

Stoke-on-Trent City Council

15 School Street

Inspection report

15 School Street
Stoke On Trent
Staffordshire
ST4 5RE

Tel: 01782237932

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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

This announced inspection took place on 6 November 2017. 15 School St provides care and support for two people living in a 'supported living' setting, so that they can live in their own home as independently as possible. There were two people living there at the time of the inspection. When we completed our previous inspection on 3 August 2016 the service was rated as Requires Improvement. At this inspection the service has been rated as Good.

There was a registered manager in place. 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.'

At the last inspection on 3 August 2016 we asked the provider to take action to make improvements to capacity assessments and quality improvement systems. This action has been completed. People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service supported this practice. When decisions were made because people did not have capacity to do so they were made in their best interest.

Quality monitoring systems were effective in highlighting errors and implementing actions to ensure that they were addressed.

Staff received training and support to enable them to fulfil their role effectively and were encouraged to develop their skills. They understood their responsibilities to identify and report abuse. There were enough staff to meet their needs and to ensure that they could go out to their organised activities and socially.

People were supported to maintain good health and had regular access to healthcare professionals. Their care plans were regularly reviewed to correspond with changing support needs and they were personalised and accessible. Risk was assessed, actions were put in place to reduce it and their effectiveness was reviewed. Medicines were administered as prescribed and they were stored safely.

Staff had caring relationships with the people they supported which were respectful. They understood how people communicated and supported them to make choices about their care. They knew people well and provided care that met their preferences. People's privacy and dignity were maintained at all times. They were supported to maintain and develop important family relationships.

There was a procedure in place for people to complain, although no complaints had been received. People had up to date care plans which were regularly reviewed.

Staff felt supported by the registered manager and they understood the responsibilities of their registration.

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 supported to take their medicines safely and there were systems in place to store them securely. Staff knew how to keep people safe from harm and how to report any concerns that they had. There were sufficient staff to ensure that people were supported safely. Risks to people's health and wellbeing were assessed and plans to manage them were followed. Lessons were learnt from when things went wrong. Safe recruitment procedures had been followed when employing new staff. The environment was clean and hygienic.

Is the service effective?

Good ●

The service was effective

Staff received training and support to enable them to work with people effectively; in line with best practise guidance. They understood how to support people to make decisions about their care and if they did not have capacity to do this then assessments were completed to ensure decisions were made in the person's best interest. The environment was planned to meet their needs. People were supported to maintain a balanced diet and to access healthcare when required.

Is the service caring?

Good ●

The service was caring.

Staff developed caring, respectful relationships with the people they supported. They were supported to make choices about their care. Their privacy and dignity were respected and upheld. Important relationships with families were supported

Is the service responsive?

Good ●

The service was responsive.

People received care and support which met their needs and preferences. Hobbies and interests were supported. There was a complaints procedure in place.

Is the service well-led?

Good ●

The service was well led.

Systems were in place to assess and monitor the service to

improve the quality of care and support for people. Staff were encouraged to contribute to the development of the service. They were given guidance and support to fulfil their roles and responsibilities.

15 School 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 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.

Following the last inspection, we asked the provider to make improvements in effective and well led to at least good. At this inspection we found that the improvements had been made because when people were unable to consent decisions were made in their best interest and there were systems in place to monitor and improve the quality of the service.

15 School St provides care and support for two people living in a 'supported living' setting, so that they can live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The people who live at 15 School St have learning disabilities and the care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

We used information we held about the service and the provider to assist us to plan the inspection. This included notifications the provider had sent to us about significant events at the service. We also used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We produced an inspection plan to assist us to conduct the inspection visit.

One inspector completed this inspection on 6 November 2017. We announced it and gave the provider one days' notice. This was to ensure that we could visit people in their home at a convenient time and to make

sure staff were available to speak with us. People who lived at the home had limited levels of verbal communication to be able to give us their feedback of the care they received. Therefore, we observed the interaction between people and the staff who supported them throughout the inspection visit. We also spoke with one relative about their experience of the care that the people who lived at the home received.

We spoke with the registered manager, two deputy managers, and one member of care staff. We reviewed care plans for two people to check that they were accurate and up to date. We also looked at the systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement; for example, audits and development plans. We also looked at two staff recruitment files.

Is the service safe?

Our findings

People were kept safe in their home and protected from abuse. Staff we spoke with understood their responsibility to keep people safe. They could describe what the signs of abuse could be and what they would look for. They could also tell us in detail how the people they support may change their behaviour if they were distressed and what action they would take to find out why. They told us that they would report any concerns to their manager and to the local authority safeguarding team. No safeguarding concerns had been reported since our last inspection.

Risks to people's safety and wellbeing were assessed and actions had been put in place to minimise the risk whilst maintaining people's independence. For example, one member of staff told us, "Recently we reviewed the risk of people using the kettle to make drinks. We made the decision to replace the kettle with a hot water dispenser which only requires people to push a button instead of lifting it. This means that they can now make drinks independently and safely". We saw and staff told us that there were risk assessments in place for going out. One member of staff said, "We recognised that some people responded differently to different staff. We have included this in the plan. Now people go out with some staff on a one to one basis and with others it is two staff. This simply reflects the distinct relationships they have with different staff".

There were clear plans in place to support people when they became upset or distressed and could behave in a way which harmed themselves. Staff described how people behaved when they were happy and relaxed and what behaviour may indicate that they were becoming agitated or upset. This was clearly documented in a plan which suggested actions to reduce the distress; for example to take the person's temperature and consider pain relief or engagement in activities that they enjoyed. This demonstrated to us that the provider had considered risks to people and that staff understood how to manage and reduce this to keep them safe.

There were systems in place to review when things go wrong to ensure that lessons were learnt and that action was taken to minimise the re-occurrence. For example, staff told us that incident forms were completed if people did become distressed. These were reviewed as a team and consideration was given to how to reduce the possibility of it happening again.

We saw that plans were in place to respond to emergencies, such as personal emergency evacuation plans. The registered manager told us, "We have been completing three monthly fire drills with the people who live here. We also keep a record of which staff supported it to ensure that different staff do the next one so that they are all confident". In the PIR the provider told us, 'Building checks are carried out by the landlord; for example, servicing of gas and electric'. Staff told us about the regular safety checks that they completed and we saw that records were in place to record this in order to maintain people's safety.

The home was clean and staff understood their responsibilities to keep it safe for people. The registered manager told us, "We try to include people in cleaning their own home as much as possible. However, we also have a cleaning schedule to ensure that everything gets done and each member of staff takes responsibility for that". We observed that staff were supporting people to cook a meal and were reminding

them of good hygiene principles; for example, washing their hands. Personal protective equipment was available for staff and people who live at the home to use when needed. We reviewed records and saw that there were systems in place to review and monitor infection control and hygiene.

Medicines were managed safely and the provider had processes in place to receive, store, administer, and dispose of medicines safely. One member of staff said, "All staff are trained to administer medicines and we all take responsibility to monitor stock, collect prescriptions and book the medicines in". Staff described to us how people understood that they were taking medicines; for example, that one person waited at night to take it before going to bed. Consideration had been given to people's ability to take medicines safely and some were administered in liquid form. A medicines administration record was kept and we saw that staff signed when medicine had been given. We saw that guidance was in place to support staff to know when people may need to take medicines which were prescribed on an 'as required' basis; for example, pain relief.

There were enough staff to meet people's needs safely and to ensure they could lead full and active lives. One member of staff we spoke with said, "We have a three weekly rota. This covers the activities that people do because at certain times of the week more staff may be required; for example, when people go out for the day. At other times during the week, less staff are required; for example, when people attend day services or visit family". We saw that there were sleep-in arrangements to ensure that people could be supported at night if needed. There was an on-call system to support staff in case of emergency. This demonstrated that the provider planned staffing levels flexibly to meet people's needs at all times.

The provider had systems in place to check staff's suitability to work with people before they started work. One member of staff told us, "I did have all my police checks and got references before I started work". Records we looked at had all the required documentation in place.

Is the service effective?

Our findings

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 or 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. The application procedures for this in supported living are under an Order from the Court of Protection.

We checked whether the service was working within the principles of the MCA. At our last inspection we found that it was not always clear when people lacked capacity to make decisions and how those decisions were then made in their best interests. At this inspection we found that the required improvements had been made. Staff told us how they supported people to make some decisions. One member of staff said, "We have taken photos and use pictures to help people to make decisions. However, if it is something they are familiar with then it is usually better to ask and they will show you what they want through their actions; for example, going to their bedroom demonstrates that they are tired". When they were unable to make certain decisions this was assessed and it was clear how the assessment was made. The provider was working closely with assessors to consider how an Order from the Court of Protection could be implemented in the least restrictive way so that people still had time with their families. Staff were aware of the legal safeguards which were in place around people's finances and ensured they complied with them. This demonstrated to us that the people were being supported in line with the principles of the MCA.

People's choices and decisions were evident in the design and decoration of their home. They were able to access all areas of it with ease and it was decorated to their taste. Their bedrooms showed their individual interests and styles. Other parts of the home were kept simple as they preferred it to be free from clutter.

Staff had the skills and training to meet people's needs and promote their wellbeing and independence. One member of staff said, "We always have a lot of training here. I am due a refresher in behaviour management soon. We don't use a lot of it here but it is still helpful because it really makes you think of how to avoid situations as well". Another member of staff said, "A lot of us have worked for the provider for a number of years and have a range of qualifications and experience which we use as a team. For example, one staff member has a qualification in health and safety and is good at helping us to discuss and consider risk". One member of staff described the support that they gave to a new member of staff. They said, "We have recently had some staff providing relief cover. Although they know the people living here we still ensure that they do a shift with an established member of staff so that they understand the people's communication and routines that are important to them". Another member of staff showed us a one page daily breakdown that they had written of the people's routines. They said, "Although all of the information is in the care plan they are very detailed. When you are new the important thing is to have an easily accessible version and so that is what I have made".

Staff told us about the specialist training they had received in best practice in supporting people with

learning disabilities; this included planning around peoples individual needs and promoting independence. One member of staff said, "We encourage the people living here to develop skills which make them more independent so that they can make more choices for themselves".

People were encouraged to choose and prepare their own meals and to have a healthy diet. We saw that they were supported to prepare food for a family meal. Staff told us that both people had been reviewed by a dietician previously to assist them to maintain a healthy weight and a varied diet. One member of staff said, "We continue to follow that plan and encourage healthy options as well as ensuring supplements are available when needed". We saw that people's weights were monitored and all staff we spoke with were aware of how to support the people who lived at the home with their food and drink.

People were encouraged to maintain their health through regular health appointments and check-ups. Staff described the relationships they had with other health professional to maintain the people's physical and mental health. We saw that people attended regular health check-ups. One member of staff said, "One person was due to have some health monitoring checks. We knew that would be difficult and so we were doing some de-sensitising work with them to prepare them for it. For example, explaining about needles at the doctors". Advice and guidance from professionals was followed to support people. This demonstrated to us that people were supported to manage their health through the relationships the provider developed with other agencies.

Is the service caring?

Our findings

People had positive, caring relationships with the staff who supported them. We saw that staff understood them well and could engage with them when they were expressing that they wanted something. They also understood when someone was becoming less happy and were able to intervene and distract them before they became distressed. One member of staff said, "All of the staff are excellent and we work together to make life good for the people who live here. I would be happy for my relative to live here because I would trust every member of staff to look after them. I see how much they care". Another member of staff told us, "A lot of the staff have been here a long time and have seen the people transition through different stages of their lives. We really do feel like a family".

People were supported to make choices about their care and support. Staff we spoke with had a good understanding of their communication to enable them to make choices. One member of staff told us, "We understood their communication and it is often quite direct. For example, one person will bring me their shoes when they want to go out and another will link arms with me". Staff described how the context of the communication was important. They explained, "If one person points to themselves it can mean 'thank you' and it can mean 'I want to do it myself'. You have to think about what's going on and sometimes it is trial and error to make sure we have understood". Staff told us and we saw that people had individual communication passports which detailed how to speak with them. One member of staff said, "They always have the passports with them". This demonstrated to us that adaptations were made to ensure that people were supported to communicate their choices.

People's dignity and privacy were respected. We saw that any personal support was given discreetly and privately. Staff asked permission before entering people's rooms and we saw that people were able to communicate whether they wanted staff to be in there or when they wanted some time alone.

People were supported to develop and maintain family relationships. One relative we spoke with said, "We have seen each other more often recently. The staff team have worked with me to make sure we get to spend time together as a family". The registered manager told us, "We have established a routine with the family which means that people get to spend time alone with relatives who are important to them as well as spending time together as a full family; for example, sharing a meal or on a day out. We will continue to review it on a regular basis to make sure everyone is happy with the arrangements".

Is the service responsive?

Our findings

Care was planned around people's needs. One member of staff we spoke with said, "The week is planned around people's interests and activities. We understand what is important to people; so, for example, if we were planning on going for a walk we think about how many other people will be about and also access to toilets". We saw that people had access to things they liked to do in their home; for example, one person liked books and these were available. Staff told us how they planned outcomes with people and in their best interest. One member of staff said, "We have two goals for each person in order to develop their independence. We record their progress so that all staff are aware of their achievement. For example, at the moment we are assisting one person to be more involved in preparing their own meals". Staff explained how it was important to build trust with people and to follow a structure so that they knew what would happen. One member of staff told us, "[Name] didn't like to have their hair cut. I encouraged them to come to the barbers with me and watch me having mine cut. We built a relationship with the same barber. Once this relationship was in place [name] then agreed to have their hair cut and that is now a regular activity". This demonstrated to us that staff were responsive to people's individual needs and planned their care and support to meet them.

People were supported to pursue their interests and take part in social activities. One member of staff described how they knew that one person enjoyed going to one day activity. They said, "They didn't like where they went before but they now do outdoor activities two days a week. Their face lights up when they get there and they are always keen to go in". Staff told us how they made sure that they kept in contact with other organisations who supported the people who lived at the home. One said, "We have a communication book where the other staff write how the day went and we share anything important. This means that we can adapt their support at home depending on what they did during the day. We can also share good ideas; for example, staff at the day service told us about a food that one person enjoyed which meant we could slightly extend their diet". This showed us that the systems which were in place to ensure that information about people's needs were effective.

Care plans identified people's needs and preferences and that staff knew what was in them. One member of staff said, "There is lots of information in the care plans. They also have 'What's important to me' forms which gives us the key information at a glance". We saw that records kept were up to date and regularly reviewed so that staff were kept informed of any changes in people's needs.

There was a complaints procedure in place; including an accessible version with pictures to help people to understand it. The provider had not received any complaints since our last inspection but the manager explained to us how they would investigate them and this was in line with their procedure.

At the time of this inspection the provider was not supporting people with end of life care; therefore, we have not reported on this.

Is the service well-led?

Our findings

At our last inspection we identified that some of the systems in place to check the quality and safety of the service were not always effective. At this inspection we saw that improvements had been made and that audits and monitoring of the service identified errors and ensured that improvements were made. For example, we saw that a monthly audit of care plans and systems had identified that some staff had not signed the communication book. We spoke with one member of staff who told us that staff had been reminded of this responsibility in their supervisions. Other audits were regularly completed to ensure that the home was a safe environment and that the risk of harm was reduced. We also saw that the provider was working in partnership with other agencies to assess people's capacity and plan for any restrictions on their lives under the MCA.

There was a registered manager in post who understood the responsibilities of their registration with us. They had reported significant information and events in accordance with the requirements of their registration. There was a clear management structure in place at the service. The registered manager told us, "We have two assistant managers who are responsible for the day to day running. They will complete some staff supervision and some of the monthly audits. We speak on the telephone several times a week to ensure everything is going smoothly. I also visit regularly to complete other audits and to review what they have monitored. We work well as a team and know that we support each other".

The registered manager told us how they were supported by the provider. They told us that they completed management reports against key subjects and also had annual reviews. In the PIR they detailed, 'A quarterly audit of the service is completed by the registered manager, the team manager completes a yearly audit of service and the strategic manager completes a work place inspection annually to ensure the service is providing outcomes for individuals. Action plans are devised from this and implemented and lessons learnt are shared across the team from local outcomes and national guidance'. The registered manager also said, "A new initiative will be for me to sit down with the team to devise our own service plan; this will be our opportunity to plan what we want to achieve in the future". We saw that the provider sent surveys to healthcare professionals and to families on an annual basis and used this feedback to review the service. This demonstrated to us that there were systems in place to monitor the service and to continuously develop and improve.

Staff were supported to do their job well and felt that they could contribute their feedback to the development of the service. One member of staff said, "The manager has been really supportive and assisted me to work hours that suit me. We have regular team meetings where we discuss everything and each member of staff's opinion is valued". Staff told us that they had regular supervisions and that included talking about their personal development. All of the staff we spoke with described an open culture with shared values. One member of staff said, "We all trust each other because we know that the people who live here's happiness is everyone's motivation".

The provider had published the rating from their last inspection on their website and in the office as required. The registered manager told us, "We have not displayed this in the people's home because they

make it clear that they do not like notices on the walls by taking them down".