

The Lady Verdin Trust Limited

The Lady Verdin Trust - Personalised Support

Inspection report

196 Nantwich Road
Crewe
Cheshire
CW2 6BP

Tel: 01270256700
Website: www.ladyverdintrust.org.uk

Date of inspection visit:
04 March 2016
08 March 2016

Date of publication:
14 April 2016

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 announced and took place on the 4 March 2016. Three home visits to people receiving support from Personalised Support took place on the 8 March.

The Lady Verdin Trust Personalised Support provides a range of services to adults with a learning disability. People who use the service live in homes that are managed by a housing association or are privately owned. People are supported to be as independent as possible. Because of the differing support needs the level of staff support ranges from drop in visits to staff being on duty 24 hours a day. The offices for the service are located on the main Crewe to Nantwich road. At the time of the inspection 29 people living in 15 properties were receiving a service.

Personalised Support had a registered manager. 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 registered manager, (their job title within the organisation was community services director) was based in the office and had oversight of the service. Day to day management in the settings where support was provided was undertaken by five community support managers who each had responsibility for a number of properties and 14 support managers who all worked directly in people's homes.

Because of their communication needs we were unable to ask all of the people receiving a service about whether they thought the staff members supporting them were caring. Those who did comment were positive about the staff members.

The service had a range of policies and procedures which helped staff refer to good practice and included guidance on the Mental Capacity Act 2005. This meant that the staff members were aware of people's rights to make their own decisions. They were also aware of the need to protect people's rights if they had difficulty in making decisions for themselves.

We asked staff members about training and they confirmed that they were receiving regular training. They described this as either their Diploma or their CPD [continuous professional development] training and that it was up to date.

We looked at a sample of the computerised care records in the office and four care files during the home visits undertaken. The files we saw explained what was important to the individual and how best to support them. This helped to ensure that people's needs continued to be met.

Staff members we spoke with were positive about how the service was being managed. During the three home visits we observed them interacting with the people they were supporting in a professional, caring and

friendly manner. All of the staff members we spoke with were positive about the service and the quality of the support being provided.

We found that the provider used a variety of methods in order to assess the quality of the service they were providing to people. These included asking the people themselves what they thought and regular audits on areas such as the care files, including risk assessments and staff training. The records were being maintained properly.

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.

We observed that there were relaxed and friendly relationships between them and the staff members supporting them. One person who did comment told us, "I do feel safe, I am not scared of anyone".

Staff members confirmed that they had received training in protecting vulnerable adults.

Policies and procedures were in place to help ensure that if necessary people's medicines would be managed appropriately.

Is the service effective?

Good ●

The service was effective.

New staff members received a thorough induction.

Staff members received regular training and on-going supervision.

Policies and procedures were in place regarding the MCA and staff members had a good understanding of the MCA.

Is the service caring?

Good ●

The service was caring.

The people we visited who were able to say were positive about the staff members and their ability to support them.

The staff members we spoke with could show that they had a good understanding of the people they were supporting and they were able to meet their various needs.

Is the service responsive?

Good ●

The service was responsive.

There was a formal care review process in place. This was done

with the involvement of the people using the service and where applicable their family members or other relevant people such as their social worker.

The service had a complaints policy and processes were in place to record any complaints received and to ensure that these were addressed within the timescales given in the policy. Any complaints made had been dealt with appropriately.

Is the service well-led?

Good ●

The service was well- led

There was a registered manager in place.

Information about the quality of service provided was gathered on a continuous and on-going basis.

The organisation had appropriate systems in place to audit the quality of service being provided by Personalised Support.

The Lady Verdin Trust - Personalised Support

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 checked 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 was announced and took place on the 4 March 2016. Three home visits to people receiving support from Personalised Support took place on the 8 March. The inspection was carried out by one adult social care inspector.

Before the inspection we checked the information that we held about Personalised Support and the Lady Verdin Trust. We looked at any notifications received and reviewed any other information we held prior to visiting.

During our inspection we saw how seven people were being supported. Because some people had communication difficulties we were unable to ask all of them what they thought of the care being provided to them. Those people who did comment were positive about the staff members.

The registered address was appropriately equipped to deliver the service and contained offices, meeting rooms and training facilities. The Lady Verdin Trust had its own training and HR departments and they undertook any training and recruitment for all of the services, including Personalised Support. During the inspection we looked at a sample of care plans in both the office and during the home visits. All of the other documentation we inspected, including recruitment files, training records, complaints and audit materials were reviewed in the office.

Is the service safe?

Our findings

Although we could not ask all of the people we visited during the home visits directly whether they liked the staff members supporting them we did not identify any concerns regarding their safety during the inspection. We observed that there were relaxed and friendly relationships between them and the staff members supporting them. One person who did comment told us, "I do feel safe, I am not scared of anyone".

Personalised Support had a safeguarding procedure in place. This was designed to ensure that any problems that arose were dealt with openly and people were protected from possible harm. The community services director was aware of the relevant safeguarding process to follow. Any concerns would be reported to the local authority and to the Care Quality Commission [CQC]. Services such as Personalised Support are required to notify the CQC and the local authority of any safeguarding incidents that arise. There had been no safeguarding incidents requiring notification since the previous inspection.

The five staff members, not including the registered manager we spoke with during the first day in the office and during the home visits were aware of the relevant process to follow if a safeguarding incident occurred. They told us that they would report any concerns to their line manager and were aware of their responsibilities when caring for vulnerable adults. The staff members also confirmed that they had received training in this area and that this was updated on a regular basis. They were also familiar with the term 'whistle blowing' and would report any concerns regarding poor practice they had to senior staff. This demonstrated that they were aware of their roles and responsibilities regarding the protection of vulnerable adults and the need to accurately record and report potential incidents of abuse or poor practice.

Risk assessments were carried out and kept under review so the people who were receiving a service were safeguarded from unnecessary hazards. We could see during the home visits that staff were working closely with people and, where appropriate, their family members to keep people safe. This ensured that they were able to live a fulfilling lifestyle without unnecessary restriction. Relevant risk assessments, for example, travelling in a vehicle or going for a walk were kept in the care files.

There was a staffing rota for each of the houses where support was being provided. We looked at a sample of these and could see that the rota depended upon the level of support the people living there needed. A house where people required 24 hour care was more detailed than one that only required a drop in visit. We did not identify any issues of concern regarding staffing levels generally or the rotas we looked at during the inspection.

There was an on call system in place in case of emergencies outside of office hours and at weekends. This meant that any issues that arose could be dealt with appropriately.

We looked at the staff recruitment process carried out by the Trust and examined the files for two newly appointed staff members. We found that the appropriate checks had been made to ensure that they were suitable to work with vulnerable adults. Checks had been completed by the Disclosure and Barring Service

(DBS). These checks aim to help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. We saw from these files that the home required potential employees to complete an application form from which their employment history could be checked. References had been taken up in order to help verify this. Each file held a photograph of the employee as well as suitable proof of identity. There was also confirmation within the recruitment files we looked at that the employees had completed a suitable induction programme when they had started working for the Lady Verdin Trust.

Policies and procedures were in place to help ensure that if necessary people's medicines would be managed appropriately. Staff members confirmed that they had received medicine training.

Is the service effective?

Our findings

When a new staff member commenced work at the Trust they undertook an induction in their new workplace; this would be for a minimum of three weeks during which time they would be a supernumerary member of staff and would shadow existing staff members. Shadowing is where a new staff member works alongside either a senior or experienced staff member until they are competent and confident enough to work on their own. Following the induction they would then be enrolled and undertake the Care Certificate that could take up to three months to complete. The induction programme was designed to ensure any new staff members had the skills they needed to do their jobs effectively and competently. It is an expectation of the Trust that once this certificate is completed all staff members then start on a level three Diploma course in care. Both qualifications are part of a nationally recognised framework for staff induction and training.

Once the staff member has completed the above their on-going training becomes part of a system operated by the Trust called continuous professional development [CPD]. This is maintained and organised by the training department based at the head office. All staff had annual updates that covered areas such as medication, equality and diversity, moving and handling, fire safety, food safety, COSHH, safeguarding, person centred values, finance, cross infection and hygiene. Other areas such as the Mental Capacity Act and dementia awareness were also included in the CPD training. We have been able to confirm this content during a recent inspection of another service operated by the Trust when we looked at the work books staff members completed during their training. We have been told previously that the Trust was an accredited City and Guilds training centre and all managers were trained as assessors.

We asked the five staff members about training and found that they were at different stages of the processes above. Nobody was doing their induction or care certificate. Two staff members were doing their diploma and the remaining three were part of the CPD process. All of the staff members said that the training provided by the Trust was very good and that it was up to date.

The staff members we spoke with told us that they received on-going support, supervision and appraisal. Supervision is a regular meeting between an employee and their line manager to discuss any issues that may affect the staff member; this may include a discussion of the training undertaken, whether it had been effective and if the staff member had any on-going training needs.

The information we looked at in the care plans was detailed which meant staff members were able to respect people's wishes regarding their chosen lifestyle. One of the people we visited said they were fully involved in their care and signed all of the support plans and risk assessments.

During the home visits we observed that the staff members were aware of people's rights to make their own decisions. They were also aware of the need to protect people's rights when they had difficulty in making decisions for themselves. During our visits we saw that they took time to ensure that they were fully engaged with the individual and checked that they had understood before carrying out any tasks with the people using the service. They explained what they needed or intended to do and asked if that was alright

rather than assume consent.

People were supported by staff members visits to community health care professionals, such as GPs and district nurses as and when needed. These would be recorded so staff members would know when these visits had taken place and why.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so 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 checked whether the service was working within the principles of the MCA and found that policies and procedures had been developed by the Lady Verdin Trust to provide guidance for staff on how to safeguard the care and welfare of the people using the service. This included guidance on the Mental Capacity Act 2005 (MCA).

We saw that mental capacity assessments had been completed if necessary and where needed a best interest meeting had been held, for example, best interest meetings had been held for two people, one person on the 21 December 2015, this was in relation to the redecoration of their bedroom and the second person's was held on the 21 January 2016, this was in relation to a holiday.

The staff members we spoke with all confirmed they had received training on the Mental Capacity Act. The community support manager we spoke with in the office also told us they helped to present the training in this area to staff members.

Is the service caring?

Our findings

Because of their communication needs we were unable to ask all of the people living receiving a service about whether they thought the staff members supporting them were caring. Those we spoke to who did say were very positive about the staff members and their attitude. Comments included, "It is brilliant, I love them. Staff cannot do enough for me", "We look after the house and the staff look after us" and "Of course I like it here".

Whilst in the office we were able to look at a card the family members of two of the people living in one of the houses we visited had sent to the Trust at the end of last year. This was very positive and contained the following comments, "Thank you for all of the Christmas presents but thank you more for the way you look after [our relatives]. Your kindness, friendliness and care are absolutely immeasurable".

The four staff members we observed during the home visits and the one we spoke with in the office showed that they had a good understanding of the people they were supporting and they were able to meet their various needs. They were clear on the aims of the service and their roles in helping people maintain their independence and ability to make their own choices in their lives. During the home visits we saw there was good interaction, communication and understanding between the staff and the people who were receiving care and support. The relationships between the people being supported and the staff members were warm, respectful, dignified and with plenty of smiles.

Where appropriate staff kept people's families or other carers informed about the support that had been provided. For example during one of the home visits we undertook recently for the Trust's Daily Options service we were able to look at the communication book passed between Daily Options and the Personalised Support service. This helped to ensure any relevant information was passed to all staff members working with the person.

People's life history was recorded in their care records, together with their interests and preferences in relation to daily living.

The Trust had developed a range of information, including an easy read service user guide for the people using the service. This gave people relevant information on such areas such as how to make a complaint.

Nobody using the service had an independent advocate at the time of the inspection visit.

We saw that personal information about people was stored securely which meant that they could be sure that information about them was kept confidentially.

Is the service responsive?

Our findings

One of the people we visited during the home visits said she was involved with the process of who supported her and would say if she did not want someone.

We discussed the assessment process with the registered manager. She explained that after an initial request for a service was made an assessment of needs was then undertaken by Personalised Support staff members. This included an easy read questionnaire for people to complete. This contained a variety of questions, for example, 'Do I need help to', read, write, manage my money, use public transport. If considered necessary as part of the assessment process the service would also ask the person's family, social worker or other professionals, who may be involved to add to the assessment. If it was decided that the person's needs could be met the assessment was then used to provide the necessary information for a care file to be completed prior to the support being provided.

The care files for the people using the service were completed using the Trust's own computerised system. We looked at a sample of the records being maintained in the office and then, with the consent where possible looked at four people's care folders during the home visits. We saw that each person had three files. One was called health and well-being, one was known as the reach file and contained goals, likes and dislikes and the third covered finances. The files covered all areas of care including health needs and medical information, care plans and risk assessments, medication, monitoring, including appointments with the GP, nurse, dentist etc. and financial matters. The files we looked at were written in a style that would enable the person reading it to have a good idea of what help and assistance someone needed at a particular time. All of the care plans and risk assessments we looked at were well maintained and were up to date. The plans had been reviewed regularly so staff knew what changes, if any, had been made.

If people needed help in a particular area, for example if they needed assistance with mobility then staff would be provided with specialist training in this area to enable them to fully support the person. A care plan and risk assessment to meet this need would then be put into place. We saw that this was happening within the plans we looked at during the inspection. We also saw that the staff members working in a particular house were expected to sign each care plan and risk assessment to confirm they had read and understood it.

In addition to the on-going review of the care plans there was also a formal review process in place. This was done with the involvement of the person receiving a service and where applicable their family member or other people involved.

The service had a complaints policy and processes were in place to record any complaints received and to ensure that these would be addressed within the timescales given in the policy. We looked at the record of the last complaint made on the 27 November 2015 and could see that this had been dealt with appropriately. People were made aware of the process to follow in the service user guide and in an easy read booklet containing the compliments and complaints procedure. One person told us they would say if she had any problems. We did not identify any issues of concern during our inspection.

Is the service well-led?

Our findings

The community support director [registered manager] told us that she tried to visit half of the properties on a monthly basis. As part of this process she spoke with to the people receiving a service and the staff members supporting them. These were unannounced and following each visit a report with any actions needed was produced. We looked at two of these that had been undertaken in January and February 2016. We were also able to confirm these visits were taking place by looking at the record being maintained. The community support managers responsible for a number of properties and the support managers who worked in each property also fed back any issues that may have occurred. This helped to ensure that information about the quality of service provided was gathered on a continuous and on-going basis.

During the three home visits we observed staff members interacting with the people they were supporting in a professional manner. These staff members were all positive about the service and the quality of the care being provided. We asked them how they would report any issues they were concerned about and they told us that they understood their responsibilities and would have no hesitation in reporting any concerns.

In order to gather feedback about the service being provided the everyone was given an easy read questionnaire to complete if they wanted to on an annual basis. We saw examples of these in some of the care files we looked at and during one of the home visits the person we were visiting confirmed they had completed one.

The community support director and community support managers met regularly to discuss the service. In addition each of the community support managers had to complete a monthly report for the services they were responsible for which they handed to the community services director. We looked at a sample of these and could see that areas such as the support being provided and , staffing information such as training were being reported upon.

Some of the people being supported have a house meeting monthly. We looked at the minutes of the meetings in two of the houses and could see that a variety of topics including holiday planning had been discussed. One of the people we visited told us, "I say what I want to happen". We are aware that some people do not want a house meeting and instead meet regularly with staff outside of their home to discuss issues.

The staff members told us that regular staff meetings took place in the services where they worked and that these enabled managers and staff to share information and / or raise concerns about the services they worked in. We looked at the minutes from recent meetings held by two of the staff teams on the 28 January 2016 and the 4 February 2016 and could see that a variety of topics including matters arising, appointments, support manager meeting feedback, daily routines, and training had been discussed.

The Trust is a proactive organisation and as part of the process staff working in the Personalised Support Service have been involved in rating their service using the same criteria as the Care Quality Commission, i.e. Is it Safe, Effective, Caring, Responsive and Well Led. We have been given copies of some of the documents

completed as part of this process and can see that these are being used to assess and where possible improve the service being provided.

The Trust has an 'Involvement in recruitment Group' and people using any of the services provided can apply to be a member of this group by completing a registration form. The information provided explains that training will be provided to help you to do this.

Representatives from the people being supported by the Trust had formed a service user forum called Chatterbox. The people involved with this were proactive in gathering the opinions of the people receiving a service. We looked at the minutes of the last meeting held on the 4 February and could see that variety of issues including the new lifestyle centre and forthcoming social events.

In addition to the above Personalised Support also used a variety of methods in order to assess the quality of the service they were providing to people. These included health and safety audits and medication audits that were being undertaken by the support managers working in each of the houses and monthly audits undertaken by the community support managers on areas such as support plans, risk assessments and any medication being administered.

As part of the overall quality assurance process and following its first self- assessment of the whole organisation in January 2014 the Trust had held a 'Driving Up Quality' day in September 2015. This involved people using the services, the people working for the Trust, relatives, friends and relevant professionals from other agencies. One of the people we visited during the home visits told us that they had spoken to the meeting on the day. One of the suggestions made during this day was the setting up of a Family Forum Support Group. This had now been done and the group had met on the 7 December 2015 with a view to meeting quarterly. We had looked at the minutes taken at this meeting during another recent inspection and items discussed included the proposed objectives of the group. It was agreed that one purpose would be to use them as a general sharing of information between the Trust and carers as well as sharing positives and concerns.

As part of the planning process for another inspection that took place recently we did contact Cheshire East council for their opinion regarding the service provided to people by The Trust. With regard to the quality day they told us via email that, 'LVT seem to be very proactive regarding ensuring that people are at the heart of service provision. They recently held a follow up to their initial Driving up Quality event and it was clear that they had followed up on any identified actions from the first event'.