

The Papworth Trust

Vange Place

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 ●

Summary of findings

Overall summary

Vange Place provides personal care to people with a learning disability living in their own homes so that they can live as independently as possible. Of those, four people lived in a supported living setting so they could live independently and one person lived on their own in the community. The service was providing support to other people living in the community however this inspection and report only relates to the five people receiving the regulated activity of personal care. Their care and housing are provided under separate contractual agreements. CQC does not regulate the premises people live in, this inspection only looked at people's personal care and support. Those receiving support but not receiving personal care are outside the regulatory remit of the Care Quality Commission (CQC).

This inspection took place on 22 and 26 March 2018. The provider was given up to 48 hours' notice because it is a small service and we wanted to be certain the registered manager and key staff would be available on the day of our inspection. We also wanted to give them sufficient time to seek agreements with people so that we could visit them in their homes to find out their experiences of the service.

At our last inspection in October 2015, we rated the service as 'Good' overall. At this inspection, we found the evidence continued to support the same rating and the service continued to meet all the fundamental standards of quality and safety. There was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Risk assessments were completed to assess the potential risk of harm to people while receiving care and support. Staff drew up plans of support with people to lessen these risks. Risk assessments and associated plans of support were kept under regular review.

There were sufficient staff to ensure that people received their support when they needed it. Staff were well supported and had the skills and training needed to deliver care to a good standard. Staff had been recruited safely. People's health and social care needs were met. Staff ensured people had food that met their individual preferences and their diverse needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. People were treated as unique individuals by staff. The policies and systems in place supported this practice. Support plans were developed with people and centred on their needs and choices.

Staff understood their responsibilities under the Mental Capacity Act 2005 (MCA) to support and enable people to have an effective choice about how they lived their lives.

Staff were caring, and people were treated with kindness and respect. People's privacy was respected, and their dignity and independence promoted.

An effective quality assurance survey took place regularly. The service delivered had been regularly reviewed through a range of internal audits.

Further information is in the detailed findings below.

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 remains Good	Good ●
Is the service effective? The service remains Effective	Good ●
Is the service caring? The service remains Caring	Good ●
Is the service responsive? The service remains Responsive	Good ●
Is the service well-led? The service remains Well-Led	Good ●

Vange Place

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 announced took place on 22 and 26 March 2018 and was carried out by one inspector. The provider was given up to 48 hours' notice because it is a small service and we wanted to be certain the registered manager and staff would be available on the day of our inspection. We also wanted to give them sufficient time to make arrangements with people so that we could visit them in their homes to find out their experience of the service.

Before the inspection, we requested that the provider 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. This was received from the provider.

We also reviewed information we held about the service including feedback sent to us from other stakeholders, for example the local authority and members of the public. Providers are required to notify the Care Quality Commission (CQC) about events and incidents that occur including unexpected deaths, injuries to people receiving care and safeguarding matters. We reviewed the notifications the provider had sent us.

With their permission, we met with five people and three relatives. We spoke with the registered manager, the service supervisor and two support workers. After our visit we received further feedback from an additional three support workers.

We reviewed the care records of three people to check they were receiving their care as planned. We looked at records relating to the management of the service, staff recruitment and training, and systems for monitoring the quality of the service.

Is the service safe?

Our findings

At our last inspection on 29 October 2015, we rated this key question 'Good'. At this inspection we found that the service had sustained this rating.

People and their relatives told us that they continued to feel safe being supported by the staff at Vange Place. One person said, "I feel safe, I would only feel unsafe if staff weren't here. We have a red button on the wall, if we answer the door to someone and don't feel safe we press the button and the staff can listen in and call the police if they need to. It's called assistive technology." Another person told us, "It's alright, I feel safe. The staff help me cook." Regular 'customer' meetings were held within the supported living service. We saw that safeguarding and keeping safe was a frequent agenda item and that was discussed and shared with people using 'easy read' examples.

Staff had good knowledge of safeguarding practices and knew how to report concerns if they had any. The registered Managers was a member of the providers 'safeguarding best practice group' which was a group who met to review learning and updates as well as any trends that may have occurred. This enabled the registered manager to learn and make improvements if needed.

Risks to individuals continued to be well managed and staff understood the support people needed to be safe. We saw that there were a variety of detailed and up to date risk assessments in place that gave staff guidance about safe working practices. These covered potential risks for people both at their home and in the community whilst respecting and promoting their rights to independence.

There continued to be sufficient staff to meet people's needs and ensure their safety. People told us staff were always there to support them at the times they should be. The provider had systems in place to ensure staff were suitable to work with people. Staff told us, and we saw that all the required recruitment checks were in place before staff started working at the service.

People received the level of support with their medicines they individually needed and staff respected and promoted their independence in this area. At the time of our visit everyone receiving support was able to manage their own medicines. The provider implemented systems to ensure this was done safely. One member of staff said, "I observe [people] take [their medicines] and make sure the correct medication is there, but don't touch the medication at all."

We looked at how the service managed infection prevention and control. Staff were supplied with personal protective equipment such as gloves and aprons. We observed these being accessed during our visits. Staff were trained in infection control and reminders and updates were discussed at staff team meetings.

Is the service effective?

Our findings

At our last inspection on 29 October 2015, we rated this key question 'Good'. At this inspection we found that the service had sustained this rating.

People's support continued to be delivered in line with good practice guidelines. This included ensuring that people with learning disabilities were supported to have control in their lives and maximum independence.

People and their families told us they felt staff continued to be well trained and that they had the right skills and experience. Care staff new to the job role undertook a full induction that covered the expected standards of the provider organisation, policies and procedures that supported their role and working alongside other staff members to observe and learn what was expected of them. One member of staff told us, "The learning and development team cover all training to a high standard and are very understanding if, like me, you are new to care. If someone needed more information, they would take the time to do so, and not make you feel left out."

Staff felt they received the training they needed to enable them to meet people's needs, choices and preferences. One member of staff told us, "The training and support I receive is very professional and helpful, all my training sessions have been very helpful and has helped me better my knowledge to understand certain conditions and the best way to deal with situations." Regular supervisions and appraisal continued to take place with staff to enable them to review their practice and discuss any concerns they may have as well as their development.

Where meals were part of the care provision, people received levels of support based on their individual needs. People were supported to choose their meals, which they planned with staff help if needed. People were actively involved in making decisions about their meal times and the food they ate and took ownership of their food and shopping. One member of staff told us, "Some [people] we merely prompt around healthy eating whereas others need their meals cooked for them. We always do the meal planning directly with the person so it will be their choice. We support all of them with shopping."

People continued to be supported to access healthcare services according to their specific needs. People all had health action plans in place. The health action plan held information about people's health needs, the professionals who support those needs, and their various medical appointments.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). We checked whether the service was working within the principles of the MCA, and at the time of our visits everyone receiving support had the capacity to make their own decisions. It was clear that staff respected people's decisions. Staff were all trained in the principles of the MCA so they knew how to promote people's rights.

Is the service caring?

Our findings

At our last inspection on 29 October 2015, we rated this key question 'Good'. At this inspection, we found that the service had sustained this rating. People continued to receive support from staff who were caring and who involved people making decisions about their care.

People who used the service continued to be treated with kindness and respect. One person told us, "I enjoy living here very much. The staff are very nice." Staff were available to offer reassurance to people if needed, and demonstrated that they knew people very well. People's relatives were also positive about the support their family member received.

Staff continued to enable and support people to make decisions about their day-to-day care. One person told us, "Staff ask me what I would like." Another person told us, "We have meetings, I always read the agenda. We can discuss whatever we want to." Support plans we viewed and our discussion with people and their family members confirmed they had been involved in the support planning process.

Staff continued to respect people's privacy. We saw people were supported with personal care by staff who spoke discreetly and ensured the door was closed. We saw during our visit, that staff consistently knocked on people's doors before entering a person's room.

People's independence continued to be promoted and we observed staff offering appropriate support to people and encouraging them to be independent, for example, by encouraging and supporting them show us around their home themselves if they wanted to, and making choices as part of everyday life. One person told us, "I do my own hoovering, mopping, I clean the kitchen and I put the toilet gel in." Another person commented, "I always do my own cooking." Staff were clearly committed to the philosophy of promoting independence within the service. One member of staff told us, "Independence is at the heart of everything we do with the customers we support."

Is the service responsive?

Our findings

At our last inspection on 29 October 2015, we rated this key question 'Good'. At this inspection, we found that the service had sustained this rating. Staff supported people in a way that was centred on their individual needs and encouraged them to live their lives as they chose.

People continued to receive care that was individual to them and responsive to their needs. Staff knew people well and understood what was important to each person. People were treated as adults, and their aspirations were recognised and staff supported them to work towards their goals. People using the service in the past had been supported to gain increased independence and moved to living on their own and with reduced support. One person currently receiving support was being supported to make the step to more independent living.

Following assessment when they first commenced using the service, people were involved in developing a support plan of their individual needs. The support plans we looked at were highly detailed and individual to each person, and gave staff information about their backgrounds, histories and they should be supported to maximise their independence.

People were actively encouraged and supported with their personal goals and ambitions. One person's key worker told us about an achievement form they had developed with the person. This identified the stages towards achieving their goals the person was being supported with by staff with on a daily basis. We were told that the person had embraced the use of this approach and liked to check for themselves their progress each day. A relative told us, "My [family member] is very independent, staff make sure what they help them with what it is they really need help with so as not to take any independence. It's about [person]."

The procedure for raising a concern was clear in explaining how a complaint should be made and reassured people these would be responded to appropriately. People we spoke with said they had no reason to complain or raise concerns about their support. If they ever needed to, we found there was a complaints guide available in pictorial format to support people who used this method of communication to understand the process.

At the time of our inspection, the provider was not supporting people with end of life care. However, we saw that people's wishes had been considered as part of the care planning process and support plans contained information about people's wishes and preferences for their end of life and death.

Is the service well-led?

Our findings

At our last inspection on 29 October 2015, the key question of Well-led was rated 'Good'. At this inspection, we found that this rating had been sustained. The provider and registered manager continued to have processes in place to monitor the quality of service provided.

There was a registered manager in post at the time of our visit. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People and relatives we spoke with told us they thought the service continued to be very well-led and managed. One person's relative told us, "[Registered manager] is very approachable. It's very very good here and I can't fault it."

The service had a clear management structure. The registered manager, who was manager at two further of the provider's services, was supported by a service supervisor who worked from the service full time. Staff were supported and motivated in their roles, and described how they enjoyed working at the service. Staff told us about the culture and values of the service and that they felt part of a close team. One member of staff commented, "We [staff] all help each other – it's a really nice atmosphere to be in. If one [staff] is unable to do something, we all pitch in to make sure that thing is done. We work well together and ensure all of us are providing the best possible care for people."

Staff told us that team meetings continued to take place and records confirmed this. The registered manager and provider continued to complete audits to gain assurance the service being provided was of high quality. This included reviewing that equipment was safe, regularly serviced and well-maintained. Any improvements required were included in an action plan. There were satisfaction questionnaires regularly sent out for people to give feedback on their experiences and on the quality of care they received. The most recent demonstrating that people were happy with the support they received.

The registered manager had an understanding of their responsibility to inform CQC of significant events, changes or incidents which had occurred at the service in line with their legal responsibilities. We found however that there had been some oversight in respect of one person who had experienced a number of specific injuries entirely due to a health condition. Because these injuries were directly related to one person and a healthcare condition the registered manager hadn't thought to notify CQC about the injuries. We found however that they had ensured that the person was receiving appropriate support. A detailed support plan was in place and we were able to see the comprehensive extent of the healthcare professional involvement in this person's support. The person's relative was also extremely complimentary about the level of support their family member was receiving. The registered manager confirmed they will always notify CQC of such incidents in the future.

The service continued to work in partnership with other organisations to make sure they were following

current and best practice. These included the local authority social services and healthcare professionals including GPs and hospital specialists.

The service had on display in the registered office their last CQC rating, where people could see it. This has been a legal requirement since 1 April 2015.