised programme of training for care workers. All staff underwent a formal induction period. The first weeks consisted of 'classroom time' completing essential training, and then they shadowed experienced staff, until they were confident to work unsupported and the person they were to support had confidence in the new staff..

Staff we spoke with told us the induction was very good. One staff member we spoke with told us, "We work as a team and if there is something I don't know I just ask as it is important we get it right for (the person we

support)."

The provider had identified that training required to be improved so had appointed a training officer. This person had been in post for eighteen months. They told us when they started staff had not received refresher training for four years. They had identified what training was required and this had been rolled out to staff, we saw the training records and saw that most staff had attended all the necessary training and updates to ensure they had the skills to fulfil their roles. We also saw training was booked to ensure staff continued to receive refresher training to keep their knowledge up to date.

Members of staff told us they had completed qualifications in health and social care, such as the National Vocational Qualification at Levels 2 and 3. There were also opportunities for staff to take additional qualifications and for continual professional development. For example, staff had attended specific training in autism to be able to meet the needs of people who used the service.

Staff were formally supervised and appraised and confirmed to us that they were happy with the supervision and appraisal process. Staff supervisions made sure that staff received regular support and guidance, and appraisals enabled staff to discuss any personal and professional development needs. Staff we spoke with told us they felt very well supported by both the provider and registered manager.

Is the service caring?

Our findings

Everyone we spoke with was very positive about the staff and the management team. The service had a stable core staff team who knew the needs of the person particularly well. The continuity of staff had led to the person developing meaningful relationships with staff. The relative of the person who used the service told us, "All staff understand (My relative's) needs, they respect them and are really patient."

External professionals said they were impressed with the service. They said the staff were considerate, kind and caring. For instance, one professional said, that since the person had accessed the service the change in them had been very positive.

The person was supported to maintain important relationships. They had spent a lot of time with their family, and went out with their relatives regularly. The person's relative told us, "(My relative) is going out so much more they are so much better and they love going out now. They even invited other relatives to go out for a meal with them, which wouldn't have been possible without the support of the service and staff."

The registered manager told us the support staff had compassion and respect for people. Staff we spoke to told us it was important to make sure that people who used the service were treated with dignity. They explained they respected their choices and decisions and that staff were all times compassionate, person centred, and willing to try new things to achieve this.

All staff showed concern for the person's wellbeing in a caring and meaningful way. All staff we spoke with were passionate about their role and about providing high quality care. They all knew the person who they supported particularly well. Staff told us they were listened to and valued by the registered manager and provider and felt that they worked together as a good team which improved the quality of life for people they supported.

Staff told us that the management team were very good and they all worked well as a team supporting each other. They said the registered manager and the provider were very knowledgeable and led by example. Staff told us, "The communication is very good we are kept informed of any changes and we all know what is happening. For example we are all up to speed on the upcoming medical procedure to ensure it goes well."

People's religious, cultural and personal diversity was recognised, with their care plans outlining their backgrounds and beliefs. For example, staff explained how they had balanced individual preferences and choices, with family member's beliefs and the person's background, taking these into account and making sure that the person's rights and choices were respected.'

Is the service responsive?

Our findings

Healthcare professionals we spoke with told us the staff were very responsive to the person's needs. They would contact them if there were any changes and seek advice and guidance. They also told us their advice was followed and when they visited, staff were knowledgeable about the person's needs ensuring they were met. One healthcare professional told us, "All the staff are reliable, flexible and responsive to the needs of the person they support. They have standard procedures in place which they follow. They are up to date and able to advise where necessary on aspects of the person care and best interests. They are able to access the support of their senior colleagues as required. They provide excellent advocacy for their service users and involve the families of those concerned as appropriate".

The staff demonstrated a good awareness of how people with complex learning disabilities could present with behaviour that challenged and could affect people's wellbeing. The individualised approach to people's needs meant that staff provided flexible and responsive care, recognising that people could live a full life involved in the community and interests. Relatives we spoke with all commented on the staff's knowledge of people's needs and how they understood the triggers and how to distract, redirect or give space to the person to prevent an episode of challenging behaviour. One member of staff told us, "We sometimes need to give (the person) space to be able to calm, we know when this is required as we know them well."

We saw that prior to providing a service to the person a detailed care needs assessment had been carried out. This meant that the registered manager could be sure the needs of the individual would be met by the service. Following this initial assessment, care plans were developed detailing the care, treatment and support needed to make sure personalised care was provided to people.

Records showed that people's care was reviewed regularly to ensure it met people's needs. We saw people who used the service were involved in the reviews if they wished. Relatives we spoke with told us they felt involved in their relatives care. Staff we spoke with told us they were involved in writing care plans and ensured reviews took place with people who used the service and their families.

The person was supported on a two to one basis in the community and there were staff on duty to be able to facilitate this. The activities were carefully designed for the person and we saw that staff actively encouraged and supported them to be involved.

We saw the person's activity planner, which had pictures to assist the person to understand and make and communicate their decisions. There were also activities to promote their independence, such as housekeeping tasks. Staff told us how activities in the community had had a positive impact on the person who used the service. The person's relative told us, "They go out every day and they are certainly a lot happier".

There was a comprehensive complaints policy this was available to everyone who received a service. The procedure was given to people when they commenced using the service. The registered manager was able

to explain the procedure to make sure any complaints or concerns raised would be acted on to make sure people were listened to. The relative of the person they supported told us, "I have no complaints, but if I did I am very confident it would be dealt with immediately."

Is the service well-led?

Our findings

At the time of our inspection the service had a registered manager who had been registered with the Care Quality Commission for two years. There was positive feedback from everyone we spoke with about the leadership by both the provider and registered manager and there was a high degree of confidence in how the service was run. There was a clear management structure in place and staff were aware of their roles and responsibilities. All the staff we spoke with said they felt comfortable to approach any of the members of the management team.

The managers, support staff and the other professionals we spoke with told us the communication in the team was very good. One staff member said, "We are a good team and all communicate well to ensure a good service for the people who we support." There was regular staff meetings arranged, to ensure good communication of any changes or new systems. We saw the minutes of meetings that had been held.

The professionals we spoke with said the service was well managed. One professional told us, "While I was working with a person they support, I had regular meeting with the team leader. This ensured the person's needs were being met and staff were continuing to follow best practice. This worked very well."

We also saw the service had received accreditation by 'Investors in People', which is an organisation providing and assessing best practice in people management.

The organisational governance procedure was designed to keep the performance of the service under regular review and to learn from areas for improvement that were identified. We saw that audits were regularly carried out in all aspects of the service including areas such as care records, medication, and staff training. It was clear that timely action was taken to address any improvements required.

Satisfaction surveys were undertaken to obtain people's views on the service and the support they received. We saw the results of the last survey, which were all very positive.

We found that recorded accidents and incidents were monitored by the registered manager to ensure any triggers or trends were identified. We saw the records of this, which showed these were looked at to identify if any systems could be put in place to eliminate the risk.

Systems were in place for recording and managing complaints, safeguarding concerns and incidents and accidents. Documentation showed that management took steps to learn from such events and put measures in place which meant they were less likely to happen again.