

Stoke-on-Trent City Council

15 School Street

Inspection report

15 School Street
Stoke On Trent
Staffordshire
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 3 and 8 August 2016 and was unannounced. At the last inspection visit on 20 December 2013, the service was found to be meeting the standards that we checked.

The service provides personal care on a 24 hour basis to two people living in their own home. 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.

The manager and provider had a system to monitor the safety and quality of the service but improvements were needed to ensure people's medicines were recorded in accordance with good practice and that people's care records were accurate and up to date. Staff demonstrated that they understood their responsibilities to support people with making decisions about their care but the provider needed to improve their record keeping to demonstrate that people's rights were being upheld.

Staff understood their responsibilities to keep people safe from the risk of abuse. There were systems and processes in place to protect people from the risk of harm. Staff received the training and support they needed to meet people's needs and an induction programme was in place to prepare staff for their role. There were enough staff to meet people's needs and checks were made to confirm staff were suitable to work in a care environment. People were supported to take their medicines when they needed them.

People were supported with their dietary needs and had a choice of food and drinks that met their preferences. Staff monitored people's health to ensure they had access to other health professionals when needed.

Staff had caring relationships with people, supported their privacy and dignity and encouraged them to maximise their independence. People had opportunities to engage in activities that met their individual needs and were supported to follow their interests both at home and in the local community. People were supported to maintain relationships with people that mattered to them.

There were processes in place for people and their relatives to raise any complaints and express their views and opinions about the service provided.

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 protected from abuse and avoidable harm. People were supported to take their medicines as prescribed. There were sufficient, suitably recruited staff to meet people's needs and support them with the activities they enjoyed.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

Staff understood their responsibilities to support people to make decisions about their care but improvements in record keeping were needed to demonstrate people's rights were being upheld. Staff were trained and supported to meet people's needs. People were supported to eat and drink enough to maintain their health and staff monitored people's health to ensure any changing needs were met.

Is the service caring?

Good ●

The service was caring.

We saw there were positive, caring relationships between people and the staff. Staff promoted people's privacy and supported them to maintain their dignity. Staff supported people to make choices about their routine and promoted their independence. People were supported to maintain relationships with people who were important to them.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care that met their needs and preferences. People engaged in activities that met their individual needs and had opportunities to follow their interests and hobbies. There was a complaints procedure in place and people's concerns and complaints were responded to and changes made where possible.

Is the service well-led?

The service was not consistently well led.

Improvements were needed to ensure the systems in place to monitor the quality and safety of the service were effective in identifying shortfalls and driving improvement. People, their relatives and professionals were encouraged to give feedback on the quality of the service. Staff felt valued and supported by the manager.

Requires Improvement 

15 School Street

Detailed findings

Background to this inspection

We carried out this inspection visit 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.

The inspection visits took place on 3 and 8 August 2016 and were unannounced. The inspection was carried out by one inspector.

We reviewed the information we held about the service and the provider. On this occasion we had not asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. However, we gave the provider the opportunity to give us any information they felt was relevant.

People living at the service were not able to tell us their views so we spent time observing how staff interacted with them when they supported them at home. We also spoke with two members of the care staff and the manager. We did this to gain views about people's care and to ensure that the required standards were being met.

We looked at the care records for the two people using the service to see if they accurately reflected the way they were cared for. We also reviewed records relating to the management of the service, including quality checks, staff recruitment and training records.

Is the service safe?

Our findings

Risks to people's safety had been assessed and staff knew how to provide support to reduce the risk of harm. We saw there were risk management plans in place for people's health and wellbeing needs in the home environment and when they were out. Discussions with staff showed that staff supported people safely and restrictions on people's freedom, choice and control were minimised where possible. For example, plans were in place for people to stay overnight with their family. We saw there were enough staff available to meet people's needs. Staff we spoke with felt there were enough staff to support people both at home and keep them safe when they were out. We saw that people had a weekly schedule of activities and staffing levels were planned to ensure people received the support they needed for their daily routine and chosen activities.

Staff told us and records confirmed the registered manager followed up their references and carried out a check with the Disclosure and Barring Service (DBS) before they started working at the home. The DBS is a national agency that keeps records of criminal convictions. This meant the provider assured themselves that staff were suitable to work with people living in the home.

People were supported appropriately when they presented with behaviour which challenged the safety of themselves and others. Staff told us how they supported people when they became unsettled and we saw this matched what was written in their care plans. For example, staff told us they would leave the room to allow a person to calm down. One member of staff told us, "We can read people very well and we are a small team which gives people continuity of care". We saw when incidents associated with challenging behaviour occurred, staff documented what had happened to try and identify what had caused the incident. The manager told us and records confirmed that referrals were made to other professionals such as the social worker and psychologist when patterns of behaviour were identified. This showed the provider took action to ensure people's changing needs were met.

People were protected from the risk of abuse. Staff told us they had received training in safeguarding and demonstrated they understood how to recognise the different types of abuse. Staff told us they reported any concerns to the manager and were confident action would be taken. One member of staff told us, "We report things to the assistant manager on shift or contact the manager and record everything on an incident report. We also contact the social worker involved with the person but I would go direct to the safeguarding team or CQC if I felt I needed to". The manager told us there had not been any safeguarding referrals since our last inspection and demonstrated that they understood their responsibilities to report any potential abuse. They told us and records confirmed that incidents of concern were logged and reported to senior management and the health and safety team to ensure appropriate action was taken.

Medicine administration records showed that people received their medicines and had creams applied as prescribed. Staff who administered medicines were trained to do so and told us they had their competence checked by the manager to ensure people received their medicines safely. Staff understood people's individual needs and followed the professional guidance provided for people who required medicines on an 'as required' basis. This ensured people were protected from receiving too much or too little medicine.

Is the service effective?

Our findings

We checked to see if the provider was meeting the requirements of the Mental Capacity Act 2005 (MCA), which 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 people lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The provider was acting as the legal deputy for people supported by the service and had responsibility for making decisions for them because they lacked the capacity to do so for themselves. We saw that decisions had been made in people's best interests and professionals and people who knew them well had been involved. However, although staff understood their responsibilities to support people to make decisions, they had not always recorded the steps taken in the decision making process, for example when items such as furniture had been purchased on behalf of people. Staff told us photographs had been taken to help people to communicate their choices but this had not been recorded and no mental capacity assessment had been carried out to demonstrate that people lacked the capacity to make the decision for themselves. The manager told us they would ensure that the records were reviewed and updated to demonstrate that they were fully meeting the requirements of the MCA.

We saw staff gained consent from people before supporting them. Staff explained what they were doing and waited for the person to acknowledge this before proceeding. One member of staff told us, "[Name of person] lets us know if they are not happy about something, they make a gesture with their elbow". This demonstrated staff understood the importance of consent and how people would communicate this to them.

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. Where services are provided in people's homes the process is known as a 'community deprivation of liberty safeguard' (DoLS) and is authorised by the Court of Protection. The manager told us that people supported by the service were potentially being deprived of their liberty in their best interests because they were subject to constant monitoring and supervision. They told us they were working with the local authority DoLS team who were making an application to the Court of Protection for the legal authorisation. This was confirmed by the DoLS team and meant the provider was fulfilling their responsibilities.

People received care and support from a small group of staff who knew them well and had the skills and knowledge to meet their individual needs. Staff told us they had received an induction and ongoing support to meet the needs of people living at the home. One member of staff told us the induction had given them the confidence they needed when they started work they said, "You shadow other staff so that people get used to you and read the care plans about people's past history and family relationships. It was a good couple of months and enabled me to 'hit the ground running'". Staff told us and records confirmed they received training in a range of topics that were relevant to the care of people in the home. Staff said they had training to meet people's specialist needs, for example in understanding autism. One member of staff told us how it had helped them to understand one person's behaviour and said, "Some things I knew already but

some parts were really insightful". Another member of staff told us they had done a meditation course and used the skills to help people relax and explained, "I put on the CD and they [people who used the service] listen to it with me, it's really calming". The manager monitored staff training to ensure staff had the up to date knowledge and the skills they needed to meet people's changing needs.

Staff told us they felt supported by senior staff and the manager to fulfil their role. One member of staff told us, "We are a close knit group and working alongside the assistant managers means we can raise concerns at any time. They told us they had supervision on a regular basis and an annual appraisal, which gave them the opportunity to raise any concerns, discuss their performance and agree any training needs. One member of staff said, "We can bring up anything; what's gone well or if it hasn't, any training we think we need".

People were supported to have enough to eat and drink. People were involved in shopping to ensure that their preferences were met and staff encouraged people to make choices that promoted healthy eating. One member of staff told us, "There's always a choice of food and the back-up of a frozen meal if someone changes their mind". Staff told us people were encouraged to get involved in cooking their meals to promote their enjoyment and independence. We saw that staff followed advice from speech and language therapists and dieticians to ensure people's specialist dietary needs were met, for example, one person had high calorie drinks to maintain their weight.

Staff understood people's health care needs and supported them to maintain good health. We saw that people accessed health services and all appointments were recorded, for example with the GP, dentist and specialists including psychologists. Records showed that people were provided with some information in an easy read format to ensure they understood their ongoing healthcare treatment and we saw this had been discussed with them. The manager told us they were planning to introduce hospital passports and health action plans to provide information on how people should be supported when accessing health care services.

Is the service caring?

Our findings

We observed positive and caring relationships between people who used the service and staff. Staff were patient and spent time explaining things to people in a way that supported their level of understanding. For example, we observed staff spent time explaining what the plans were for a person's visit with a family member that day. Staff understood people's communication needs and maintained close eye contact with people and interpreted their body language and behaviour. For example, staff recognised that a person was becoming unsettled and spent time reassuring them. Staff told us they enjoyed working at the service and it was important to them to improve people's quality of life. One member of staff said, "I love working here, I get a lot of satisfaction supporting people. If I get a smile, it's fantastic; you can wait quite a while for that sometimes".

We saw staff respected people's privacy when they were using the bathroom and by knocking on their bedroom doors and waiting to be invited in. One member of staff told us, "We make them aware of the need to shut blinds and curtains to ensure they have privacy". Staff promoted people's dignity by encouraging people to maintain their appearance. One member of staff told us, "Sometimes they [people who used the service] put things on back to front and we have to prompt them to turn them around".

We saw that staff encouraged people to make choices about their daily routine, for example what they had for breakfast and what clothes they were going to wear that day. We saw that staff used communication aids such as a picture exchange system where the person selects a card to choose a daily activity. Staff promoted people's independence as much as possible and gave them time to do things for themselves before offering assistance. For example, we saw staff encouraged people to get the crockery for their breakfast and to clear their cups away after having a drink. One member of staff told us, "We have to prompt but we encourage them to do the everyday things that have to be done".

People were supported to maintain relationships with people who were important to them. Staff told us people's relatives called in for coffee and joined in with activities such as shopping trips. One member of staff told us, "We usually have a chat with relatives to let them know how their relations are". Staff told us and records confirmed families were kept informed about their relation's care, for example they attended GP and hospital appointments.

Is the service responsive?

Our findings

People were supported to follow their interests and take part in activities they enjoyed both in the home and in the local community. People attended day services that met their individual needs and were supported to take part in a range of activities including walking, swimming, shopping and going out for meals. Staff told us they supported people to have an annual holiday. They told us, "We go to a log cabin; staff work there instead of here. They [people who used the service] settled really well last year so we are going to the same place again next week". We saw staff encouraged people to follow their hobbies and interests, for example table top activities such as building bricks. One member of staff told us, "We've noticed that [Name of person] likes to rearrange what they have built it so we don't dismantle it and clear it away". They told us the person needed to have time boundaries to minimise specific behaviour patterns and we saw this advice was detailed in the person's care plan. We saw magnetic letters were being used on the fridge and had been arranged into words. A member of staff told us, "[Name of person] can't read but they can copy and they like to spell out the titles of films they've enjoyed". This showed activities were personalised to meet people's individual needs.

We saw that people had been involved in developing their support plan which provided details and information about their life history, likes, dislikes and preferences. The plans were personalised and in a pictorial format. The support plans identified what people could do for themselves and detailed their achievements, for example college courses they had completed. Staff kept daily records about people which documented the support people had received and any concerns that had been noted during the day. This information was read by staff during shift handover which meant incoming staff received information to update them about people's needs.

We saw that there was a complaints procedure in place and staff told us they supported people to let them know if they had any concerns. One member of staff told us, "They [people who used the service] are very good at making their feelings known and we make changes where we can". One member of staff told us they had arranged a pass for a local health club because both people liked swimming but this had been cancelled when they had both decided they did not want to go there. They told us they now supported people to go to the local swimming pool instead. Complaints were logged and responded to by the provider's complaints team in line with their documented policy and procedures. The provider's complaints process had an easy read version to ensure it was fully accessible to everyone using the service.

Is the service well-led?

Our findings

The provider had a system in place to check the quality and safety of the service but this was not always effective in identifying shortfalls and making improvements where needed. The manager had recently introduced a more detailed medicine audit but this had not identified that staff were not following the provider's procedures to ensure safe practice. For example, staff were not recording information on the reverse of the medicine administration record (MAR) when people had refused their medicine or when they had been supported with medicine on an 'as required basis', for pain relief. In addition, whilst staff had recorded when medicines were received in stock, they did not carry forward any remaining stock. As a result, the manager could not tell us how much medicine was being held for each person, which could put people at risk in the event of a medicines error. The manager told us they would review their audit checklist and provide further training for all staff to ensure medicines were managed safely at all times.

The manager did not have a system to monitor if risk assessments and support plans were reviewed when needed to ensure people's care and support remained relevant. We reviewed records in the home and at the provider's office. Some of the risk assessments we looked at were out of date and where reviews had been carried out, the records held at the person's home had not been updated to reflect any changes. In addition, staff told us people's support plans had recently been reviewed but the copies at the home had not been updated. Whilst staff understood people's needs well and had been involved in the reviews, the manager could not be sure that any new staff would have the information they needed to meet people's needs. The manager told us they would ensure any reviews were carried out as soon as possible and records updated accordingly.

People, their relatives and professionals were asked for their feedback on the service to identify where the provider needed to make improvements. Questionnaires were circulated on an annual basis and we saw that a pictorial format was provided for people who used the service. The manager told us that there had been no negative feedback from the 2015 survey but did not have the analysis to demonstrate this.

Accidents and incidents were recorded and monitored by the manager and the provider's health and safety team, who carried out a health and safety audit every three months and any concerns raised were addressed promptly. This showed the provider took action to prevent the risk of reoccurrence.

There was a positive atmosphere at the service. Staff understood about their roles and responsibilities and worked well as a team to provide people with good care. They told us they had regular meetings with the manager and felt able to give their views and make suggestions for improvements. One member of staff told us, "We have staff meetings, monthly. There is an agenda but everyone can add to this and we all have input and can say what they think. We all have varied experience and work together well to resolve any issues". Staff were aware of the whistleblowing policy, which is a process that supports staff to report any concerns they may have about poor practice. One member of staff said, "I would definitely use it and know I would be supported by the manager. This job has to be done right, there is no leeway". The manager understood

their responsibilities to notify us of important events that happened in the service, in accordance with the requirements of their registration with us.