

Harpenden Mencap

Stairways Supported Living Service

Inspection report

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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 took place on 26 July 2018 and was announced. At their last inspection on 22 January 2016 we rated the service Good. At this inspection we found that the service remained Good.

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.

Stairways Supported Living Service provides a service for up to nine people who have a learning disability and or physical disability and associated mental health needs. There were four separate flats. Two of these flats were shared occupancy one flat housed up to three people and the other up to four. The other two flats were for single tenancy. Each person in the shared accommodation had their own personalised bedroom with shared bathrooms/shower facilities, lounge, dining area and kitchen. There were eight people using the service at the time of this inspection. The registered manager's office was in a separate part of the building.

Identified and potential risks to people's health and well-being were reviewed and managed effectively.

People felt safe, happy and looked after in their homes. Staff received training in how to safeguard people from abuse and knew how to report concerns, both internally and externally.

The provider had safe and effective recruitment practices to help ensure that all staff were suitably qualified and experienced. Arrangements were in place to ensure there were sufficient numbers of suitable staff available to meet people's individual needs.

The provider had plans and guidance to help staff deal with unforeseen events and emergencies. Staff checked the environment and equipment to help ensure they were maintained and safe to use.

Trained staff helped support people to take their medicines safely and at the right time.

People were positive about the skills, experience and abilities of staff who worked at the home. They received training and refresher updates relevant to their roles, staff had regular supervisions and meetings to discuss and review their development and performance.

People had access to health and social care professionals when necessary. Staff obtained people's consent before providing personal care and support, which they did in a kind and compassionate way.

Staff had developed positive and caring relationships with people they cared for and knew them well.

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

was promoted. Information about people's medical and personal histories was kept secure around the home.

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.

People were supported to pursue social interests and take part in meaningful activities relevant to their needs, both at the home and in the wider community.

The provider had systems in place to record and respond to any concerns or complaints in line with the service policy.

People and staff were complimentary about the registered manager and how the home was run.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good.	Good ●
Is the service effective? The service remains Good.	Good ●
Is the service caring? The service remains Good.	Good ●
Is the service responsive? The service remains Good.	Good ●
Is the service well-led? The service remains Good.	Good ●

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 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 26 July 2018 and was announced. The inspection was undertaken by one inspector. Before our inspection we reviewed information, we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us. We also reviewed the provider information return (PIR) submitted to us. This is information that the provider is required to send to us, which gives us some key information about the service and tells us what the service does well and any improvements they plan to make.

During the inspection we observed staff support people who used the service, we spoke with four people who used the service, two relatives, three staff members, a team leader and the registered manager.

We reviewed care records relating to four people who used the service and other documents central to people's health and well-being. These included staff training records, medication records and quality audits.

Is the service safe?

Our findings

People we spoke with felt safe living at Stairways. One person said, "I feel safe here, staff look after us." A relative commented, "Yes, my [person] is safe there." People had the contact telephone number for Stairways in their phones in case they needed to call the service when they were out.

People were protected from the risk of infections by staff who followed correct infection control procedures when they carried out tasks around the communal areas. The environment was clean and welcoming. However, in one flat we found an issue with the storage of mops. We discussed this with the registered manager who immediately had the mops replaced and staff were made aware that they were not to be stored in that location. The registered manager have also introduced an infection control plan that included a new cleaning schedule to ensure best practice.

Staff were knowledgeable about signs and symptoms of abuse and how to report their concerns. They told us and we saw that they received training about safeguarding people from the risk of harm and abuse. One staff member told us, "If I had any concerns I would report them to the manager." Staff knew where to find information about relevant contact details to raise concerns if required.

Safe and effective recruitment practices were followed to make sure that all staff were of good character, physically and mentally fit for the role and sufficiently experienced, skilled and qualified to meet the complex needs of people who used the service

There were suitable arrangements for the safe storage and management of people's medicines. Staff supported people to take their medicines. Staff received appropriate training and had their competency assessed. Staff had access to detailed guidance about how to support people with their medicines in a safe and person-centred way. We completed random stock checks and found the levels were correct.

We found that people had risk assessments in place and staff reviewed these regularly and updated when required. For example, people had risk assessments in place regarding safety in the kitchen and the community. We noted staff supported people to be independent but were aware of the risks and hazards. Fire alarm systems were regularly tested. One person we spoke with confirmed to us that if the fire alarm went off they knew what they should do and where they were to meet.

Is the service effective?

Our findings

People received support from staff that had appropriate knowledge, experience and skills to carry out their roles and responsibilities. One person commented, "Staff are here [all the time] they would do anything for you."

Staff told us they received the appropriate training and support for their role. One staff member said, "The training is good I have completed my medicine training, I feel supported to develop. Staff told us and we saw that they had regular training and refresher training in topics like safeguarding, health and safety, food hygiene and more specialist training such as epilepsy. All staff we spoke with confirmed they had received an induction.

Staff confirmed they attended staff meetings and had one to one supervisions where they discussed their performance and development needs. They told us they felt supported by the management team. One staff member told us, "I do feel supported. The [registered] manager is always here and we get regular supervisions."

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 (MCA). . We checked whether the service was working within the principles of the MCA and found that they were.

People had their own personalised bedrooms with shared facilities. We were shown around in one flat by two people who lived there. They both clearly loved their home. They told us that they had chosen all the new furnishings and the kitchen that had been refurbished and this was all about their choices. Where we found problems with flooring and a kitchen work surface that required updating the registered manager demonstrated that these were identified and had been brought to the attention of the landlord. People confirmed they had weekly house meetings to discuss food options for the week and monthly one to one meetings with their keyworker to help ensure people had their say. Staff confirmed they asked people daily about what they would like. One staff member said, "Choice is important." We saw people had signed consent forms for their support and staff confirmed they always sought people's permission before support and care was completed.

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 said, "Staff are wonderful, they are kind and caring." One relative commented, "[Person] is treated with dignity and respected by staff one hundred percent."

Staff supported people with dignity and respected their privacy. Staff were able to tell us how they promoted people's dignity and respect, by closing doors and always communicating what they were doing. We saw staff had positive and caring relationships with people they supported and were knowledgeable about their individual needs and preferences. For example, we asked one staff member about one person's condition and the staff member was able to tell us about the impact of this condition. One staff member said, "I love working here it's the best job ever." Staff also understood and promoted people's independence. For example, to travel independently or learning how to cook and be safe in the kitchen.

We observed staff and people had caring relationships. One person said, "I see them [staff] as friends." One staff member told us that they ensured they communicated with people and used pictures where required to support people's understanding. We saw staff interact with people in a caring way. Staff confirmed that people's family and friends were always welcome to visit the Service. People told us about the garden party at the weekend. One person said, "my family came and we had lots of fun."

People, and their relatives where appropriate, had been fully involved in the planning and reviews of the care and support provided. One person who was quite new to the service told us that staff were nice and they were asked about the support they needed. We also saw evidence where one person led their own review. It was noted in the review: "[name of person] welcomed everyone to their review and they read through the report that they had prepared. (Staff commented in the notes that the person) had done a great job of considering what was important to them". We found that people's relatives were also involved in care reviews where appropriate. One relative said, "Yes I have been involved with [name] reviews sometimes,"

Confidentiality was well maintained throughout the service and information held about people's health, support needs and medical histories was kept secure. Information about advocacy services was made available to people and their relatives should this be required. Advocacy means getting support from another person to help them express their views and wishes.

Is the service responsive?

Our findings

People told us they liked living in Stairways Supported Living because staff were nice and they felt supported. One person said, "The staff are like friends."

Staff had access to information and guidance about how to support people in a person-centred way. Care plans were personalised and captured the individual well and all the details that mattered to that person were included. For example, their likes and dislikes, individual cultural and religious needs were also documented. One person commented that they were supported to attend and be involved in their religious beliefs, they explained that this was an important part of their family life they commented, "This is very important to me it makes me very happy."

We noted parts of the care plan had been written by the person and people confirmed they were involved with their care and support. The care plan also included people's goals. Care plans were reviewed regularly and captured people's opinions, thoughts and wishes. We found that personal documents and records for people were held securely and people had a say in who had access to the information in their care plans.

People were supported with a variety of hobbies and interests some people also attended day clubs. People were supported to go on holiday and we noted people were also involved in volunteer work. One person who had a goal to be in full time work had been assisted with their curriculum vitae to develop their skills on how to sell themselves to an employer. One person who was not available on the day of the inspection had left a request with the registered manager that we look at their care plan, as they were busy with their volunteer work. They wanted us to see how much they did and we saw lots of days out and activities. The person was very active and was supported with their independence. People we spoke with told us this was a great place to live and felt they were supported to learn and develop their skills and interests.

We saw that information and guidance about how to make a complaint was displayed. We saw where complaints had been received these were responded to in line with the service complaints procedure. We also saw that people had sent in compliment letters thanking the staff for the care and support provided.

Is the service well-led?

Our findings

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (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 2008 and associated Regulations about how the service is run.

The registered manager completed audits in areas such as medicines, and health and safety. Any issues found would generate an action plan to be completed. However, although the health and safety checks were reviewed by the compliance team, there were no other checks from the provider to ensure that other audits and actions completed were reviewed to ensure best practice.

People who lived at stairways supported living service told us they were happy, staff were positive about how the service were run. They were complimentary about the registered manager who they described as approachable and supportive.

The registered manager was clear about their vision regarding the purpose of the service, how it operated and the level of care provided. They told us they completed regular visits to each individual flat where they talked to staff and the people who lived at the service. They took time to observe and check the environment was safe. Staff we spoke with confirmed the registered manager was visible and approachable. Staff understood their roles; they were clear about their responsibilities. A staff member commented, "I feel very supported by the[registered] manager."

The director completed regular supervisions with the registered manager and could seek their advice. They completed group workshops to discuss ideas any challenges. They also confirmed that they received updates from the provider and they attended forums and used web sites such as CQC to help ensure they were abreast of best practices. They recently attended a recruitment and retention event provided by the local authority. The registered manager also confirmed they felt supported by the senior carer who completed supervisions, compiled the staff rota's, and would organise and chair staff meetings if required. The registered manager commented it would be nice to have another senior for further support.

The manager demonstrated a very good understanding of people`s needs. We saw evidence which confirmed that the provider was meeting their registration requirements. For example, the service had a registered manager in post. Statutory notifications were submitted by the provider. This is information relating to events at the service that the provider is required to inform us about by law.