

Harpenden Mencap

# Stairways Supported Living Service

## Inspection report

19 Douglas Road  
Harpenden  
Hertfordshire  
AL5 2EN

Tel: 01582460055

Date of inspection visit:  
22 January 2016

Date of publication:  
26 February 2016

## 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 took place on 22 January 2016 and was announced to make sure that the people we needed to speak with were available. We gave the provider 48 hours' notice of our inspection to make sure that they appropriate people were present. At our last inspection on 10 March 2014, the service was found to be meeting the required standards in the areas we looked at. Stairways Supported Living Service is registered to provide personal care for adults with learning disabilities or autistic spectrum disorder. The service provides support to people who lived independently in their own homes. There were two people who lived in their own home and four people that shared their home. Staff provided the support that people needed and were also available throughout the night if required.

There was a registered manager in post who had registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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 were supported by Stairways Supported Living Service to live in their own homes with staff that supported people's needs. People were given the opportunity to meet the staff before agreeing to their support.

People felt safe, happy and were looked after in their homes. Staff had received training in how to safeguard people from the risk of abuse and knew how to report concerns both internally and externally. Safe and effective recruitment practices were followed to help ensure that all staff were suitably qualified and experienced.

Staff completed regular health and safety checks that included security and fire safety.

Relatives and healthcare professionals were positive about the skills, experience and abilities of staff who worked in people's homes. Staff received training and refresher updates relevant to their roles and had regular supervision meetings to discuss and review their development and performance.

People were supported to maintain good health and had access to health and social care professionals when necessary. People were supported with shopping and meal preparation.

Staff made considerable efforts to ascertain people's wishes and obtain their consent before providing personal care and support, which they did in a kind and compassionate way. Information about local advocacy services was available to help people access independent advice if required.

Staff had developed positive and caring relationships with the people they supported and clearly knew them well. People were involved in the planning, delivery and reviews of the care and support provided. The

confidentiality of information held about their medical and personal histories was securely maintained throughout their home and in the office.

Care was provided in a way that promoted people's dignity and respected their privacy. People received personalised care and support that met their needs and took account of their preferences. Staff were knowledgeable about people's background histories, preferences, routines and personal circumstances.

People were supported to pursue social interests and take part in meaningful activities relevant to their needs, both at their home and in the wider community. They felt that staff listened to them and responded to any concerns they had in a positive way. Complaints were recorded and investigated thoroughly with learning outcomes used to make improvements where necessary.

Relatives and staff were complimentary about the registered manager and how the service was run and operated. Appropriate steps were taken to monitor the quality of services provided, reduce potential risks and drive improvement.

## 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 kept safe by staff trained to recognise and respond effectively to the risks of abuse.

Safe and effective recruitment practices were followed to help ensure that all staff were fit, able and qualified to do their jobs.

Sufficient numbers of staff were available to meet people's individual needs at all times.

People were supported to take their medicines safely by trained staff.

Potential risks to people's health and well-being were identified and managed effectively in a way that promoted their independence.

### Is the service effective?

Good ●

The service was effective.

People's wishes and consent was obtained by staff before care and support was provided.

People were supported by staff that were well trained and received the appropriate support.

People were assisted with a healthy balanced diet which met their needs.

People had their day to day health needs met with access to health and social care professionals when necessary.

### Is the service caring?

Good ●

The service was caring.

People were cared for in a kind and compassionate way by staff that knew them well and were familiar with their needs.

People were involved in the planning, delivery and reviews of the care and support provided.

People's privacy and dignity was promoted.

People had access to independent advocacy services and the confidentiality of personal information had been maintained.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People received personalised care that met their needs and took account of their preferences and personal circumstances.

Detailed guidance made available to staff enabled them to provide person centred care and support.

People were given extensive opportunities to help them pursue social interests and take part in meaningful activities relevant to their needs.

People and their relatives were confident to raise concerns which were dealt with promptly.

### **Is the service well-led?**

**Good** ●

The service was well led.

People, staff and healthcare professionals were all very positive about the managers and how the home operated.

Effective systems were in place to quality assure the services provided, manage risks and drive improvement.

Staff understood their roles and responsibilities and felt well supported by the manager.

# Stairways Supported Living Service

## **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 2012, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

The inspection took place on 22 January 2016. The inspection was carried out by one inspector. Before the inspection, the provider completed 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. We also reviewed information we held about the provider including, for example, statutory notifications that they had sent us. A statutory notification is information about important events which the provider is required to send us.

During the inspection we visited people in their homes. We spoke with four people who lived at their homes, two relatives, three staff members and the registered manager. We also received feedback from the commissioner's report of their most recent inspection. We looked at care plans relating to two people and two staff files. We looked at policies and procedures the service used and reviewed records related to the management and quality assurance of the service.

# Is the service safe?

## Our findings

People were safe and protected from harm. People told us they felt safe and that they were treated well. One person told us, "I feel totally safe here. I know I won't come to any harm."

People were supported by staff that were of good character and were suitable to work in the care environment. All staff had been through a robust recruitment procedure which involved obtaining satisfactory references and a criminal records check before they were employed by the service.

People were able to choose the staff who supported them. One person said, "I am involved with the interviews." The registered manager confirmed people were involved with the recruitment process. People we spoke with confirmed that they had met with staff to ensure that they were happy with the staff that provided their care. One person explained to us that once there had been a clash of personalities with one staff member. The registered manager was informed and the person is no longer supported by this staff member. Another person said, "Staff never make me work with anyone I don't want to work with."

We also were told by people who shared their accommodation that they were involved with the decisions about who lived there. For example, before one person moved in they were invited around to meet people and stayed for dinner; they were supported to have sleep overs before a decision to move in was made. This allowed both parties to see how they felt before committing to the move. People we spoke with confirmed this worked well.

There was enough suitably experienced, skilled and qualified staff available at all times to meet people's needs safely and effectively. One person told us, "Staff will always do things with me that I want to do." The registered manager confirmed that people's needs were looked at and when more staff were required to support activities this was arranged. Staff completed regular health and safety checks to help ensure people were cared for in safe environments. For example, staff completed a check of each person's home to check the fire safety equipment. We saw regular health and safety checks were completed, and documented.

Policies and procedures were in place at each person's home to protect people from avoidable harm. People and staff had good working relationships that enabled them to communicate honestly and without fear of repercussions. Staff were knowledgeable about protecting people from avoidable harm and felt confident to report concerns to managers or to the local authority if they felt it necessary. One staff member said, "I would always report any concerns I had to the manager." They were also aware of how to escalate concerns and report to other professional bodies such as the police or CQC if required.

People were supported to be independent. People told us they felt supported to do what they wanted and staff were extremely positive and encouraging for people to be as independent as possible. One person said, "I go out on my own to the shops." Risk assessments were in place to identify areas where people needed additional support to keep them safe. For example, one person who required support with road safety had been supported to attend a course to develop their awareness around keeping safe.

Information gathered in relation to accidents and incidents that had occurred were personally reviewed by the registered manager who ensured that learning outcomes were identified and shared with staff. All incidents were documented by staff and were discussed. For example, one person who had been involved in an incident where they had become angry had the chance to sit down and discuss this with staff. There were also safety measures put in place that meant that they were safer should this happen again. The person told us, [Name of staff] treated me with kindness after the incident and we spoke about it afterwards."

People's medicines were managed safely. There were suitable arrangements for the safe storage, management and disposal of medicines. People were supported to take their own medicines by staff that were properly trained and had their competencies checked and assessed in the workplace. Staff had access to detailed guidance about how to support people in a safe and person centred way. A staff member told us, "We remind people to take their medicines and record this information." We saw that medicines were audited regularly. People knew about the medicines they took and what the medicines were for.

# Is the service effective?

## Our findings

People received support from staff that had the appropriate knowledge, experience and skills to carry out their roles and responsibilities. There were support plans in place that gave appropriate guidance to staff. One person told us, "I have my own flat, with everything I want and need in it."

Staff completed an induction programme, during which they received training relevant to their roles, and had their competencies observed and assessed. Staff received the provider's mandatory training and regular updates in a range of subjects designed to help them perform their roles effectively. This included areas such as food safety, medicines, first aid and infection control. Staff told us that the training they received was appropriate and enabled them to develop new skills which helped them provide support to people. We saw that staff had completed national vocational training. Shadowing other staff members were also used as part of the introduction to people they provided support for, to ensure a good working relationship. One staff member said, "My induction and shadowing was for two weeks. The training was good and I feel supported."

Staff felt supported by the registered manager and were actively encouraged to have their say about any concerns they had. The registered manager confirmed that their door was always open. There were regular supervisions where staff performance and development were reviewed. Staff confirmed that they had regular team meetings. One staff member said, "I feel the manager is approachable." We saw evidence where staff had been supported to develop further in their roles. For example, staff had completed national vocational qualifications.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA and found that they were.

Staff understood the importance of ensuring people gave their consent to the care and support they received. One person told us, "I need help with cooking and washing my hair." All people who lived in the flats were able to make daily choices and were supported by staff to be independent.

Throughout our inspection we saw that, wherever possible, staff sought to establish people's wishes and obtain their consent before providing care and support. One person told us, "I have complete say as to what goes on in my flat." The guidance provided to staff showed that people, their relatives and, where appropriate, social care professionals, had been consulted about and agreed to the care provided. A staff member said, "We talk on a daily basis about what people want and would like to do." One person said, "I think my opinions do get taken seriously. I feel they [Staff] know me."

People were supported to have sufficient food and drink and to maintain a balanced diet. One staff member told us, "We go shopping once a week and people know exactly what they want." We saw in one flat where people told us they shared cooking between them. However, one person preferred not to and had their own cupboards and fridge freezer for their food and told us that this worked well and it was what they preferred.

People's healthcare needs were met by healthcare professionals. We saw that people were supported to attend appointments with dentists, opticians and GP's. Each person also had a folder that contained relevant information which may be needed in an emergency or if admitted into hospital. For example, medicines the person was prescribed, next of kin details, known medical conditions and any allergies they may have. One person told us that they were supported to see their GP although they were not local. They said, "I have been with them for a long time and I trust the doctor, [Manager] said this was important. This meant that people's health care needs were supported to help ensure good care.

## Is the service caring?

### Our findings

People were cared for and supported in a kind and compassionate way by staff that knew them well and were familiar with their needs. One person told us, "I think of [Name of staff] as a good friend." One relative said, "I am delighted with the home, my [Relative] is really happy there."

Staff helped and supported people with dignity and respected their privacy at all times. One person told us, "Staff always knocked on my door. Staff treat me with respect and kindness." Staff had developed positive and caring relationships with people they supported and were knowledgeable about their individual needs and preferences. One staff member said, "I am here to offer support and we talk daily about all sorts of things." People we spoke with told us that staff were caring and respectful. One person said, "Staff were good listeners." We saw that people's needs and preferences were met. For example, one person confirmed that they were supported to develop their interests.

All the people were positive about the staff that provided their support. The manager confirmed that people were introduced to their potential support staff to make sure that they were suited and got along. People we spoke with confirmed that they had met with staff to see if they were suited. The manager gave an example where one person did not have a good relationship with a staff member and a replacement was found. This ensured that people and the staff were suitable to work together. One person said, "I am looked after here, I feel safe and relaxed." Another person said, "I like the people I share the flat with."

People were supported to maintain positive relationships with friends and family. One person told us about their relationship that was into its fourth year with a person they had met at one of their clubs. People visited and stayed with their families and relatives were always welcomed to visit. One person commented, "I go to my dad's and I like walking my dog." One relative said, "[Relative] is supported to complete their interests, staff are really good."

People had been fully involved in the planning and reviews of the care and support provided. One person said, "I am involved in my care." One staff member told us, "We have regular reviews about [Names] care but to be honest we discuss daily about what people want." People were supported by their Keyworkers who would review their care with people. Not everyone wanted this, one person said "Key working is not my bag, I get really board." We saw that people had their care plans reviewed and people told us they were involved in this.

Confidentiality was well maintained by staff and information held about people's health, support needs and medical histories were held securely. Information about local advocacy services was available to people if required.

## Is the service responsive?

### Our findings

People received personalised care and support that met their individual needs. One person said, "Staff had been great at helping me." Staff had access to detailed information and guidance about how to look after people in a person centred way, based on their individual preferences, health and welfare needs. This included detailed information about people's routines and how they liked to be supported. For example, staff were informed that one person required prompting in these areas but once prompted was very capable of carrying out the tasks for themselves. People were supported with nutritional needs and finances where required.

People were supported to develop their skills and independence. For example, one person who travelled to Purple Stars on a Friday had been supported to learn to travel on their own to promote their independence (Purple Stars promotes health equality for people with learning disabilities). There was a contingency plan in place that dealt with the potential for things going wrong. For example, if the person missed their stop. The support had been put in place to develop their safety and confidence. The person told me they loved going to Purple Stars and they helped promote this to professionals within health care. The Purple Star is used by people working in the community like doctors, dentists, opticians, taxi drivers and pharmacists who give people with learning disabilities a really good service.

People we spoke with enjoyed being involved with activities in the community. One person told us how they liked cycling and playing football. Some people required support to access the community and this was provided. People attended day clubs and went to college. We saw that people were involved with athletic clubs; swimming, cinema club and gardening. People had opportunities to take part in meaningful activities and social interests relevant to their individual needs and requirements both at their home and in the community. For example one person who was very creative had their art work displayed in the flat. They had a graffiti wall to express their ideas. Their flat was personalised with their choice of colours, furniture and art.

People told us they were encouraged to have their say. They felt listened to and told us that staff and the management responded to any concerns raised in a prompt and positive way. For example, we saw minutes from tenants meetings that discussed a varied range of topics. In one meeting people were discussing the option of having an internet service installed with a sports package. When we spoke with people, they told us that they were going to be having an internet service installed. This showed that people had a voice and that they were supported with their interests. The registered manager had discussed the safety implications around using the internet and a leaflet was placed on their notice board and people we spoke with understood the dangers.

We saw that information and guidance about how to make a complaint was displayed in an 'easy read' format appropriate to people who lived in their home. People confirmed that they had regular meetings to establish what people wanted and to discuss any issues. One person told us, "There is a complaints thing in my care plan." They went on to explain that they had made a complaint in the past and they had gone to see the manager before when they needed to. All people we spoke with knew how to make a complaint if

required.

## Is the service well-led?

### Our findings

People who used the service, their relatives and staff were all positive about how the service was run. They were complimentary about the registered manager who they described as being approachable and supportive. One relative said, "[Relative] is absolutely the luckiest person in the world to be there." We saw that people knew the manager well and they had a good relationship with them. One person said, "I can just go and see the manager any time." Staff told they felt supported.

Staff told us and our observations confirmed, that the registered manager led by example and demonstrated strong and visible leadership. They were clear about their vision regarding the purpose of the support provided and level of care. They said, "We support people to achieve their goals and to become as independent as possible. We support people to live their lives." The registered manager told us about a flat that was shared by two people but this had not worked and the two individuals requested to have their own space. The manager said because the flat was big we divided the flat in to two separate flats. This gave the people who lived there what they wanted and they were happy with the arrangement.

People were supported by the management team to establish and maintain strong links with the local community to good effect in supporting people to achieve their personal goals and aspirations. For example, people were supported with attending day care centres, colleges and people had been involved with volunteer work. The manager was knowledgeable about the people that were supported by the service which included their needs, personal circumstances and relationships. Staff understood their roles and they were clear about their responsibilities and what was expected of them.

People's views and experiences had been actively sought and responded to. People and staff confirmed that this was an on-going daily event. For example people told us that they would talk to the staff on a daily basis about any concerns they had and could always express their views. Independent questionnaires seeking feedback about the service were sent out to people and the feedback received was positive. We saw that where meetings had taken places action plans had been developed to implement changes. For example, during one meeting, people said that they required more utensils for the kitchen. A shopping trip was arranged and the kitchen was restocked by the people who lived at their home.

Systems were in place to monitor the service. These included regular audits carried out in areas such as medicines, infection control and health and safety. The manager was required to gather and record information about the individual homes and audited on a monthly basis. The manager also carried out regular visits to ensure that people received the support they required. We saw examples of action plans that had been compiled following audits.

The manager told us that they felt supported and had regular supervisions. They had regular quality assurance meeting where they looked at changes in legislation and discussed what they could do to improve the service. There was a lead for safeguarding and health and safety to support people's knowledge and best practice. The manager had completed training in safeguarding for managers with the local authority and has been asked to attend a course by the provider for sexuality within learning disabilities. The

registered manager said, "I feel supported as a manager."