

The Disabilities Trust

Disabilities Trust - 9 Twyford Lane

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This inspection took place on 07 April 2015 and was unannounced.

9 Twyford Lane is a residential care home which provides care and support for people with acquired brain injuries. The service supports people to live as independently as possible, helping them with daily living tasks and

accessing the community. The service is split into three homes which all occupy one site and share a large garden. Each house has space for three people to live in it.

The service is registered to provide care for up to nine people. At the time of our visit there were six people living at the service, two of whom had gone on leave to visit family.

Summary of findings

There was a registered manager in post. 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 felt safe and were protected from abuse by a staff team that were knowledgeable and aware of the potential signs of abuse. Reporting systems were in place and staff were familiar with these.

Risks to people were assessed to reduce the likelihood that harm may be caused.

There were sufficient numbers of staff to meet people's needs and keep them safe. Staff had been recruited following safe recruitment practices.

There were suitable arrangements in place for the safe storage, management and disposal of medication.

Staff received regular training and refresher sessions. Staff also received support from the registered manager, including formal supervision and appraisal meetings.

People were asked to give consent before being supported by staff. The principles of the Mental Capacity Act 2005 (MCA) had been followed when supporting people who lacked the mental capacity to consent to their care and support.

Where people were deprived of their liberty, this was in accordance with the guidelines set out by the Deprivation of Liberty Safeguards (DoLS). This meant that people were only deprived of their liberty in a way which followed legislation.

People were encouraged to prepare their own meals and drinks and had support from staff to ensure they had enough to eat and drink.

Staff supported people to make and attend health appointments in the local community and receive visits in the service from a team of professionals, such as occupational therapists, when required.

People had developed meaningful relationships with staff and felt valued and listened to.

People were encouraged to share their views and opinions and to contribute to the planning of their care.

Staff promoted people's privacy and dignity whilst providing care.

The service adapted to people's changing needs and involved them in care planning and review meetings. People were encouraged to take part in meaningful activities which they chose for themselves.

Comments and complaints were encouraged to provide feedback on the service. Satisfaction surveys were also sent to people to seek feedback out.

There was a positive culture at the service. A well established staff team cared for people in a person-centred and empowering way.

There was good leadership in place. People and staff felt well supported by the registered manager.

Quality checks and audits were completed to ensure people were cared for appropriately and safely.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Staff were aware of safeguarding principles and signs of abuse. They were familiar with reporting systems and were prepared to put them to use if necessary.

Risks to people and the service were assessed, managed and reviewed on a regular basis.

There were sufficient staff on duty to support people and meet their needs. The service had followed safe recruitment practices when recruiting staff.

People's medicines were managed and administered appropriately.

Good



Is the service effective?

The service was effective.

Staff had regular training and refresher sessions to keep their skills and knowledge up-to-date. They were supported by the registered manager in the form of supervision and appraisal.

Consent to care was sought and appropriate actions taken to support people to make decisions.

Staff encouraged people to prepare their own meals and drinks, as well as supporting them to ensure they had enough to eat and drink.

People were supported to make and access health appointments.

Good



Is the service caring?

The service was caring.

People were treated with kindness and compassion and positive relationships had been developed between them and staff.

People were supported to express their views and opinions and were actively involved in the running of the service.

People's privacy and dignity were promoted at all times.

Good



Is the service responsive?

The service was responsive.

People received personalised care which met their changing needs.

People were involved in care planning and review.

People were confident that they could complain if they were not happy and would be listened to by the service.

Good



Is the service well-led?

The service was well-led.

The service promoted an open and positive culture.

Good



Summary of findings

People were aware of who the registered manager was and that they were well supported by staff and senior management.

There were internal and external quality systems and processes in place.

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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 07 April 2015 and was unannounced.

The inspection was undertaken by one inspector.

Before the inspection we looked at the information we had for this service and found that no recent concerns had been raised. We had received information about events that the provider was required to inform us about by law, for example, where safeguarding referrals had been made to

the local authority to investigate and for incidents of serious injuries or events that stop the service. We also contacted the local authority that commissions the service to obtain their views.

Before the inspection, the provider completed 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.

During the inspection we spoke with three people using the service, three members of staff and the registered manager. We also looked at all six people's care records and four staff recruitment files. In addition to this we carried out observations of interactions between people and staff in communal areas of the service.

We also looked at further records relating to the management of the service including quality audits.

Is the service safe?

Our findings

People told us they felt safe. One person told us, “Yes I feel safe, there are no problems there.” Another person told us, “Staff are remarkable, they definitely keep me safe.”

People were protected from avoidable harm and abuse by staff who were knowledgeable about abuse and the forms it could take. Staff were able to explain to us the different types of abuse and examples of what signs and indicators to look out for. They were also able to describe the reporting procedures if they suspected somebody was being abused and were aware of other statutory bodies, such as the local authority safeguarding team, which could be involved. One staff member told us, “People are safe as problems are reported promptly.” Staff told us that they would be prepared to go above their managers head if they felt issues were not being addressed appropriately.

We saw records to show that incidents were reported appropriately and investigated. The registered manager was aware of the procedure to follow in the event of a safeguarding incident, including reporting it to the local authority and Care Quality Commission (CQC). There were policies and procedures in place to guide staff, as well as information from the local safeguarding team and their policies. Records also showed that staff had received safeguarding training.

Risks to individuals and the service were managed effectively. People told us that they had been involved in conversations about risks and were part of the decision making process. One person told us, “I am involved in decisions about risks, they listen to what I have to say.” Staff told us that they involved people in risk assessments so that a balance between safety and independence was struck. One staff member told us, “People choose their own activities which are then risk assessed. We make sure people are aware of the risks and discuss approaches to them as a team.”

We looked at people’s care records and found that risks had been assessed and were integral parts of their care plans. Risk assessments documented what the risks were and what staff should do to provide people with care. We found that people had signed these plans to show that they had been involved and agreed with the content. Risk assessments had been reviewed on a regular basis to ensure they reflected people’s changing needs.

General risk assessments, such as fire risk assessments, were also in place along with emergency plans which described the actions staff should take in the event of certain situations. This meant that staff knew what to do to keep people safe during an emergency, such as a fire or loss of heating during the winter.

There were sufficient numbers of suitable staff to keep people safe and meet their needs. People told us that they felt there were always enough staff around to provide them with support and meet their needs, whilst also promoting their independence. Staff members also told us that they felt there were enough people on shift.

The registered manager described the staffing levels to us and explained that, if necessary, additional staffing could be arranged to support people. For example, during our visit we observed an additional member of staff come in to support one person on a one-to-one basis. They took the person out for a day in the community, in accordance with their assessed needs in their care plan. We observed that there were sufficient members of staff on duty to meet the needs for the remaining people and the staff rota confirmed that these levels were maintained consistently.

We spoke with the registered manger about staff recruitment. They told us that new staff had background checks carried out and were subject to an interview before they were employed. We looked at staff recruitment files and found that safe recruitment practices had been followed. This ensured the service hired staff who were of good character and were fit both mentally and physically to support people. We saw that pre-employment checks, such as Disclosure and Barring Service (DBS) checks and references from previous employers were obtained, before staff could start.

People received their medication safely. People told us that they always got their medication on time and that staff supported them to take it. They said that staff were patient and explained the medication they were giving them if they asked. One person told us, “I always get my medication on time. Staff explain what it is for if I ask.” Staff told us that they received training regarding medication administration and only gave people medication in accordance with their prescription and Medication Administration Record (MAR) charts. They also told us that people had the right to refuse their medication and described ways in which they would adapt their approach to support people if necessary. For

Is the service safe?

example, one staff member told us, “If somebody doesn’t want their medication, that’s their choice but I would explain why they need it and go back half an hour later to see if they changed their mind.”

The registered manager explained to us that the member of staff administering medication was always supported by a second member of staff to reduce the risks of medication

errors. We saw that there were medication stock checks in place and that these and the MAR sheets were completed in full. We also saw that if medication errors did take place, they were investigated fully and appropriate action, such as re-training staff, taken to prevent the error from re-occurring.

Is the service effective?

Our findings

People received care from staff who had the skills and knowledge to meet their needs and perform their roles. People told us that they felt the staff were very good and knew how to care for them appropriately. One person told us, “Staff know what they are doing, I have great confidence in them.” Another person told us, “The staff are remarkable, much better than [previous placement].”

We spoke with staff about the induction they received at the start of their employment. They told us that they received induction training and also carried out shadowed shifts at a nearby service operated by the same provider. During this time they observed experienced staff working as they got grips with their role. They then started shadowing at this service, before working with people independently. We saw records to confirm that staff had completed an induction process in their files.

Staff also told us that they received regular training on a wide range of topics. One staff member said, “We get regular training on courses like moving and handling, health and safety and safeguarding.” Staff members also told us that they were encouraged to complete other qualifications, such as Qualification Credit Framework (QCF) level 2 and 3 certificates in health and social care. We saw training certificates in staff files and the registered manager showed us that they had a system in place to monitor training and book staff onto up-coming courses. We saw memo’s posted on staff notice boards detailing future training courses. During our visit we observed staff discussing a set of additional distance learning courses which had been made available. This allowed staff to choose care-related subjects that they were interested in and developing their knowledge and expertise in those areas.

Staff said they were supported well by the registered manager and had regular supervision and appraisal sessions. They said that they found these sessions useful and could also receive ad-hoc support if required. The registered manager told us that staff supervision was conducted on a three-monthly basis, in addition to annual appraisals. We looked at staff records which confirmed this.

Staff told us that they sought people’s consent before supporting them. They told us that they encouraged people to be as independent as possible and therefore

make as many of their own decisions as they can. During our visit we observed people making choices for themselves and saw staff checking with people before carrying out a task. We looked in people’s care records and saw that those people who could, had signed to say they consented to the content of the care plans.

We spoke to staff about the implementation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff told us that they had training regarding the MCA and DoLS and were able to describe the principles of both. The registered manager told us that mental capacity assessments were carried out if there was doubt about whether or not somebody could make a decision for themselves. They also said that they consulted family members and professionals if making a decision on somebody’s behalf. We saw in people’s records that mental capacity assessments had been completed to determine whether or not people could make decisions for themselves. When it was found that people lacked mental capacity we saw that the decision had been carefully considered and appropriate family members and professionals had been involved to ensure any decision made was in the person’s best interests.

The registered manager told us that one person had authorisation from the local authority to deprive them of their liberty, following the process set out in the DoLS. In addition, an application had been submitted to the local authority to deprive another person of their liberty and were awaiting assessment from the local authority. We saw that in both cases the necessary paperwork had been completed and steps had been taken ensure the deprivation was the least restrictive solution and that people’s independence was still promoted.

People had enough food and drink to meet their needs. People told us that they choose and prepare their own meals and that they can help themselves to drinks and snacks between meals if they like. We spoke with staff who told us that each house had it’s own menu which was written every week with the people who lived in that home. They then planned what was needed for the meals and went out to the shops with staff to get the ingredients they needed. People took it in turns to cook for the house, with support from staff. We observed people preparing their own lunch with support from staff.

People told us that staff supported them to book and attend health appointments if necessary. One person said,

Is the service effective?

“If necessary, staff take me to the doctor’s.” Staff told us that they supported people according to their needs and wishes, which were detailed in their care plans. We looked

at people’s care records and saw that they had regular health appointments. In addition, therapeutic staff, such as occupational therapists, physiotherapists and psychologists, visited people at the service.

Is the service caring?

Our findings

People were treated with kindness and compassion and positive relationships had been developed between them and staff. People told us that staff were supportive and made them feel important. One person told us, “Staff are really nice and look after us really well.” Another person said, “Staff stop for a chat and cup of tea.” We were also told, “I like it here, staff know and understand me.”

Staff told us that they sit with people and get to know them in order to provide them with care which is individualised to meet their needs. One staff member told us, “The most important thing is the people here, making sure they are safe and happy.” Throughout our visit we observed people being treated well by staff, displaying patience, calmness and compassion in all interactions. People and staff had mutual value and respect for each other and we observed positive interactions between people who knew each other well. For example, during our visit one person was celebrating their birthday. We saw that each staff member came to wish them a happy birthday and talked about their plans for the day.

People were supported to express their own views and were actively involved in their decisions about their care and support. People told us that they felt listened to by staff and were able to contribute to their own individual care and support. Each week they worked with staff to produce their own individual timetable, as well as agreeing on group activities and tasks, such as cleaning and shopping, which everybody in each house took responsibility for.

Staff told us that they encouraged people to be as independent as possible. For example, people were encouraged to take responsibility for cleaning their own rooms and bathrooms as part of a regular cleaning schedule. We observed people being encouraged to do everyday tasks for themselves and people had clearly taken well to this approach and felt comfortable with the fact that the service was their home. For example, throughout the day people approached us chat and regularly offered them drinks, rather than expecting staff to do this.

People told us that they were provided with enough information by the service and had opportunities to talk about their care, including with external groups such as advocacy teams. We found that there was a service user guide which people were given and was regularly updated to reflect any changes in the service. We also saw that there were notice boards up in each house with relevant information for people regarding the service. Included on these boards was information and contact details for several different advocacy agencies. The registered manager told us that people were supported to make contact with these groups if they wanted to talk to somebody who was independent of the provider.

Staff respected and promoted people’s privacy and dignity. People told us that staff knocked on doors before entering their rooms and made sure their privacy was maintained when supporting with care tasks such as personal care. One person told us, “You get privacy if you need it, we are treated with dignity here.” Staff told us that people’s dignity and privacy were very important and formed part of their every-day roles and responsibilities. One staff member told us, “People are all individuals and want to be treated with dignity and have their independence promoted by staff.”

Throughout our visit we observed staff treating people with privacy and dignity in all their interactions and support. For example, we observed one member of staff gently remind and support one person back to the lounge where they had left their walking frame as their care plan states they should always use it when walking. The member of staff took great care to ensure the person wasn’t made to feel as if they had been told off or done anything wrong and made sure their actions didn’t draw attention to the person.

People told us that they could have visitors whenever they wanted. The registered manager confirmed that there were no restrictions on visiting times. We observed that each house had a lounge and dining room which could be used when visitors came. Each person also had a spacious room and all three houses shared a large garden which people could access easily.

Is the service responsive?

Our findings

People received personalised care that met their individual needs. People told us that their care met their own specific needs and wishes and that they had been involved in planning and reviewing their own care. One person told us, “I was involved in putting my care plan together.”

Staff told us that it was important that people’s care plans met their individual needs and respected their wishes. One staff member told us, “Care plans are person-centred and are worked out with people, staff and clinicians. They are reviewed regularly and people’s feedback is sought.” The registered manager told us that care plans were written and reviewed with input from the person and people who are important to them, such as family members. We looked at people’s care records and saw that they were person-centred and focused on people’s strengths and areas for development. People had specific care plans for a number of different areas, such as domestic tasks, personal care and accessing the community. These plans highlighted what the person was able to do independently and where they needed support from staff. There was evidence that the plans had been created with input from the person and, where possible, people had signed to say they agreed with the content of the plan. There was also evidence that care plans were reviewed regularly, again with the input of the person. People had clear goals which had been set with them and there was a record of their achievement against those goals.

People told us that they regularly went out into the community to take part in trips and activities of their choice. One person said, “I go out to the shops often, you can do what you want in terms of leisure.” Another person told us, “I can do the things I want, even chores!” Staff told us that they supported people to take part in meaningful

activities which they wanted to do. One staff member told us, “People choose their own activities.” Another member of staff said, “Part of the role is helping people to become more independent.”

During our visit we observed people going out into the local community for activities, supported by members of staff. Two people were on a home visit and the remaining four people went on trips or activities throughout the day. At one point every person was out in the community with support from staff. We found that care plans detailed activities which people liked to do and saw that people created an activity timetable each week.

The service listened to what people said and sought their feedback regularly to help improve services. People told us that they could always talk to staff or the registered manager if they had any concerns or complaints. They were confident that if they did complain, they would be listened to, taken seriously and action would be taken to put the problem right. One person told us, “I have complained, it was dealt with very well, it was sorted out.” Staff told us that they encouraged people to raise issues if they have them and if necessary will pass them on to the registered manager to deal with. The registered manager told us that complaints or concerns were welcomed to try to help improve the quality of care people received.

We looked at records of complaints which people had made. We found that there were no recent complaints but systems were in place to receive, log, investigate and resolve complaints when they were raised.

People also told us that they received surveys from the provider asking them about the service they received. The registered manager told us that these surveys were used to help improve the quality of the service delivered. We saw completed copies of these feedback forms in people’s files.

Is the service well-led?

Our findings

The service promoted an open and positive culture. People received person-centred care which put them in control of their lives, with appropriate support from staff who were motivated and keen to see people succeed. People were happy with the care they received and told us that they had developed as a result of living at the service.

People told us that they were supported by an established team who knew them well. We spoke to several staff members who had been at the service for over five years and continued to be motivated by their roles and the people they supported. One staff member told us, "I love it!" Another staff member said, "We know what people are capable of and allow them to fulfil their potential."

Staff told us that they felt there was a good team working atmosphere at the service, which included the people living there. They told us that the team would work together to solve problems and always worked closely to support one another. Staff were confident that they were meeting people's needs and supporting them appropriately. One staff member told us, "Staff support one another." Another member of staff said, "I would be happy if my family member received care here."

We found evidence of good leadership and management at the service. There was a registered manager in post, as per

the legal requirements of the services' registration. The registered manager had worked at the service for 12 years in a number of different roles, so had a clear vision regarding the service being provided.

People were aware of who the registered manager was and told us that they could approach them at any time for a chat. Staff felt well supported by the registered manager to perform their roles. Staff told us that the manager is at the service a lot and often helps out with direct care tasks. They also told us that there was an on-call system in place to ensure that when the registered manager was off-site, staff could have the support of a manager if required. One staff member told us, "The manager is very good." Another member of staff said, "The manager is on the ball."

There were appropriate quality assurance procedures in place. The registered manager explained to us that they conducted regular audits to ensure key areas of the service delivery were effective. These included areas such as medication, people's care files and health and safety checks. These audits were completed in conjunction with the providers quality assurance team, who also carried out regular visits to the service to conduct checks. The registered manager also sent reports through to the provider, such as a monthly incident report. Appropriate actions were taken as a result of the checks and audits to ensure that service delivery was improved and lessons were learned.