

## Luton Borough Council

# PTU Unit 1

### Inspection report

Portland Court  
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Tel: 01582548272

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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

We carried out an announced inspection on 29 February 2016. This is a shared lives service that recruits and monitors paid carers to provide support to adults with learning disabilities in their own homes. At the time of the inspection, seven people were being supported within five placements. The majority of the carers supported one person each, with only two of the five placements supporting two people each.

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.

There were risk assessments in place that gave guidance to the carers on how risks to people could be minimised. There were systems in place to safeguard people from risk of possible harm and suitable equipment was in place so that people were supported safely.

The provider had effective recruitment processes in place and there was sufficient carers to support people safely. Carers were regularly supported by the registered manager and they had been trained to meet people's individual needs.

The carers understood their roles and responsibilities to seek people's consent prior to care being provided. Where people did not have capacity to consent to their care, this was provided in line with the requirements of the Mental Capacity Act 2005 (MCA).

People were supported by caring, friendly and respectful carers. They lived with the carers as part of their family members and they benefitted greatly from this kind of service. People were supported to access other health and social care services when required.

People's needs had been assessed, and care plans took account of their individual needs, preferences, and choices. They enjoyed happy and fulfilled lives because they had been given opportunities to pursue their hobbies and interests. They also enjoyed holidays of their choice, including going abroad.

The provider had a formal process for handling complaints and concerns. They encouraged feedback from people who used the service, the carers and people's relatives. We found they acted on the comments received to improve the quality of the service.

The provider's quality monitoring processes had been used effectively to drive continuous improvements. People and the carers we spoke with described the service as 'very good'.

## 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.

The service had enough carers to support people safely.

There were systems in place to safeguard people from the risk of harm.

People's medicines were managed safely.

### Is the service effective?

Good ●

The service was effective.

People's consent was sought before any care or support was provided. Where people did not have capacity to make decisions about some aspects of their care, the carers understood their roles and responsibilities to provide this in line with the requirements of the Mental Capacity Act 2005 (MCA).

People were supported by carers who experienced and had been trained to meet their individual needs.

People were supported to access other health and social care services when required to maintain their health and wellbeing.

### Is the service caring?

Good ●

The service was caring.

People told us that their carers were kind, caring and friendly.

The carers understood people's individual needs and they respected their choices.

The carers promoted people's privacy and dignity, and supported them in a way that helped them to maintain their independence.

### Is the service responsive?

Good ●

The service was responsive.

People's needs had been assessed and appropriate care plans were in place to meet their individual needs.

People were encouraged and supported to pursue their hobbies and interests. They enjoyed active lives, including going on holiday abroad.

The provider had an effective system to handle complaints and concerns.

**Is the service well-led?**

**Good** ●

The service was well-led.

The registered manager provided effective support to the carers and promoted a caring and inclusive culture within the service.

People who used the service, their relatives and carers had been enabled to routinely share their experiences of the service and their comments had been acted on.

Quality monitoring audits had been completed regularly and these were used effectively to drive continuous improvements.

# PTU Unit 1

## 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 29 February 2016. We gave 48 hours' notice of the inspection because we needed to be sure that there would be someone in the office. The inspection was carried out by an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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. We also reviewed information we held about the service, including the previous inspection report and notifications they had sent us. A notification is information about important events which the provider is required to send to us.

During the office visit, we spoke with the support coordinator and the registered manager. We spoke with five people who used the service when we visited them either at home or at a day centre. During the home visits, we also spoke with three shared lives carers. We spoke with one person who used the service, a relative and another shared lives carer by telephone. We looked at the care records for three people, and the recruitment, supervision and training records for the support coordinator and three carers. We reviewed information on how medicines and complaints were being managed, and how the provider assessed and monitored the quality of the service.

# Is the service safe?

## Our findings

People told us that they felt safe and that their carers supported them really well. One person said, "Yes, I am safe and I like my home." Another person said, "I am very happy I get on with [Carer]. I like living there and I feel safe and secure." Two other people used sign language to tell us that they were happy and safe.

We saw that the carers had received training on how to safeguard people and they had been given information on how to report concerns they might have about people's safety. The provider also regularly monitored the carers to ensure that they provided safe care to people they supported. A carer we spoke with told us that they supported people safely and they had never been concerned about any of the people supported by the other carers. They also said, "We meet regularly as a group and everyone seems happy. If I wasn't happy with another carer, I would always speak to [Registered Manager]." Another carer said, "They are all absolutely safe."

People's care and support had been planned and delivered in a way that ensured their safety and welfare. The care records we looked at showed that assessments of potential risks to people's health and wellbeing had been completed and there were personalised risk assessments in place for each person. For example, we saw that each person had a record titled 'My safety and risk' which outlined what support people required to live safely. One person required support while out in the community because they were not always aware of dangers while crossing the road. Other risks identified for people who used the service included choking, vulnerability if the person opened the door to strangers, burns when making hot drinks, security risk if they lost their house key, getting lost in unfamiliar places, and financial vulnerability. We saw that people's risk assessments had been reviewed and updated regularly or when their needs changed.

The provider also ensured that people were being supported in safe homes because they monitored that the carers had carried out all the necessary environmental checks and that the fire risk assessments were reviewed annually. For example, we saw that one carer had last completed their health and safety checklist for the home in June 2015 and these were checked by the registered manager. The carers had been given a number of relevant policies and procedures so that they provided people's care safely. They also recorded, monitored and took action to prevent the risk of incidents happening again. For example, a shower mat had been purchased for a person who had suffered bruising following slipping and falling while having a shower.

The recruitment records for the support coordinator and the three carers showed that the provider had robust recruitment processes in place because they had carried out thorough pre-employment checks. These included checking each carer's identity, employment history, qualifications and experience. They also obtained references from their previous employers and requested Disclosure and Barring Service (DBS) reports. DBS helps employers make safer recruitment decisions and prevents unsuitable people from being employed.

The majority of the carers supported one person each, with only two of the five placements supporting two people each. Both of the placements supporting two people were provided by couples which meant that people could have individual support if required. It was evident from looking at records and speaking with

the registered manager that people were always provided with the support they required. Most people attended day centres during the day and there was someone at home when they returned in the evening.

Some people were being supported to take their medicines and we saw that this had been managed safely by their carers. One of the people whose records we looked at was able to manage their own medicines with minimal prompting from their carers. The medicine administration records (MAR) we looked at had been completed correctly with no unexplained gaps. The medicines were stored securely within each person's home and their carers assisted them to re-order more medicines when required.

# Is the service effective?

## Our findings

People told us that their carers supported them well and in a way that met their individual needs. One person told us, "My carer is very good and she is always around. I like living with [Carer]." Another person said, "I am happy and I have no worries."

We noted that the carers had vast skills and experience of working in health and social care prior to providing shared lives placements to people they supported. For example, two carers had been nurses for many years and another one worked as a committee member for a national organisation that supports people with learning disabilities. The provider had also ensured that the carers had been trained before supporting people. We saw that they had all done a 'learning the ropes' training, where they had been given information about what a good shared lives service looked like. They had also done training in a number of relevant subjects including safeguarding, administration of medicines, food safety, health and safety, and infection control so that they supported people safely and effectively. Carers we spoke with had found the training to be useful. One carer said, "They supply quite a lot of training and it is all enough for me." The provider was able to arrange additional training for the carers if required to meet people's individual needs. For example, some carers had completed 'Team-Teach', a programme designed to help them adopt least intrusive ways of promoting positive behaviour. We noted that some of the training was out of date and the manager told us that they were waiting to book these when the provider's training calendar was out. This ran from April to March of the following year.

Where possible, the registered manager and the support coordinator met with carers on a monthly basis to discuss the health and wellbeing of the people and provide support to the carers. We saw that the carers had regular individual meetings throughout the previous year with one 'carer support and monitoring log' showing that one set of carers had seven meetings in 2015 and another had 10 meetings. Additionally, we noted that carers had further support during their individual annual reviews completed by the registered manager.

Where possible, some people signed forms to show that they consented to their care and support, including being supported with their medicines. Also, they had given consent to their information being shared with other health or social care professionals. However, some of the people's complex needs meant that they did not have capacity to make decisions about some aspects of their care and mental capacity assessments had been carried out so that any decisions made to provide support were in the person's best interest. For example, a person's capacity to manage their finances and make decisions about where they wanted to go on holiday had been assessed in line with the requirements of the Mental Capacity Act 2015 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

The provider had also taken appropriate steps to refer people for assessment if the way their care was provided could result in their liberty being restricted. For example, a referral had been sent to the local



authority in March 2015 to consider whether an application to the Court of Protection was necessary due to the person requiring continuous care and supervision by their carers. 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). However, authorisations in supported living services, extra care services and shared lives placements can only be made through the Court of Protection.

People were being appropriately supported to have sufficient and nutritiously balanced food. People we spoke with said that they always had enough to eat and their food preferences had been respected. One person said, "[Carer] helps me to get food and I get lots of drinks. We also go out to eat." Another person said, "I like my dinners and meals out." A third person told us that they chose their food and that they like pizza. A fourth person said, "I have my own kitchen and I can do my meals." Carers we spoke with told us that they mainly cooked people's meals, but they encouraged people to help in preparing it as much as they could.

We noted that people had been supported to access other health and social care services, such as GPs, dentists and opticians. There was evidence that the carers worked collaboratively with other professionals to ensure that people's health needs were being met, including supporting people to attend their appointments. One person said, "I go to the doctors." We saw that where required, some people also received mental health support from community learning disabilities teams, made up of psychiatrists and learning disabilities nurses.

## Is the service caring?

### Our findings

People told us that their carers were kind and caring. One person said, "[Carer] is caring and I am happy." Another person said, "Yes, they care and look after me." A third person used sign language to tell us that their carer was caring.

We observed pleasant and respectful interactions between people and their carers when we visited them at home. It was evident that carers knew people they supported really well as they were able to tell us about what people liked and enjoyed doing to positively occupy their time. We noted that people lived as part of the family and one person told us that they liked their carers' children who visited them regularly. They had also attended one of their carers' children's wedding and every year, they also visited the carers' extended family abroad with them. The carer said, "[Person] is a part of our family and has really enjoyed meeting the extended family when we go abroad. [Person] has a really good relationship with our children and gets on really well with the other person we support."

We saw that people had been involved in making decisions about how they wanted to live their lives and in planning their care. The carers we spoke with told us how they supported people to maintain their independence as much as possible. A carer said, "One of the people we support has gained a lot of confidence since living with us. [Person] has developed many self-care skills, although they need prompting with their personal care." People told us that their carers treated them with respect and promoted their dignity. One person said, "[Carer] is very good with me and I like living with her." In order to protect people's privacy and confidentiality, we saw that copies of their care records were held securely within both the provider's office and at home.

Most of the information given to people was in 'easy read' format so that they could understand it in order to make informed choices and decisions. When they started using the service, everyone had been given a 'service user guide' which included details about services provided and where they could find other information, such as the complaints procedure. As well as carers, some of the people's relatives or social workers acted as their advocates to ensure that they understood the information given to them and that they received the care they needed. If required, people could have the support of an independent advocate if they needed additional support. We saw that one person was being supported by an advocate to communicate their needs.

## Is the service responsive?

### Our findings

People's needs had been assessed prior to them using the service, and appropriate care plans were in place so that they received the care they required and that met their individual needs. Each person had a care plan titled 'My support plan', which detailed their life history, hobbies and interests, how they communicated with others, their preferences, wishes and choices. People told us that they received individual care and that carers made the necessary changes when their needs changed. One person said, "I am happy with my care." Another person said, "I like living with [Carer] and I enjoy life." A relative of another person told us that their relative was well supported and they had never been concerned about their care. They added, "They treat her like one of the family. They have been brilliant, it's amazing for her." They also told us that their relative's carer regularly discussed how their relative was progressing with them, adding, "I am always kept in the loop, so I'm really happy."

We noted that people had active and busy lives, and they had been supported to pursue their hobbies and interests. Most people attended day centres during weekdays and one person did voluntary work in a charity shop. People were very keen to tell us about the recreational activities they enjoyed. One person said, "I go shopping and for meals out. I go to town, cinema, bowling and on holidays with [Carer]." Another person told us, "I have a Luton Town Football Club season ticket and I go to all the home games, I love it. I go on nice holidays as well and I am really happy." A third person said, "I am lucky, I am going to Isle of Wight soon. I have been to Spain and Mauritius." A relative of one person told us that they had a lot to do to occupy their time. They said, "My [relative] goes to lovely places to visit and holidays. She is accessing the world now, it's fantastic really." As well as arranging individual holidays for people, all the local shared lives carers and people they supported holidayed together in the Isle of Wight at list once a year because one of the carers was able to arrange this through their work with a charity organisation. Everyone we spoke with said that they really enjoyed this time spent together and we saw photographs taken during their last holiday. These showed that they were having a good time.

The provider had a complaints procedure in place so that people had the information necessary for them to raise any complaints they might have about the service. Everyone we spoke did not have any reason to complain because they were happy with how their support was being provided. One person said, "I have the occasional row with [Carer], but I like living with her." A relative of another person said, "I see [Relative] weekly and I everything is brilliant." We noted that there had been no recorded complaints in the 12 months prior to the inspection. Since November 2015, they had a system to record comments and low level concerns following the advice from the provider's quality assessor. Four issues had been recorded including when a person who used the service reported that they had been hit by another person at the day centre and we saw that appropriate action had been taken to resolve the issue.

## Is the service well-led?

### Our findings

The service had a registered manager who was supported by a support coordinator. The carers we spoke with were happy with how the service was being managed and they were complimentary about the support they received from the registered manager and the support coordinator. A carer said, "Brilliant support, no problems at all. They come out regularly to see me and they also call me when needed." Another carer said, "We get a lot of support from [Registered manager] and [Support coordinator]. They are absolutely brilliant, we couldn't fault that team at all." A relative of one person was also complimentary about the quality of the service provided to their relative. They said, "It's fantastic really. I like it that her carer treats her like one of the family."

The carers we spoke with said that they were encouraged to contribute towards the development of the service. We saw that the registered manager held quarterly group meetings with carers and people who used the service, where a variety of relevant issues were discussed. A planned meeting in January 2016 had been cancelled due to some people not being well. The registered manager told us that the next meeting was planned in March 2016 and they would discuss infection control audits with the carers. Carers also completed annual surveys to provide feedback about the quality of the service.

Additionally, there was evidence that the provider sought feedback from people who used the service and their relatives so that they could continually improve the service. We saw the results of the questionnaires completed by people who used the service and their relatives during September and October 2015 which showed that everyone was happy about the quality of the service provided. People who used the service had been given an easy read questionnaire which assessed the following areas: About where you live; about your carer; about your life; and speaking up.

The provider had effective processes in place to assess and monitor the quality of the service provided. The registered manager and the support coordinator completed regular audits including checking people's care records to ensure that they contained the information necessary for the carers to provide safe and effective care. An audit in December 2015 included updating the provider's 'statement of purpose', service user guide and the complaints procedure. The registered manager had also reviewed the safeguarding paperwork, people's risk assessments, and accident and incident forms. During the monthly visits to meet with people and their carers, the registered manager or the support coordinator always checked the records they held to ensure that they were accurate and up to date.