

The Disabilities Trust

Disabilities Trust - 52 Porthcawl Green

Inspection report

52 Porthcawl Green
Tattenhoe
Milton Keynes
Buckinghamshire
MK4 3AL
Tel: 01908 507149
Website: www.thedtgroup.org

Date of inspection visit: 12/11/2015
Date of publication: 08/12/2015

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 12 November 2015 and was unannounced.

Disabilities Trust – 52 Porthcawl Green is a residential care home which provides care and support for up to three people with a learning disability or autistic

spectrum condition. The service supports people to live as independently as possible, helping them with daily living tasks and accessing the community. When we visited there were three people living at the service.

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

Summary of findings

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 were safe from harm or abuse. Staff were aware of the principles of safeguarding and signs of abuse, as well as their responsibilities in terms of recording and reporting it.

Risk assessments were in place for people and the service in general to reduce the chances of harm occurring, whilst promoting people's independence.

Staffing levels were sufficient to meet people's needs and provide them with the care they needed. Safe recruitment procedures were in place to ensure staff were suitable for their roles.

Arrangements were in place for the safe administration and management of people's medication.

Staff received on-going training and support from the service. They had regular training, refresher sessions as well as supervision and appraisal meetings with senior and management staff.

Staff gained people's consent before providing them with care. They were aware of the principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards, and applied them to their roles to help people make decisions.

People were able to choose what they wanted to eat and drink, and were supported by staff to maintain a healthy, balanced diet.

Staff helped people to have regular access to healthcare professionals and supported them with appointments when required.

There were positive and meaningful relationships between people and staff. Staff knew people well and were able to adapt their communication to meet people's specific needs.

People were able to contribute to the planning of their care and their views and opinions were valued and taken seriously by the service.

Information was available to people regarding their care, as well as the running of the service. Staff helped them to understand this information and it was also available in easy-read formats.

People's privacy and dignity was respected by the staff team. Staff promoted people to be as independent as possible and encouraged them to receive visitors in the service.

People received person-centred care which was specific to their individual needs. They were involved in planning and reviewing their care, to ensure their views were represented.

Trips and activities were arranged regularly for people and were based upon their preferences.

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

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 the principles of safeguarding people from abuse, and their obligation to report this.

Risk assessments were completed and reviewed on a regular basis to keep people safe, whilst promoting their independence.

Staffing levels were sufficient to provide people with the support they needed. Staff were recruited following robust practices.

Medication was managed and administered to people safely and effectively.

Good



Is the service effective?

The service was effective.

Staff received regular training and refresher sessions to maintain their knowledge and skills. They also received management support as well as supervision and appraisal sessions.

People's consent to care was sought. Where people lacked capacity, the principles of the Mental Capacity Act 2005 were followed to ensure decisions were made in their best interests.

Staff supported people to maintain a healthy and balanced diet.

People had regular access to healthcare professionals and were supported to make and attend appointments where necessary.

Good



Is the service caring?

The service was caring.

People were treated with kindness and compassion by staff. There were positive, mutually beneficial relationships between people and staff.

People were able to contribute towards the planning of their own care and were supported to do so by staff.

There was information available to people about the service, in a format which met their needs.

Staff respected people's privacy and dignity 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.

The service sought people's feedback about the care that they received, including complaints. Systems were in place to receive and manage complaints appropriately.

Good



Summary of findings

Is the service well-led?

The service was well-led.

The service promoted an open and positive culture.

People were aware of whom 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.

Good



Disabilities Trust - 52 Porthcawl Green

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 12 November 2015 and was unannounced.

The inspection was undertaken by one inspector to minimise the impact of the inspection on people and their usual daily routines and activities.

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, due to their autistic spectrum condition and/or learning disability, they weren't always able to give full answers to our questions. They communicated with us using a mixture of expression, body language and some short answers. In addition to this we carried out observations of interactions between people and staff in communal areas of the service.

We also spoke with two members of staff and the assistant manager. The registered manager was unavailable on the day of our visit. We also looked at all three people's care records and six staff recruitment files.

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

Is the service safe?

Our findings

People felt safe at the service. When we asked, one person nodded and smiled and another said, “Yes!” Another person told us, “They keep me nice and safe.” It was clear from people’s interaction with staff that they felt comfortable and relaxed in their presence.

Staff members explained that they worked hard to ensure people were protected from harm or abuse. Staff were able to describe the different types of abuse to us, including potential indicators that abuse had taken place, such as a change in a person’s body language. Staff were also aware of reporting procedures, both locally and within the local authority. One staff member told us, “I’m happy to report to safeguarding and to complete incident reports.” Another staff member said, “We have the contact information for safeguarding, if there is a problem we give them a call. We all know the procedure.” Staff explained that the service had a good relationship with the local authority safeguarding team, and were happy to contact them for support or advice, if required.

The assistant manager explained to us that they and the registered manager supported staff to report incidents themselves, and supported them to report to the local authority safeguarding team as well. Records showed that general and safeguarding incidents were reported regularly. These were analysed by the service management, to identify actions required and to drive future learning about the incident and the individuals involved. Where necessary, referrals had been made to the local authority safeguarding team, and notifications sent to the Care Quality Commission (CQC). There were policies in place for staff to refer to and useful contact information, such as for the local authority, was on display, should staff need it. Records also showed that staff received regular training in safeguarding, to keep their knowledge and understanding up-to-date.

Staff told us that they used risk assessments to identify and manage risks to people and the service in general. They explained that, as they saw people the most, they were involved in risk assessments, along with the person and their family members. Staff told us that risk assessments were used to ensure people could carry out their favourite activities as independently as possible. They were used as a tool to identify areas of potential harm, and to put control measures in place to ensure activities can still go ahead.

We looked at people’s records and saw that risk assessments were integrated with their care plans. They highlighted the importance of promoting people’s choices and independence, whilst ensuring steps are in place to help maintain their safety. They were reviewed on a regular basis, to ensure the information within them was accurate and reflective of people’s actual care needs.

The assistant manager explained to us that the service also had general risk assessments in place. These were used to ensure the environment was maintained safely and identify areas of potential risk. They also told us that the service had a critical incident plan in place, used to provide staff with actions to take in the event of an emergency, such as a fire or extreme weather conditions. We looked at the general risk assessments and critical incident plan and found that they were reviewed regularly and contained important information for staff to follow if required.

People told us that they felt there were enough staff at the service to provide them with the care that they needed. Two people smiled and nodded when we asked them about this. Staff also felt that there were enough of them to meet people’s needs and support them to take part in their trips and activities. One staff member explained that the service had recently recruited additional staffing, prior to this, agency staff were used. The assistant manager explained to us that, where agency staff were used, the same member of staff was sent by the agency, as they were familiar with people and the service itself. The staffing rota confirmed that there were enough staff at the service to meet people’s assessed needs.

Staff members told us that the provider carried out checks before they were allowed to start at the service. The assistant manager explained that before anybody could start working at the service, they needed to receive at least two references and a Disclosure and Barring Service (DBS) criminal records check. We looked at staff recruitment files and found that they all contained information, including application forms, interview notes, references and DBS checks. In addition, staff files recorded past qualifications gained and current training certificates, which demonstrated that staff were of suitable character and experience to be working at the service.

People’s medication was managed appropriately by the service. One person nodded and smiled when we asked them if they received all their medication when they should. Another person said, “Yes.” Staff showed us the

Is the service safe?

systems which were in place for the safe administration of people's medication. They explained that they used the information on people's Medication Administration Record (MAR) charts to inform them which medication to give, and at what time. We observed staff giving people their medication. They did so in a calm and patient manner and took time to explain that it was time for the person's medication, and what they were giving them.

The assistant manager explained to us that systems had been introduced for the administration of medication, to

ensure that people received their medicine correctly. They told us that one staff member was responsible for the administration of people's medication. Another staff member would then check all the medication records and stock which were due to be given. They checked to ensure the correct amount and dose of medication had been given, and to ensure stock levels within the service were correct. We checked people's MAR charts, as well as audits and stock levels. We found that medication had been administered and recorded correctly and in full.

Is the service effective?

Our findings

Staff possessed the skills and knowledge that they required to perform their roles. People were unable to tell us whether or not they felt staff had the right skills; however we asked two people if staff knew what they were doing; one smiled and nodded and the other replied, “Yes.”

Staff members told us that, from the start of their career with the provider, they were well trained and supported. One staff member said, “Training? I got everything when I started and then did two weeks shadowed.” They went on to explain that they completed a number of different mandatory courses during their induction, as well as some specific ones to their roles. For example, they told us that they received induction training in autism awareness, which they felt was useful as it was very specific to the role they would be performing. The assistant manager also told us that new staff would be working towards the new Care Certificate as part of their induction. Staff records confirmed that new staff were well supported and received a range of training and shadowing of experienced staff, to help settle them into their roles and allow people to get to know them.

Staff also told us that they received on-going training throughout the year. These consisted of a mixture of new and refresher courses, to keep their skills and knowledge current and up-to-date. One staff member told us, “We do have quite a lot of training.” Another said, “Training is good.” Staff also told us that the service encouraged them to undertake additional training or qualifications, including Qualification Credit Framework (QCF) awards. These included level 2 and 3 certificates in health and social care, as well as other courses, such as team leading or assessor awards. The assistant manager told us that they, and the registered manager, were very keen for staff to receive regular training and qualifications to help them perform their roles. They showed us that they maintained accurate records of all training and qualifications gained, including an up-to-date training matrix, which highlighted when training expired.

Regular supervision sessions were held between members of staff and senior staff to ensure they received support when they needed it. Staff told us that they felt these formal sessions were useful. They also told us they could get in touch with either of the manager’s by phone or when they were in the service, if they were unsure about anything

and required additional support. The assistant manager confirmed that, in addition to formal supervisions, staff could contact them if needed. They also told us that they carried out observations of staff practice, to ensure care was being provided appropriately. For example, before staff could administer medication, they had to have their competency assessed by a senior member of staff. Records confirmed that staff had regular supervision sessions with senior staff, which was used to discuss progress, training and development needs and to discuss any concerns they may have.

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 could. They explained that people’s choices were important to them and they would only provide people with the care, support and activities that they chose. We looked at people’s care plans and saw that their choices and wishes were recorded in them, and that the activities that people did, were in accordance with these choices. Where it was possible to gain it, people’s consent to care was recorded, to show that they had agreed to their care.

Staff were knowledgeable about the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). They explained that they received training in these areas regularly, and used both the MCA and DoLS to help people to make decisions in their best interests and to keep people safe. The assistant manager confirmed that mental capacity assessments were carried out where people were unable to make decisions for themselves. When this happened, they told us that they involved different stakeholders, such as the person, their family, social workers and health professionals, to ensure decisions made were robust and in the best interests of the individual. People’s care records showed that mental capacity assessments were carried out for decisions such as financial arrangements and medication administration.

People were supported to maintain a healthy and balanced diet. Staff told us that they encouraged people to eat healthily, but respected people’s choices. One staff member told us, “People can choose what they want to eat.” Staff explained that they worked with people to plan

Is the service effective?

meals, and therefore shopping, to ensure they were involved and able to choose their food and drink. We saw that menu plans were in place which offered people choice and had been drawn up with their input.

We asked people if they were able to see doctors or other health professionals when they needed to. One person smiled and nodded and another said, "Yes." Staff told us that they supported people to have regular access to

healthcare professionals, such as GP's and dentists. People's care plans showed that information regarding their individual healthcare professionals was recorded and there was a running record of people's visits to them, as well as any actions required as a result. People had healthy action plans in place, to help them set health goals and record the input of healthcare professionals.

Is the service caring?

Our findings

There were positive and meaningful relationships between people and staff at the service. All three people at the service gave positive responses when we asked them about the staff and the relationship they had with them. We saw that interactions between people and staff were positive and clearly trusting. People responded to gentle prompts and encouragement from members of staff. Likewise, staff clearly understood each person's specific communication style. We observed staff responding to people's anxiety quickly, to ensure the effect of this anxiety was minimised and to encourage them to carry on with their chosen activities.

Staff told us that they valued the relationships they had with people living at the service. They felt it was important that people benefitted from receiving positive care, from staff that knew them well and enjoyed spending time with them. One staff member said, "If you're not going to care, don't do the job." Another said, "The biggest thing is that you need to get to know the guys." It was clear through the interactions between people and staff, that there was a mutually beneficial relationship between them and that staff were aware of people's specific communication styles.

People were able to express their views and opinions about the care they received. People nodded when we asked them if they were able to choose what they did and if they were involved in planning their care. Staff told us that they supported people to express their views and contribute to the planning of their care. People's care plans demonstrated that people were involved in their care as much as was possible. There was evidence to show that people had been asked about how they wanted their care to be provided, as well as regular evidence that their input was listened to. For example, we saw that people had regularly updated activity timetables and menu's, to help them plan their week with members of staff.

Staff told us that they encouraged and supported people to be as independent as possible. One staff member told us, "People's independence is important, we promote independence for people to do as much for themselves as possible." They explained to us that this meant different things to different people, as each had specific needs and capabilities. Staff told us that people were encouraged to take responsibility for different aspects of their own life and care, for example, cleaning their own bedroom or preparing

their own food. They told us that one person had moved to the service within the past 12 months. When they first moved to the service, they were unable to prepare any food for themselves. Staff had worked with them over time and helped them to develop their skills, to the point that they were able to prepare breakfast for themselves with minimal prompts from staff. We saw that these achievements were documented in the person's care plan, and photo's had been taken to help the person to celebrate their achievement.

We asked people if they received all the information they needed from the service. They gave positive responses, including nodding and smiling. Staff told us that they spent time with people, helping them to understand their care plan and answering any questions they may have. One staff member explained to us that there was a notice board in the service which was used to provide people with key information, such as which staff were on shift each day. They also told us that this board was going to be re-designed, to help make it more user-friendly. We saw that the board had photos of staff on display, as well as information such as contact details for a local advocacy group. There was also a specific file available to people, which contained details about the service, as well as complaints procedures and information. We saw that this information was presented in an easy-read format, to help people understand and use it more easily.

People's privacy and dignity were respected by members of staff. Throughout our inspection we saw that staff spoke to people in a dignified manner and treated them with respect. For example, staff always spoke to people using their preferred name and engaged with them, using gentle and simple language, which they would easily understand. Staff also worked to ensure people's privacy was maintained. Before entering people's rooms staff would knock and announce themselves and ensured bathroom and toilet doors were shut whilst people were using them. At the start of the inspection, staff showed us around the service and introduced us to each person, explaining why we were there and helping them to feel relaxed about the inspection.

We asked people if they could receive visitors at the service. One person nodded and another told us that they could have visitors whenever they wanted. Staff confirmed that people's visitors could come to see them at the service at any time. One staff member said, "Families are welcome to

Is the service caring?

visit at any time.” They went on to explain that visits could take place in any of the communal areas of the service, or

in the person’s bedroom, it was their choice. We saw that the lounge, snug, dining room and kitchen all had seating available, so that people could receive visitors in the service in privacy and comfort.

Is the service responsive?

Our findings

People received personalised care which had been tailored to meet their individual needs. People gave us positive responses when we asked them if their care met their needs and if they were able to do the things that they wanted to.

The assistant manager told us that, prior to moving in to the service, an initial assessment was carried out. They informed us that this was used to assess people's needs, and to confirm that they would be able to provide people with the care that they needed. We looked at people's care records and saw that initial assessments had been completed. These included visits to people in their previous placement or home, as well as gaining input from other key stakeholders, such as family members and social workers.

The assistant manager also spoke to us about transitions into the service. They told us that they did not follow a set routine for new admissions, but rather developed a specific plan with the individual concerned. This meant that transitions could be planned at a pace which suited the individual and helped to reduce their levels of anxiety when moving into the service. For example, one person had moved in to the service within the past 12 months. We were told that their transition had been a phased one, involving staff visits to meet the person in their previous placement and gradually increasing visits to the service to increase their familiarity with staff and the environment. Records confirmed that this planned transition had taken place and had been effectively communicated with everybody involved.

Staff told us that a care plan was produced for each person, based on the information from the pre-admission assessment and the transition period. Once the person moved in, the care plans were updated to ensure they were accurate and contained specific information about people and their needs. Staff told us that a range of different people were able to contribute to care plans and their review, to help make sure the information in them was up-to-date and relevant to the person involved. One staff member said, "All the staff are involved." We looked at people's care records and saw that care plans were in place and were reviewed on a regular basis. They recorded that, in addition to the individual, all staff members had contributed to the information in the plan, as well as the

service management, the assistant psychologist, family members and social workers. Care plans were person-centred and contained specific information about the person. For example, each person's care plan had information relating to how they were affected by their autism. This guided the staff team on how to ensure everything they did took people's specific needs into account.

People's individual goals and achievements were also reflected in care plans. Staff told us that they worked with people to help identify specific goals that they would like to achieve. These were usually a mixture of independent living skills and leisure activities. Once a goal was agreed, staff would work with the person to identify a number of small steps which could be easily achieved, which would lead them to the completion of the overall goal. We saw evidence that people had achieved a number of goals using this method, and that new goals had been set, to help continue people's development. For example, one person had been supported to make their own toast. They had then identified a further goal of preparing a larger meal for themselves. Staff were working through stages with them and recording when they were achieved.

Staff also told us that they had worked with one person to go and enjoy their first seven night holiday with the service. We asked the person if they had enjoyed their holiday and they smiled and said, "Yes." Staff told us that they had used a catalogue to help the person choose location and accommodation for the holiday. They had then planned the holiday with the person, including trips and activities whilst they were away. Both the person and the staff member expressed that the holiday had been a positive experience and were very proud of the achievement.

Staff told us that the same principle applied to people's activities. They were supported to choose what they wanted to do. Staff were able to provide people with meaningful options and choices as they had a good understanding of each individual and their specific likes and needs. During our visit we saw each person engaged in activities within the service and local community. Two people went to local day centres. We saw staff supporting them to get ready and they were clearly eager to go out. People's care plans confirmed that they attended regular activities which were based on their preferences and that activity plans were completed regularly.

Is the service responsive?

People and their families were able to give the service feedback about the care they received at any time. Complaints procedures were available to people and staff encouraged and supported them to give feedback whenever the needed to. Keyworkers held regular meetings and reviews with people, to provide them an opportunity to raise any issues that they had. 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 assistant 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. They smiled and nodded when we spoke to them about the service. We asked one person if they felt they had learned new skills since moving to the service, to which they nodded and said, "Yes."

People were supported by an established team who knew them well. They gave us positive responses when we asked them about the staff and the care that they provided. Staff were also positive about working at the service and with the people that they supported. One person said, "I really like the job, when you go home you really feel like you have made a difference in people's lives." Staff were motivated in their roles and willing to go the extra mile to ensure people got the care and support that they needed.

Staff also 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, "We all work together."

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 eight years in a number of different roles, so had a clear vision regarding the service being provided. Both the registered manager and assistant manager were aware of their regulatory obligations, for example sending notifications to the Care Quality Commission (CQC) for notifiable incidents, such as safeguarding concerns. We saw that the registered manager had systems in place to ensure the service was meeting such requirements.

People nodded when we asked if they knew who the registered manager was and if they were available if they needed them. Staff felt well supported by the registered manager and assistant manager to perform their roles. They told us that both managers were at the service a lot and often helped 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.

The registered manager and assistant manager had worked to ensure staff were open and honest at the service. Staff were all aware of the obligations to report incidents and accidents appropriately. One staff member told us, "We've got nothing to hide, so we have no worries." They went on to explain that they were encouraged to report any concerns they had. This included whistleblowing, both within the provider and externally, if they felt that was necessary. All staff members told us that they would be prepared to whistle blow if they were unhappy with the care being delivered. There were whistleblowing procedures in place for staff to follow, which included useful contact information, such as for the local authority or Care Quality Commission (CQC).

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 provider's 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.