

The You Trust

The You Trust - 34-36 Shaftesbury Road

Inspection report

Southsea
Portsmouth
Hampshire
PO5 3JR

Tel: 02392294414
Website: www.lifeyouwant.org.uk

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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 took place on 6 and 9 August 2018 and was unannounced. At our last inspection of The You Trust - 34-36 Shaftesbury Road in November 2017 we identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found people were not protected against the risks associated with unsafe management of medicines because staff did not always follow policy and procedures. We also found the provider had not implemented robust quality assurance systems to effectively improve the quality and safety of the home. Risks to the quality and safety of the service people received were not always identified and effective measures were not in place to ensure these were mitigated and addressed. At this inspection we found improvements had been made and the provider was no longer in breach of regulation.

The You Trust – 34 - 36 Shaftesbury Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. 34-36 Shaftesbury Road accommodates up to 13 people living with mental health needs. The service does not provide nursing care. At the time of the inspection there were 11 people using the service.

A registered manager was in post but was not working in 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. Another manager was supporting the deputy manager with the day to day management of the service at the time of our inspection. Throughout this report we refer to this person as the manager.

Governance systems were being operated effectively and had identified areas for improvement. The work to make these improvements had taken place. Improvements had been made to the management of medicines. Audits of these were more effective and there were no unexplained gaps in records. Medicines storage was secure but temperatures checks needed to be done consistently.

People's needs were assessed before they moved into the home, to ensure their needs could be met. Where it was appropriate for people, they were supported to transition to the home. People told us they made their own decisions and came and went as they pleased. Staff adhered to the principles of the Mental Capacity Act, 2005 (MCA) and understood people's right to make unwise decisions. They supported people in the least restrictive way. Risks associated with people's needs were well known by staff and new recording systems were being implemented at the time of the inspection. These provided comprehensive, person centred information about people.

Staffs knowledge of people was good and they provided person centred care. People were provided with appropriate mental and physical stimulation. People were treated with kindness and compassion. Observations reflected people were comfortable and relaxed in staff's company. People were involved in

their care and their independence was supported. People's privacy and dignity was respected. People were encouraged to eat healthy balanced diets by staff who worked well as a team and supported access to appropriate healthcare.

There were sufficient staff to meet people's needs and the provider demonstrated safe recruitment processes were followed. Staff understood their responsibility to safeguard people and had received training to do so. Various subjects of training were delivered to staff, in a variety of formats. The training subjects were based on the providers mandatory requirements and people's specific needs. Staff received supervisions and felt supported. Following feedback from staff a new appraisal system had been developed and the provider aimed to roll this out in the coming months.

There was a process in place to deal with any complaints or concerns if they were raised. People told us they knew how to complain but had not needed to. The manager and deputy manager were accessible and operated an open-door policy. Staff and people were confident to raise concerns and felt listened to.

The provider was aware of their requirement to notify CQC of significant incidents and this was happening.

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.

Medicines were managed safely. Risks associated with people's needs were well known by staff.

People were protected against abuse by staff who understood their responsibility to safeguard people. There were sufficient staff who were safely recruited, to meet people's needs.

The home was clean, tidy and staff prompted good infection control management.

Is the service effective?

Good 

The service was effective.

Staff received training and supervision to help them in their role.

People's needs were assessed before they moved into the home, to ensure their needs could be met.

People were supported to make their own decisions by staff who were aware of their responsibilities in line with the Mental Capacity Act, 2005 (MCA).

Staff worked well as a team and people were supported to maintain good health and had access to appropriate healthcare services.

Is the service caring?

Good 

The service was caring.

People were treated with kindness and compassion. Observations reflected people were comfortable and relaxed in staff's company.

People were encouraged to be involved in their care and their independence was supported.

People's privacy and dignity was respected.

Is the service responsive?

Good 

The service was responsive.

Staff knowledge of people was good and they provided person centred care.

People were provided with appropriate mental and physical stimulation.

There was a process in place to deal with any complaints or concerns if they were raised. People told us they knew how to complain but had not needed to.

Is the service well-led?

Good 

The service was well led.

Governance systems were being operated effectively and driving improvement.

The management team were accessible and operated an open door policy. Staff were confident to raise concerns and felt listened to.

The provider was aware of their requirement to notify CQC of significant incidents and this was happening.

The You Trust - 34-36 Shaftesbury Road

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. The inspection was undertaken at this time as the last inspection was rated overall requires improvement. 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 6 and 9 August 2018 and was unannounced. The inspection team consisted of two inspectors.

Before the inspection, we reviewed all the information we held about the service including previous inspection reports and notifications received by the Care Quality Commission. A notification is information about important events which the service is required to tell us about by law. On this occasion, we had not requested a Provider Information Return (PIR) 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 spent time observing interactions between staff and people within the communal areas of the home. We spoke with four people who lived at home. We also spoke the registered manager, deputy manager and two staff.

We looked at four people's care plans, medicines records and other associated records, staff duty rotas, three staff recruitment and supervision records. We also looked at staff training records, records of complaints, accidents and incidents, policies and procedures, safeguarding and quality assurance records.

Following the inspection we requested feedback from an external health and social care professional but did not receive any.

Is the service safe?

Our findings

People told us they felt safe living at 34-36 Shaftsbury Road. One person told us they felt safe, could do mostly what they wanted and managed their own medicines. Another person told us how they felt safe and with staff support, the risks associated with their mental health had reduced.

At our last inspection in November 2017 we identified a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people were not protected against the risks associated with unsafe management of medicines as staff did not always follow policy and procedures. At this inspection we found improvements had been made

Improvements had been made to the completion and recording of Medication Administration Records (MAR charts). At this inspection we found no gaps in this recording. Weekly audits were taking place which specifically looked at gaps in recording. This ensured that any recording errors were identified and rectified promptly. Comprehensive risk assessments were now in place and these identified whether people could administer medicines themselves or if staff supported this. They identified the potential risk associated and the action the person could take to minimise the risk, as well as the action staff could take to minimise the risk. The approaches taken were done in as least restrictive way as possible, encouraging independence while maintaining safety. Staff were fully aware of these risks.

Medicines were stored in locked cupboards in the staff office or in locked units in people's own rooms. We noted the temperature of medicines storage was not always checked. This is important to check as some medicines can become ineffective if they are stored at temperatures which are too high. We discussed this with the manager who took immediate action and when we visited again on the second day we saw this was being done. Where people required support with medicine administration, staff administered medicines safely. They stayed with the person to ensure the medicine was taken correctly and signed the MAR chart to confirm this. Where people used over the counter medicines, this was documented in their risk assessments with information about whether they self-administered this or if they requested it from staff.

Some people were on medicines that were prescribed to be given as and when needed (PRN). Whilst staff were aware of when and how to use these medicines, no PRN protocols were in place which would guide new or unfamiliar staff. The manager and deputy manager told us they would ensure these were implemented.

Records for people contained information to enable staff to understand the risks for people and the support they should provide. Crisis plans were in place which guided staff to know how to support people if they experienced a mental health crisis. Staff told us how these were written with people and they could take them out with them. They told us these plans gave prompts for people when staff may not be around which helped to build their confidence in managing situations they thought they might not be able to.

The service was in the process of introducing a new risk plan format. This provided comprehensive information about the risks for people, any indicators or triggers, what the person could do to reduce the

risks and what staff could also do. For example, one person's plan identified risks associated with their mental health. It recorded some indicators such as "Lack of motivation; not eating well or regularly; hearing and responding to voices; seeing things that others can't; not washing regularly; not managing my environment". It contained information such as "I will: Take my medication as prescribed; meet with my keyworker weekly; tell staff about any appointments that I have so they can put them in the diary; try to eat regularly; keep my mobile switched on so people can contact me" as well as various other actions. The document then provided guidance for staff such "Staff will: Regularly meet with me for key work sessions; Inform my team if I am becoming unwell; seek me out if I am isolating; prompt me to take my medication". These plans covered all aspects of people living arrangements, psychological and behavioural needs as well as physical needs.

Staff worked together with people to develop risk management plans which had supported staff to gain insight into the person and develop a sound knowledge of the risks associated with their needs. In addition, this enabled people to understand the risks to their own safety and helped them to reflect how they could achieve their goals whilst keeping safe. Staff could tell us about the risks people faced and gave examples of how they had supported them to reduce and manage the risks. One person told us about the positive impact the support from staff had had on them in managing risks. They said, "I'm off (alcohol), they encouraged me when I was offered alcohol that I didn't need it and they would talk to me if I needed alcohol, I could go and talk to them and find other ways. When I couldn't cope I drank, now we find other coping mechanisms. They went above and beyond. I say no and stand my ground and they [staff] praise you and I know I've done right when I say no. They praise when necessary."

People were protected from abuse because the provider ensured staff received training to give them knowledge of safeguarding. Staff could describe the different types of abuse and the signs that would help them to recognise if this was occurring. Staff were clear that they would report any concerns and would escalate the concerns to others if they felt they were not responded to appropriately. Staff were confident the registered manager would act to address any concerns. They were also confident people would talk to them if they were worried. One member of staff told us how they had supported a person who made a disclosure to them. They described the supportive approach they took with the person, how they ensured they knew what the staff member would do with the information and how this was then reported to external authorities. Records were kept of any safeguarding concerns reported to the local authority and the investigation of these concerns.

The manager told us how they and the provider used information to look at patterns and trends and to identify any areas of improvement they could make. They told us how the provider reviewed all incidents on a quarterly basis and provided a summary report for services to use to discuss with teams and share learning across services. The manager and deputy also told us how they reviewed all incidents internally. They told us how following a review of incidents staffing levels were increased from 5-8pm which had been successful and people are now less anxious.

People were protected from unsuitable staff because safe recruitment practices had been followed. We were told the provider's recruitment processes ensured applicants completed application forms and attended an interview. We saw e-mails which reflected the provider sought references and Disclosure and Barring Service (DBS) checks before staff could start working in the service. In addition, applicants were required to provide information about their health so the provider could be confident they were fit to undertake the role. These checks help providers ensure only suitable people are employed in health and social care services.

There were sufficient staff to support people safely in the home. People told us that staff were available

when needed and one person told us, "Staff are always available to me and they sleep in. I have a keyworker but I can see anyone." A minimum of two staff were available during the day and up to 8pm. From 8pm one member of staff was available throughout the night should people need support. In addition, the provider had a manager on call system whereby there was always a manager available should staff need support and advice. The provider used their own bank staff to cover staffing vacancies and absence meaning people were supported by consistent staff.

Throughout our visit we saw the home was clean and tidy. We did not detect any malodours. All areas were clean and tidy. There were ample hand hygiene stations throughout the home. All hand basins contained hot running water, soap and disposable towels. Bathrooms and toilets were clean and free of litter or debris. Staff received training in infection control. There was adequate provision of personal protective equipment (PPE) for staff.

Is the service effective?

Our findings

People told us staff knew them well and how to support them. One person said, "Staff know about my condition and I can't fault them on any of that [knowledge]), in fact I can't fault them."

People's physical, mental health and social needs were assessed before moving into the service. Following this, risk assessments and support plans were developed with people to help them identify goals for the short and long term future. Staff worked with people and other professionals to help them achieve their goals. One person told us, "I am hoping to get my own place and they [staff] are helping me with this".

The service prompted people's equality rights and ensured the environment was like their own home. People could invite anyone they wanted to, to visit and for overnight stays. One person had developed a relationship with someone and the staff were supporting them in the organisation of an engagement party. The provider ensured staff received a variety of training to enable them to meet people's diverse needs and to prevent discrimination. This included equality and diversity and preventing bullying and harassment. The provider had a "Including you" forum which all staff and people could attend. The purpose of this forum was to review all policies and procedures to make sure that people were not discriminated against because of any protected characteristic.

New staff received an induction and were required to complete the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It aims to ensure that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe, high quality care and support. Staff told us there was always plenty of training and this was helpful for them in their role. The provider offered a variety of subjects based on mandatory topics and these related specifically to people's needs. Staff were required to undertake mental health awareness and more specific courses relating to differing conditions such as a bipolar disorder, eating disorders and schizophrenia. We saw staff who administered medicines had received training in this subject and had received regular competency assessments. Staff had received training in subjects such as safeguarding, the Mental Capacity Act 2005, incident reporting and de-escalation techniques. The manager told us the provider was developing a motivation interview course which would support staff with communication with people.

Supervisions with staff took place regularly and staff said these were open discussions which they found useful. They told us these sessions gave them the opportunity to address any concerns and to receive feedback that would help them in their role. They told us although they had these supervisions they could approach the registered manager at any time.

There was a good working relationship between staff and people. Regular handovers took place to share information on each person to ensure people were provided with appropriate care that was consistent. Staff meetings and supervision sessions were used to discuss any changes and ensure communication worked well.

People were supported to access healthcare and other services as appropriate for their needs and staff supported people to make and attend appointments when required. People were encouraged to engage with other local support services and healthcare professionals such as GP's, diabetic nurse, dietician, wellbeing centres, and drug and alcohol services. Most people were independent in managing shopping, cooking and meals. Staff encouraged people to eat well and maintain a balanced diet. One person told us how they saw the dentist and the chiropodist. They said, "I went into hospital for 6 months, I wasn't eating, drinking and not washing and they were worried about my diabetes as well because I eat the wrong things. Staff organised this. Me and [staff member] are going to start cooking again where [staff member] can watch me do things. They are worried about my diabetes because I do eat the wrong things ".

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People told us they made their own decisions and we saw this throughout our inspection. One person said, "I have a front door key, I can come and go and eat what I want, I can manage myself and no one says no unless you are doing something wrong". We saw consent had been sought about sharing their information. Staff asked if people gave us permission to observe them having the medicines and seeing their rooms. Staff's knowledge of the MCA and how to apply this to day to day decisions was good. Staff told us that everyone living in the service at the time had capacity to make their own decisions. Staff understood that people could make unwise decisions and gave us examples of how they gave people the information they needed to make their own decisions. They were also aware that at times, due to people's mental health conditions their capacity to make certain decisions could be impaired and at these times were clear that best interests decisions may need to be made with the person mental health team workers.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA 2005. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The manager and staff understood DoLS and how to make applications for these. At the time of our visit no one in the service needed a DoLS.

Is the service caring?

Our findings

People told us staff were caring and supported them well. One person told us, "They sit and listen to me, they will go above and beyond for me. The staff are amazing, they all know their job and I couldn't ask for anything more from them, they always put themselves out and if I need anything they go above and beyond". A second person said, "They [staff] are there when you want to talk, they care about you, they are good at their job, especially [staff members name]". A third told us, "They are alright, they listen to me".

It was clear from our observations that staff had built up close relationships with people using the service. People were comfortable in the presence of staff and willingly requested and accepted support from staff that were happy and able to help. Staff spoke to people with kindness and warmth and engaged positively throughout our visit, laughing and joking with them. We heard good natured banter between people and staff showing they knew people well. People were clearly relaxed and comfortable in the company of staff. We found the atmosphere in the service was warm and friendly with staff observed to give individual attention to people when needed. One person was experiencing some distress throughout our inspection. Staff engaged with the person positively, offering reassurance and giving them space when they needed it, while discreetly observing from a distance.

Staff demonstrated a detailed knowledge of people's likes and dislikes and how they liked to spend their day, respected people's choices and supported them to make informed choices. People were supported to express their views and be involved in decisions related to their care. Staff fully engaged people in the development of their risk assessments, crisis plan and in setting goals for the future. One person said, "Yes, I have a care plan, we did it together [with staff]. I have goals, I want to get back to living on my own in a bungalow".

People were encouraged and able to keep in contact with their family and friends. Visitors were welcomed in the home at any time and were not restricted. One person told us how staff helped support them to see a family member. They said, "I couldn't ask for anything more, they were distracting me and supporting me, they done coping strategies with me. We arranged to go out on [person's] actual birthday and we did memory boxes, that really helped me, I have never had that support ever. I was in the wrong place before."

House meetings took place and were led by people. The deputy manager told us the biggest change they had seen as a result of these was the house cleaning which people had agreed to share out in a rota system. They told us that this had also helped some people to recognise the struggles others may have and had helped to build relationships.

The service encouraged the use of advocacy services. An advocate is someone who can offer support to enable a person to express their views and concerns, access information and advice, explore choices and options and defend and promote their rights.

The manager was aware of the Accessible Information Standard (AIS). The AIS was introduced in August 2016 and applies to people using the service who have information or communication needs relating to a

disability, impairment or sensory loss. It covers the needs of people who are blind, deaf, and/or who have a learning disability. Plus, people who have aphasia, autism or a mental health condition which affects their ability to communicate. Whilst care plans and policies were not routinely provided in alternative communication formats we were told this could be done if needed. The deputy manager told us they have and we saw information leaflets in easy read format were available. They said they have used different paper colours to aid people's reading, they read policies to people and staff if needed and always consider a person's communication needs as part of the pre-admission assessment process.

People's diversity was respected and people were treated fairly and equally. People were able to maintain their identity and retain and develop their independence. People could choose how they spent their time. Some people worked during the day and staff encouraged this to continue. Staff's understanding of equality and diversity was good. They were clear about ensuring people received individualised support based on their needs. One member of staff told us "Its important people don't feel they are being judged".

People were treated with respect and dignity and afforded privacy by staff who took time to explain their actions and involve people in the care that was being provided. Observations showed staff attended to people's needs in a sensitive and discreet manner. Information held about people was kept confidential. Records were stored in locked cupboards and handovers, where staff shared information about people, were held in private rooms to ensure confidentiality was maintained.

Is the service responsive?

Our findings

People received person centred care to meet their assessed needs. People told us they were involved in their care and staff explained how they engaged with people to set goals and develop care plan.

Staff understood people's likes, dislikes and preferences. They had a good knowledge of people and gave us detailed descriptions of them. Care records provided information for both the person and the staff about what people wanted to achieve, how they will do this and how staff will support them. Staff reported in daily progress notes when they supported people in line with their care plan. Care plans were reviewed regularly and each person had a one to one meeting with their key worker. (A key worker is a person who has responsibility for working with individuals so they could build up a relationship with them.) This helped to support them in their day to day lives and to give reassurance to make them feel safe and cared for. This meeting also enabled staff to find out if people's support needs were being met. It also enabled staff to prompt discussion about people's recovery progress and any other goals they may have.

Staff responded to people's changing needs. They told us how one person was being supported to move to another service as they had recognised 34-36 Shaftsbury Road was no longer an appropriate environment for them to live in. They had worked with the person, their mental health team and were working with the new service to support the person to transition smoothly and with as little anxiety as possible. This included using photos to plan the layout of the bedroom as well as meeting new staff.

The manager said that people were independent and made their own decisions about how they wanted to spend their day. One person worked at a local charity shop and another worked as a cleaner in a local shop. People came and went as they wanted and no formal activities were planned because people did not want these. Staff encouraged people to access local well-being and support groups which may be of interest to them.

The providers had a policy and arrangements in place to deal with complaints. They provided information on the action people could take if they were not satisfied with the service being provided. People knew who to talk to and how to make a complaint. One person told us, "I have no complaints, they are amazing. I could talk to [staff member] if something went wrong". No complaints had been made since 2016.

Is the service well-led?

Our findings

At the last inspection in November 2017 we found there was no systematic approach to auditing in the service meaning that concerns relating to safety and quality were not always identified and action taken to ensure improvements were made and sustained. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. The provider sent an action plan telling us what they would do to be compliant with this regulation. At this inspection we found improvements had been made

Weekly manager audits were taking place and this process had identified any gaps in recording. However, it had not identified the lack of temperature checks. Action was taken during the inspection process to address this. In addition, spot checks of medicines were undertaken and a monthly stock check. Staff meetings had been used to ensure staff were clear about their role and responsibilities with medicines management and discreet observations of their practice were now in place. Staff told us they felt medicines was managed much better and we observed this had improved.

At the last inspection in November 2017 we found care plans were not audited three monthly in line with the providers guidance. Improvements had been made. We were told people's care records were live documents and always changing to reflect any change in their needs. However, the deputy manager conducted an audit of each person's care records every three months. These audits identified any work that was needed to update them and delegated who was responsible for completing them and by when. We saw that these were used by staff and where action was required these were undertaken.

In addition to these audits, the provider had a system of quality peer reviews where a manager from another service would visit and undertake an audit and talk to people and staff. Following these visits, the manager would make recommendations for the service to take forward. For example, one visit recommended an incident folder be implemented and we saw this had been done. It also recommended staff had access to information about the Mental Capacity Act 2005 and we observed an information folder was available.

The provider's Head of Department also conducted audits of the service which were based on CQC's Key Lines of Enquiry (KLOE) prompts to assess if the service was meeting people's needs. The auditor produced a report which gave the manager feedback on what was found. If there were any shortfalls the registered manager would produce an action plan to rectify them. For example, the last audit identified that a staff members safeguarding training had expired. This had been signed off as being completed a couple of weeks after the audit. It also identified a need to ensure the centralised incident report was shared with the staff team for learning and this had been planned for the next team meeting.

A registered manager was in post but was not working in the service and another manager was providing support to the deputy manager and staff team. 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.

People and staff, we spoke with felt the management team were approachable and easy to talk to. Staff told us since our last inspection their roles and responsibilities had been reinforced and there were clearer expectations of them now. Staff felt that they could approach the management team with any concerns and told us that the management team were supportive and made themselves available. Everyone we spoke with said they felt listened to by the management team and described the team as working well together.

People and staff were encouraged to give feedback about the service. House meetings, satisfaction surveys and key worker meetings were available for people to use. We saw action plans developed following the surveys and could see that some of the actions had been completed but there was no clear recording of this. Staff meetings and supervisions were available for staff to feedback.

The manager told us that they were planning to streamline the action plans within the service to bring these together into one centralised action plan with clear completion dates and progress recorded. They felt this would ensure everyone was aware of actions to be done and would lessen the risk of suggestions not being acted upon.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The manager and deputy manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.

We saw working relationships with the other members of the local authority teams, district nurses, GP and other health professionals. In addition, links with other organisations and volunteers had been established to provide a better service for people. At the last inspection in November 2017 we received feedback that communication between teams could improve. The manager told us they felt this had improved since the last inspection. They said they attended fortnightly meeting with community teams to discuss best practice which they feel have helped to build relationships and improve communication.