

St.Christophers(Glossop)Limited

St Christopher's Trust

Inspection report

Redcourt
Hollincross Lane
Glossop
Derbyshire
SK13 8JH

Tel: 01457852687

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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 inspection was carried out on the 3 November 2016. The inspection was announced, and we gave the provider 48 hours' notice to ensure there was a manager available to assist with the inspection process.

There was a registered manager at the service. 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.

St. Christopher's Trust is a domiciliary care service which supports people with a learning disability to live in the community, in houses and bungalows owned by the provider. At the time of our inspection, 26 people were receiving care and support from the provider.

The day-to-day management of the service and staff was carried out by the registered manager, who was supported by a management team. The registered manager and management team had worked at the service for many years and had a sound knowledge about the people who used the service. The service was focused on the needs of individuals and there was a commitment by the registered manager and the staff, to ensure people received the care and support they wanted and needed.

The service was focused on each person and accounted for personal likes, dislikes, needs and preferences. Staff encouraged people to make their own day to day decisions and staff respected those decisions whilst ensuring and being aware of people's safety.

Staff were aware of the need to keep people safe and to protect them from the risk of avoidable harm. Staff and the registered manager understood procedures in relation to safeguarding and ensured any allegation of abuse was recorded and reported in the appropriate manner.

People were cared for by staff who had demonstrated their suitability for their respective role. Recruitment procedures were safe and included Disclosure and Barring service (DBS) checks.

People's medicines were managed safely and in accordance with current regulations and guidance. There were auditing systems in place to ensure medicines records were completed; staff were trained in medicines administration and competency assessments were carried out.

Staff cared for each person in a supportive manner and were aware of promoting people's independence. People were encouraged and supported to take part in activities of their choice.

Staff participated in training and supervision; they understood their roles and responsibilities in relation to the Mental Capacity Act 2005 (MCA). Capacity assessments and best interest decisions were available in people's care plans.

People's right to privacy and dignity was respected by the staff. Staff were kind, caring and compassionate; they promoted and supported people to remain as independent as possible.

Staff received training to ensure they were providing appropriate and effective care and support for people. People were involved in the assessment and planning of their care and care plans; we saw information was provided to people in different formats, to ensure they were included.

Staff felt they were supported by the management team and there was good team work being carried out. The registered manager had effective auditing systems in place to assess and monitor the quality of the service. People who used the service were asked for their opinions and views.

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 is safe.

There were enough staff to meet people's needs; staff recruitment procedures were in place and followed. People's medicines were managed in a safe manner; staff who administered medicines took part in training and were observed to ensure competency. Staff were aware of their responsibilities in relation to challenging poor practice, and protecting people from harm and abuse.

Is the service effective?

Good ●

The service is effective.

People had the skills and knowledge to support people's needs effectively. Staff understood the Mental Capacity Act (2005) and ensured people's rights and choices were promoted and respected. People were supported and referred to appropriate health care professionals, in a timely manner. People were encouraged to take an active role in ensuring they ate a varied and nutritional diet.

Is the service caring?

Good ●

The service is caring.

Staff were kind, caring and compassionate towards people and their individual needs. People were treated with dignity and respect; they were supported to be as independent as possible.

Is the service responsive?

Good ●

The service is responsive.

People received a service which was responsive to their needs, choices and preferences. People were supported to follow interests of their choice. People were supported to maintain relationships with family and friends; they contributed to their care planning. There was a consistent approach to the monitoring and reviewing of people's care and support needs.

The management team undertook a regular review of people's care plans and risk assessments.

Is the service well-led?

Good ●

The service is well-led.

There were systems in place to assess and monitor the quality of the service, and these systems were used effectively. Feedback was sought from the people who were provided with support. Staff understood the key principles of the service and felt the management team was supportive and approachable.

St Christopher's Trust

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 3 November 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in the office. The inspection team consisted of one inspector.

We reviewed information we held about the service, which included a review of the previous report for this service and a review of notifications they had sent us. A notification is information about important events which the provider is required to send us by law. We contacted the local authority commissioning team and no concerns were raised by them about the care and support people received.

We visited and spoke with four people who used the service; we also spoke with one relative, four care staff, a service manager and the registered manager. We looked at care plans and associated documents for five people who used the service. We reviewed five recruitment records and spoke with a social care professional. We looked at the training information for all the staff employed by the service, and information on how the service was managed.

Is the service safe?

Our findings

Staff received training in how to protect and safeguard people from potential harm and abuse. One staff member said, "I would not hesitate to report any safeguarding concerns." They went on to say, "I would immediately report to the trustees, social services and the Care Quality Commission." Another staff member said, "Abuse is not acceptable," and continued by saying, "We have a duty of care." A third staff member said, "If I ever had a worry, I would immediately contact the head of care." Staff were clear of their roles and responsibilities in protecting people from harm and knew how and who to report any concerns, should they have any. This showed the staff were aware of their responsibilities in relation to challenging poor practice, and protecting people from harm and abuse.

The service had a policy and procedure for the staff to follow should they be concerned about a person's welfare or safety. The registered manager was familiar with the process of contacting external authorities, such as the local authority and the Care Quality Commission (CQC), should they have any concerns regarding people's safety. The registered manager demonstrated to us they had a good understanding of their responsibilities in safeguarding people; they recognised the importance of being open and transparent.

We saw and staff told us there were enough staff available to meet people's needs. There was an effective recruitment process in place to confirm staff employed were of good character and suitable to work with people who needed to be protected from harm or abuse. We were told, new staff did not commence employment until the necessary checks such as, proof of identity, references and satisfactory Disclosure and Barring Service (DBS) certificates had been obtained. Staff confirmed new staff did not start working at the service until checks had been received from the DBS and references had been returned. A review of staff recruitment records confirmed the appropriate pre-employment checks had been made.

Staff who supported people with medicines, told us and they had received training to ensure this was done safely. We saw records which showed staff were observed by a member of the management team, to ensure they were competent and followed safe procedures. Staff explained to us how they completed medicine administration records (MAR) after they administered each person's medicines. We looked at MAR charts and found them to be fully completed and signed, without any unexplained gaps. We saw there was a system of monitoring MAR charts in place. This showed medicines records followed procedures as expected for the safe management of medicines.

Staff had received appropriate training to support them with the safe management of medicines. Staff who supported people with medicines were observed by a member of the management team, to ensure they followed safe and recommended procedures. This meant medicines were managed in a safe manner and systems in place supported this.

Is the service effective?

Our findings

A relative told us the staff had the skills and knowledge to meet the needs of their family member. The relative said, "The staff understand [relative's] needs really well." We reviewed staff training records and saw a range of training was arranged for staff to attend. The training supported staff and enabled them to effectively support and meet people's needs. A staff member told us, "Yes, we get loads of training every year." The staff member went on to tell us they had attended specialist training to support people, who are identified with behaviours which were difficult to manage. The staff member said, "The training gave us (as a team) the skills to know what triggers to look for; having a consistent staff team helps." This showed, staff were aware of applying skills learned in training to support people's needs.

New staff participated in on-going training as well as part of their induction; this meant they completed training identified as essential by the provider and commissioners of the service. Training records were available for us to review and identified what training staff had completed and what was planned. Staff told us the registered manager encouraged them to attend training; staff felt training gave them additional skills and understanding, to be able to support people's needs. This meant staff were expected and encouraged to attend training to assist them to deliver effective care to meet people's needs.

There were procedures and guidance available in relation to the Mental Capacity Act 2005 (MCA). We saw, when required, capacity assessments had been completed; people's views and beliefs had been sought and taken into account in relation to best interest decisions. The 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.

We asked staff to tell us what they understood about the MCA. One staff member told us they received training about the MCA and told us, they had attended training and ensured people were involved in decisions about their care and support. They said, "We (staff) ensure people are included and offered choice." They went on to tell us, when necessary, best interest meetings were carried out, to comply with the act and ensure decisions were made including the person and in their best interest. We saw, information in easy read and picture format, which supported and informed people when they were making decisions. For example, we saw pictures relating to supporting someone to visit the dentist. This showed the staff understood the need to take reasonable steps, to involve people in decision-making.

Some people who used the service had complex health conditions, which required monitoring by the staff. We saw, when necessary, staff assisted people to attend appointments with health care professionals; any recommendations were followed by staff. Staff we spoke with were knowledgeable and understood people's individual health needs. The staff and registered manager had recognised the general health and well-being of some people had started to show signs of deterioration and change. We saw evidence of specialist health care professional involvement, to ensure people's changed needs were identified and being met. For example, we saw some people and staff were supported by a specialist learning disability

and dementia nurse. This showed people had access to and received on-going health professional support.

We saw people's individual health needs were recorded within their care plans and a 'hospital passport'. This document is designed to be used should a person require a hospital admission or treatment. This document is considered by the National Health Service to be good practice to ensure people's needs are understood and met when they are away from their home. We saw these documents were readily available in case anyone was admitted to hospital. This meant information was available to help support effective admission to hospital.

People were supported with food choice and preparation. We saw people were included in meal preparation; during our visit, we saw people were being supported and encouraged by staff to choose what they wanted for lunch and assist with preparation. For example, staff assisted people to access their kitchen and be involved with food choice and preparation, however small their contribution was. We saw people had access to and were provided with, hot and cold drinks throughout the day.

People's care plans contained detailed information about their individual likes, dislikes and preferences. People were encouraged to take an active role in ensuring they ate a varied and nutritional diet and staff told us they how they supported people with this. People were supported to participate in food shopping as well as completing their own daily and weekly menu. We queried with the registered manager why there were menu's; the registered manager told us they were completed for shopping purposes, and were there only as a guide. We saw records supported this and people were supported and provided with food and drink of their choice.

Is the service caring?

Our findings

When asked what they thought about the staff at the service, people indicated with gestures and smiles. On our arrival at people's homes, the accompanying registered manager was greeted with smiles and hugs from people, which demonstrated people were happy to welcome them. Relatives were complimentary about the staff and the service their family member received. One relative said, "The staff are wonderful; they look after [relative] really well."

A relative told us they thought the staff were caring towards their family member. They said, "The carers really care; they are brilliant." Staff were kind, caring and compassionate. We saw how staff interacted with people; staff were seen and heard to be person rather than task focused. During our inspection we saw staff interacted with people in a warm, friendly and relaxed manner. For example, we saw one member of staff was engaged with a person, in a table top activity. The person and the staff member helped each other to complete the activity and we saw and heard lots of mutual praise and applause. This showed staff were focused on people rather than tasks.

Staff were knowledgeable about people and their needs; staff treated people with respect and respected their right to privacy. As part of our inspection, we were invited to visit some people in their own homes. We saw people's dignity and privacy was maintained. Staff told us how they were mindful of being guests in people's homes and one staff member said, "We work with people to ensure they feel this is home." When asked about promoting people's dignity and privacy, one staff member said, "We treat people, as we would expect to be treated." A staff member told us it was important for people to feel relaxed and at ease in their homes, and they (staff) supported people to have a private and family life. We saw the staff and provider had previously been awarded the Derbyshire Dignity in Care Award. The registered manager told us they and the staff were in the process of collecting evidence to support their revalidation of the award. This showed a recognition of promoting people's right to dignity and privacy.

One person wanted to show us their bedroom; we saw it reflected their personal choice and personality. They were very proud of their bedroom and when we asked, they told us they had chosen how they wanted it decorated and set out. The person's bedroom contained lots of framed pictures, photographs and memorabilia which were important to the person. Another person invited us to chat in their bedroom. Again, their bedroom was personalised and decorated in a manner which reflected their choice and personal preference. This showed people received personalised care, which was responsive and reflective of their personal preferences and choices.

Staff spoke with enthusiasm and confidence about the people they supported; staff told us the needs of the people came first and foremost. People were supported to remain as independent as possible, for as long as possible. We saw staff supported people to make everyday decisions using a variety of communication skills. For example, one person indicated they were hungry. Staff asked them what they would like to eat. To ensure the person was provided with food they wanted, the staff invited the person to join them in the kitchen and together they looked at what was available and then proceeded to prepare the meal.

We saw and heard the staff member took time to involve each person, as much as possible. A staff member said, "This is people's home and we make sure they are involved as much as possible." For example, during a visit, the post was delivered; the staff asked if anyone would like to see what had been delivered, rather than the staff assuming it was their place to collect it. When someone went to collect the delivered post, the staff responded with thanks and praise to the person. We saw how much the person enjoyed the praise. This showed, people were involved in their daily care and independence was promoted.

Is the service responsive?

Our findings

People were supported by staff who knew them well. A relative said, "The staff know [relative] very well; we are very happy with how staff support [relative]." Staff we spoke with confirmed their knowledge of the people they supported; they understood people's individual likes, dislikes and preferences. Where people were unable to verbally communicate their wants and needs, staff had the skills and knowledge to ensure people's needs were met. For example, we saw staff use well known signs to help with communication. This was evident during our inspection visit and we saw and heard lots of interaction between the staff and people, which indicated a mutual understanding.

People were supported to attend and participate in activities of their choosing. On the day of our inspection, a group of people who received support from the service had gone out to take part in a local advocacy group. The registered manager told us the group met periodically throughout the year and people looked forward to attending. We saw some people were also supported by a local advocacy service. Having the support of the advocacy service, ensured people were given the time and space to voice any requests, worries or concerns. We saw people's advocate had supported them to complete questionnaires about the service they received from the provider.

A relative told us they were very happy with the care and support their family member received from the staff at the service. The relative told us they knew how and who to complain to, if they had any worries, although they expressed to us, they had no concerns about their family members care. They told us, "If I wasn't happy with [relative's] support, I would contact [registered manager] or [deputy manager] and make them aware." They went on to say, "I don't have any concerns at all, but I'm sure if I did, they would be sorted immediately."

The provider had a policy for concerns and complaints, although none had been recorded. The registered manager assured us, any concerns would be dealt with in accordance with the provider's procedures. We saw each person who used the service, was supplied with a complaints procedure, which was in an easy read format.

Since our last inspection, the service had received a number of compliments, 'thank- you' letters and cards from professionals and relatives. We saw comments such as, "The staff should be commended for the care, support and compassion they show [person's name]." We also saw a letter from relatives, to thank the staff for their care and support their family member received up to and after their death. The relatives commented on how the staff had included the person's friends at their funeral service, and it, "Had made the service truly memorable."

People were encouraged and supported to maintain contact with family and friends. A relative told us they were encouraged to remain involved in their family members' life and we saw records which supported this. A relative told us they and other family members visited their relative on a regular basis and they felt this was supported by the service.

Where able, people and their relatives had contributed to the information contained in their care and support plans. We saw support plans were focused on each individual and contained pictures and photographs, to aid and support their understanding. A relative told us, when necessary and appropriate, they were kept informed of anything relating to their relatives care. This showed, the staff actively involved people, and where appropriate, their relatives in the planning of their care.

If it was necessary, people's care plans contained 'communication passports'. The passport, informs staff of how best to support and communicate individuals. Where people had a communication passport in place, we saw they had been included and contributed to their completion. This meant, there was an understanding of the importance of involving people in their care; care was personalised to each person's individual need.

We found there to be a consistent approach to the monitoring and reviewing of people's care and support needs. We saw the management team undertook a regular review of people's care plans and risk assessments. They were reviewed at regular periods as well as and when the persons need's changed. During our inspection, we saw staff were updating one person's care plan, following a visit to the dentist. We saw the staff member ensured the information was clear and accurate; for consistency of care, they also made the registered manager aware of the visit. This consistent approach to reviewing care plans and risk assessments meant people received a service, which was responsive to their needs.

Is the service well-led?

Our findings

The provider looked for feedback from the people who were provided with support. We saw people were asked for their views about the services they received; this was in the form of an easy read annual questionnaire people were asked to complete. As some people were unable to complete the form themselves, support was provided by an advocate or family member, to ensure people's voice was heard. We saw results of the survey indicated people were happy with the service and care they received. People's relatives were also asked for their thoughts and feedback about the service being provided; this was in the form of a quality assurance survey. We also saw meetings took place with the people who used the service, to ensure they were given the opportunity to voice any worries, concerns or requests. We saw the minutes of meetings were in both words and easy read, picture formats, to ensure people had the information in a manner they understood. This meant people and relatives were asked for their thoughts and feedback about the service being provided.

We saw there were systems in place to assess and monitor the quality of the service, and these systems were used effectively. These included monitoring of medicines records, care plans and risk assessments, which were evaluated and updated on a regular basis. The results of the audits were used to identify areas for improvement and used to ensure the service ran smoothly. This showed there were effective monitoring systems in place, which included people and relatives, to ensure they were able to contribute to suggesting improvements to the service.

Staff understood and were familiar with the key principles and values of the provider. They recognised the needs of the people who used the service were a key and fundamental focus of the service. Staff spoke with enthusiasm and confidence about the people they supported. The registered manager consistently highlighted the provider's focus was to provide a good quality service for people; staff told us the needs of the people were paramount and came first. A staff member told us the registered manager and the management team were, "Supportive and approachable." Another staff member described the registered manager as, "Very fair and approachable." They went on to say, "[Registered manager] doesn't expect us (staff) to do anything, she wouldn't do herself." Staff we spoke with, were complimentary about the registered manager and the management team. A member of staff said, "If I had a problem, I know I could go to any of the managers and they would listen and help." This showed staff felt supported by the managers at the service.

We saw there was a program of supervision and support for the staff. We saw records which indicated supervision of staff's work performance took place. Supervision is recognised as a supportive two-way process, where participants have the opportunity to share worries, concerns and success. Staff told us they received supervision from a member of the management team and they valued it. One staff member said, "Supervisions are quite good; it gives us the time to be able to chat and discuss anything with a manager." Another member of staff said, "It gives opportunity for feedback."

The registered manager understood the need to take appropriate and timely action to protect people and ensured they received necessary care and support. We saw records were in place to document and monitor

any accidents and untoward incidents. This helped identify any patterns or trends and ensured any necessary action was taken to reduce the risk of it happening again. The registered manager had notified the Care Quality Commission (CQC) of any significant events at the service, as they are legally required to do. We saw the service had also informed other relevant agencies of incidents and events when required. A social care professional told us they were kept informed of any untoward events at the service. They told us, the registered manager acted appropriately and ensured any recommendations were followed through to meet people's needs. There were clear arrangements in place for the day-to-day running and management of the service. The registered manager told us they felt supported by the provider, managers and staff team; they told us by having the support of the team, meant people and their relatives had assurance of effective and quality care.