

The Disabilities Trust

Disabilities Trust - 25 Welby Close

Inspection report

25 Welby Close
Maidenhead
Berkshire
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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

Disabilities Trust - 25 Welby Close is a care home without nursing for three people with learning disabilities or autism. The service is situated in a quiet residential area of Maidenhead, Berkshire. The house has two floors.

At the last inspection, the service was rated good.

At this inspection we found the service remained good.

Why the service is rated good:

People were protected from abuse and neglect. The service had good assessment, mitigation and documentation about risks to people. This helped prevent people from any harm. There were enough staff deployed to ensure people's care was safe.

Staff received appropriate support to perform their roles. The service was compliant with the Mental Capacity Act 2005. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

We found the staff were kind. We saw that staff listened to what people had to say and held meaningful conversations with them. People's right to privacy was respected and staff demonstrated dignity in the care they provided.

We found care plans were person-centred and contained appropriate details. People's preferences, wishes and aspirations were identified and documented. Staff helped people to have an active life in the community.

The service had a positive workplace culture. There was good oversight of the service's care from the registered manager and the provider's representatives. The provider ensured that the quality of the care was regularly assessed. Where care to people could be improved in any way, the provider made appropriate changes to enable this.

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?

Good ●

The service remains good.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service remains good.

Disabilities Trust - 25 Welby Close

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 was a comprehensive inspection.

This inspection took place on 3 February 2017 and was unannounced.

The inspection was carried out by one adult social care inspector.

Prior to the inspection, we reviewed information we already held about the service. This included previous inspection reports and notifications we had received. A notification is information about important events which the service is required to send us by law. We asked the local authority teams, clinical commissioning groups (CCG), the fire authority and environmental health for information to aid planning of our inspection. We checked information held at Companies House and the Information Commissioner's Office.

We spoke with three people who used the service, the registered manager, the assistant manager, the team leader and two care workers.

We looked at three people's care records and other records about the management of the service.

Is the service safe?

Our findings

The service continued to provide safe care to people.

People were protected from abuse and neglect. The registered manager displayed confidence in their knowledge of types of abuse, signs of abuse and the action they would take if they suspected or witnessed abuse. We were told a safeguarding and whistleblowing policy were in place and made available to all staff. We saw that signage with relevant contact telephone numbers was in the staff office. The registered manager was clear about their role in managing safeguarding concerns.

Risks to people from the building were managed to ensure the risk of harm was reduced. We saw there were appropriate risk assessments in place that included fire risk, Legionella, electricity and gas. A maintenance person came to the service regularly to ensure routine checks and repairs were carried out.

People's care documentation showed they had appropriate risks assessments specific to them. We saw risk assessments about falls, nutrition, and the protection of people's skin integrity. These were updated annually, and sooner if a person's health had changed.

Accidents and incidents were appropriately recorded by staff. These were reviewed by the registered manager and also communicated to the provider's central quality assurance staff. The provider used the accident and incident reports as a way of preventing recurrence.

People received safe care because of appropriate staff deployment at the service. Where shifts were unfilled on rotas, bank staff were used and routine staff completed additional hours. The use of agency workers was limited. We found personnel files contained all necessary information about staff members, as required by the relevant regulation.

People's medicines were safely managed by the staff. Staff had relevant training and competency assessments in medicines safety. This provided the knowledge and skills they needed to perform medicines administration safely. At the time of the inspection, one person was supported to administer their medicines independently. This meant the person was able to be more involved in this aspect of their care.

Is the service effective?

Our findings

The service continued to provide effective care to people.

People received care from staff who had the necessary knowledge, skills and experience to perform their roles. The service provided an induction programme, mandatory training, supervision sessions and performance appraisals to staff. We found staff received additional training in specialist areas, such as diabetes management and epilepsy. This meant staff could provide appropriate care to people who had these conditions.

The service was compliant with the Mental Capacity Act 2005 (MCA). Consent was legally obtained and documented. 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 MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People were protected from malnutrition and dehydration. We found records showed people were regularly weighed to check for any weight loss. We saw there were satisfactory care plans for people's eating and drinking. People were involved in making choices about the weekly menu, but still free to change their decision about what to eat. We saw fresh fruit, snacks and drinks were readily available for people when they wanted them.

People had good access to healthcare from a range of professionals. Three people's records we viewed showed the involvement of a wide range of professionals. For example, we saw dieticians, GPs, psychologists, opticians, dentists and psychiatrists were included in helping people maintain a healthy life.

Is the service caring?

Our findings

The service continued to provide compassionate care to people.

People had developed a good rapport with the staff members. The staff team was small, which meant continuity in the care provided to people. All three people who used the service could communicate with staff verbally. We saw staff have meaningful discussions with people during our inspection. Each person had a key worker who was responsible for ensuring people's care was assessed, reviewed and documented appropriately.

We saw there was a sign in the service about how to provide feedback about the care. The sign showed there were various options to use in contacting staff or the provider. We found there was an annual survey about the quality of the care at the service. The survey asked for the opinions of people who used the service, relatives and other stakeholders. We reviewed five responses to the 2016 survey. The three people recorded they were all satisfied with the care they received at the service. Two relatives also provided positive feedback. One relative wrote, "[The person] continues to be happy where he is living." Another relative recorded they were 'extremely likely' to recommend the service to friends and family.

People's privacy was respected by the staff. People's bedrooms were decorated according to their own preferences. Staff always gained the permission of people before they entered their bedrooms. The service stored people's care documentation securely. This ensured that visitors to the service could not view confidential personal information. We saw staff respected people's dignity. This was reflected in the way staff spoke with people. We also saw people's dignity was maintained in the way staff provided care to people. This ensured people's care was kind and they enjoyed living at the service.

Is the service responsive?

Our findings

The service continued to provide responsive care to people.

We viewed three people's care documentation. We saw the records clearly recorded people's likes, dislikes and preferences. The records used a 'traffic light' system to indicate these. For example, we saw one person liked helping in the kitchen and writing and copying words. These were indicated as green 'traffic lights'. People's care documentation was also specific to them. We saw this when we looked at the records about people's medicines, allergies, family details and life histories.

There was a section in the care documentation called 'professionals who help me'. We saw this detailed the names and contact details of staff who helped in the person's care. There was also specific information about the way to communicate with the person. Further details were recorded that showed how the person indicated their choices, expressed discomfort or pain, and the types of emotions they might express. This was useful documentation which helped staff to understand how to best care for the person.

The service had a robust complaints process in place. Appropriate signage was available in the service which explained how to make a complaint. We found people were also able to freely express to staff concerns or things that worried them. People, relatives and other stakeholders could make formal complaints if necessary, and these were handled in line with the provider's policy and procedure. We found there were no formal complaints recorded by the service since our last inspection. The registered manager displayed good knowledge about the provider's complaints process and was able to clearly explain how they would manage any concerns raised about the service.

Is the service well-led?

Our findings

The service continued to provide well-led care to people.

At the time of the inspection there was 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 was responsible for people's care in five of the provider's locations in Berkshire. The registered manager was based at another service, but their time was spread evenly between the services they managed. The registered manager explained that they could spend more time in a service if it was necessary. The registered manager was also able to have flexibility to change their schedule for the week if the service required them on a particular day. The service had a care worker who was the team leader. During the times when the registered manager was elsewhere, this team leader was responsible for the safe care of people and quality of the service. We found the staff member successfully performed the team leader function. The team leader was in the process of completing a health and social care diploma in management. The assistant manager supported the team leader at the service.

We saw there was a positive workplace culture. Staff we spoke with were happy in their roles and respected the registered manager. They told us that they enjoyed working with the people who used the service. We saw staff had regular meetings and we reviewed the minutes of the January 2017 meeting. This showed a two-way process of the registered manager communicating with staff but also the opportunity for staff to raise any issues. During the inspection people and staff were smiling, laughing and enjoying themselves. This showed that Disabilities Trust - 25 Welby Close had staff who enjoyed their roles and resulted in good care for people.

The quality of people's care was regularly assessed. We found this was completed in a number of ways. The provider's quality assurance team completed an annual inspection of the service, which generated a report. This was reviewed by the registered manager and staff, and necessary improvements were made where needed. A peer audit by another service's manager also took place quarterly. This provided an independent summary of the other manager's findings about the service. Where any actions were required, these were logged in a service improvement plan with a due date and responsible staff member. Progress in managing any changes was overseen by the registered manager and the provider's quality assurance staff.

The registered manager explained a number of meetings were convened by the provider to review the quality of care at the service. The meetings included attendees (usually managers) from other services of the provider. The meetings were held to disseminate relevant information to the provider's managers, which was then taken back to individual services. The registered manager explained that the meetings reviewed trends in incidents or accidents, safeguarding cases, and medicines and equipment safety alerts or recalls.