

Learning Together Limited

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Inspection report

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Date of inspection visit: 7 August 2014

Date of publication: 07/11/2014

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

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

When we visited there was a registered manager in post, this person was the also the registered provider. A

registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

The provider had short notice of this inspection and was given 48 hour notice. This was because the office was not always staffed as care is delivered to people in their own homes.

Learning Together is a small service that supports people to live in their own home. They specialise in providing

Summary of findings

care for people living with autism. They provide 24 hour care to two people with a core group of staff. Many of the staff had supported the people since the service was commissioned.

People could be confident their care needs were being met and they were involved in the planning of their care. People were encouraged to be active and be part of their local community. They were encouraged to maintain relationships with friends and family ensuring there was a good network and circle of support.

There were clear procedures in place to recognise and respond to abuse. Staff had received training in this area. Positive behaviour management approaches were in place to support people. This helps to protect people from the risks of abuse.

People were supported by staff that been through a thorough recruitment process and had received appropriate training which was relevant to their roles. Staff felt supported in their roles.

People were provided with a safe, effective, caring and responsive service that was well led. The organisation's values and philosophy were clearly explained to staff and there was a positive culture where people felt included and their views were sought.

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?

People were safe. There was clear guidance for staff to keep people safe. Risks were identified and steps were taken to minimise the risks without restricting people's choice and independence.

People were protected from the risks associated with unsafe medicines management. They were protected from the risk of abuse because there were clear procedures in place to recognise and respond to abuse and staff were trained in how to follow the procedures. People were protected from unsuitable staff as a thorough recruitment process had been completed.

Good



Is the service effective?

The service was effectively meeting the needs of the people who used the service.

People needs had been assessed before they received a service. Care plans were in place, which clearly described the care and support of the person. The person had been consulted about the way they wanted to be supported.

People were supported by staff that had the necessary skills and knowledge to meet their assessed needs, preferences and choices. This included training on autism and positive behaviour approaches. Staff were knowledgeable about the support needs of the people.

Health and social care professionals were positive about the service and the support that had been put in place to support the individuals. One professional told us "The innovative approach has proved highly effective at providing a safe and effective care package around these individuals".

Good



Is the service caring?

A caring approach had been fostered by the staff. People were respected as individuals. The care was tailored to the person, which promoted their rights. People were treated in a kind and friendly manner.

People's daily routines had been recorded and care and support had been provided in accordance with people's wishes. People were asked what they wanted to do daily and their decisions were respected. This meant people were treated as individuals and their preferences were recognised. Care records were personal to the person and described people in a positive way.

People were supported to maintain contact with friends and family.

Good



Is the service responsive?

The service was responsive to people's needs. People were encouraged to be actively involved in their care with regular meetings involving family and other health and social care professionals.

People were supported to lead active lifestyles of their choice. The care was delivered flexibly taking in to consideration the person. People were provided with 24 hour support from staff enabling them to make choices on how they wanted to spend their time.

There had not been any complaints raised by people using the service or by their relatives in the last twelve months. People and their relatives knew how to raise concerns. Staff we spoke with knew how to respond to complaints if they arose.

Good



Summary of findings

Is the service well-led?

The service was well led the organisation's values and philosophy were clearly explained to staff and there was a positive culture where people felt included and their views were sought.

Staff confirmed the management arrangements and told us the registered manager was approachable. Regular staff meetings took place and staff confirmed they were able to express their views and make suggestions to improve the service. Staff told us they felt supported both by the management of the service and the team.

The quality of the service was regularly reviewed involving other health and social care professionals, relatives, staff and the people they supported.

Good



Learning Together Limited

Detailed findings

Background to this inspection

We visited the service on 7 August 2014. One adult social care inspector carried out this inspection.

The service was last inspected in January 2014. There were no concerns found.

We visited the office of Learning Together. We met with both people who used the service, three members of staff and the registered manager. The people were unable to fully tell us about their experiences of the care they received. This was due to their autism and methods of communication. We spent some time observing how staff engaged with people.

Before the inspection we reviewed all the information we held about service. This included notifications regarding safeguarding, accidents and changes which the provider had informed us about. We also reviewed the Provider Information Record (PIR) and previous inspection reports. The PIR was information given to us by the provider. This enabled us to ensure we were addressing potential areas of concern.

We contacted Gloucestershire City Council who commission the service and two health professionals to obtain their views on the service and how it was being managed. We sent surveys to people who used the service, community professionals and staff. We received five completed surveys from professionals, two from the people who used the service and five from staff.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'.

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Is the service safe?

Our findings

Learning Together supported two people living with autism in the community in a supported living arrangement. This means people have a tenancy agreement and receive their personal care and support from an agency. We sent surveys to family, staff and visiting health and social care professionals. This included social workers, commissioners of the service, GP and community learning disability nurses. All confirmed that the people receiving a service were safe from harm.

Staff confirmed they knew what to do in the event of an allegation of abuse being made. They told us they had received training from Gloucestershire City Council in safeguarding and completed electronic learning. They were aware of the reporting processes of allegations of abuse. There were policies and procedures to guide the staff on what to do if an allegation of abuse was made. The staff handbook included a copy of the safeguarding procedures.

People receiving a service needed support to keep their money safe and to help them with budgeting. There were suitable arrangements for keeping their money safe with records maintained of any transactions. Policies were in place to guide staff in respect of ensuring people's money was safe. Care documentation included how people were supported with their financial affairs.

Risk assessments were in place to keep people safe in their home and the community. Staff described how they kept people safe without restricting them and allowing them to have control over their life. There was a lone workers policy for staff and each person had clear risk assessments that described their support needs and staffing that should be in place. For example, when a person went shopping a member of staff would support them.

Staff confirmed they had completed training in the Mental Capacity Act (MCA) 2005. The MCA provides the legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make particular decisions. Staff described how they supported people to make day to day decisions and the importance of involving family or appropriate professionals where a person lacked the mental capacity. The registered manager described to us when an advocate would be used where there may be a conflict of interest but generally family were involved.

People were supported by suitable numbers of staff. We spoke with one person using the service who told us there was always a member of staff available to support them when they wanted. The care and support had been agreed with Gloucestershire City Council with a care package agreed for the two people. The registered manager described to us the minimum staffing over a 24 hour period. They told us there were always three staff working during the day and two staff at night. Staff confirmed there were sufficient staffing numbers in place. We were told there was an on call rota in the event more staff were required. Two staff were on call to ensure there was always someone available in the event of an emergency.

People were prescribed medicines. They could not manage these for themselves. The arrangements for managing medicines on their behalf were safe. Medicines were kept safely and were stored securely. Clear records were kept of all medicines received and administered to people. There were records of medicines returned to the pharmacy where these were no longer required. These records were able to show people were getting their medicines, when they needed them.

Staff had been trained in the safe handling, administration and disposal of medicines. All staff who gave medicines to people had their competency assessed and had attended training. This was confirmed in the training records and from speaking with two members of staff. Audits were completed on the medication on a monthly basis. There had been some errors where staff had not given medication as the person had been out in the community. The medicine system had been reviewed along with staff competence to ensure they were aware of the importance of people receiving their medicines. A member of staff said that when an error occurs staff were expected to update their training. The registered manager told us in the provider information return (PIR) that in response to these medicine errors, senior staff members were expected to check the medicines had been given on a daily basis. We were told this improved since this had been introduced. This showed learning from incidents had improved the service for people.

Care plans were in place which described how the person was to be supported if they became upset or angry. These included information about any triggers that should be avoided and information about the best way to help prevent such reactions. These clearly described it from the

Is the service safe?

person's perspective. Staff had been given training in this area. Staff described how they supported people in a positive way using distraction and de-escalation techniques. We were told staff had received training in 'gentle teaching'. This approach supports the person to feel safe, recognises them as an individual and stresses the importance of building positive relationships with staff and those around them.

The registered manager and two members of staff told us restraint was never used. Where incidents that challenged the service had taken place staff had completed records of what was happening before, during and after the situation/incident. This enabled the registered manager and senior staff to review and update the person's care plan. The registered manager told us they monitored the incident reports to ensure staff were consistent in their approach. Staff were given an opportunity to discuss and receive support with situations that may challenge them. It was evident from the discussions with staff, during these sessions learning took place. This was cascaded to the team to improve how further incidents could be responded to safely. The registered manager told us a member of the senior management team would speak with staff after each incident. This was either face to face or via a telephone call.

Where people had been involved in an incident or an accident, for example a fall, the staff recorded the cause,

any injuries and the immediate actions or treatment. The records were checked by the registered manager shortly after the accident or incident who then assessed if any investigation was required and who needed to be notified. The reports included what action had been taken to address any further risks to people. Where people had been injured a body map form was used to record any injuries. Staff were then able to check the healing process of the wound and monitor for any further bruising enabling them to take suitable action. For example a visit to the GP.

There were safe recruitment and selection processes in place to protect people receiving a service. We looked at two staff files to check the appropriate checks had been carried out before they worked with people. Records showed that references had been obtained and a check made with the Disclosure and Barring Service (DBS) before new staff started working. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they were barred from working with vulnerable adults. We were told new staff were encouraged to spend time with people to enable the provider to conclude if they were suitable. In addition, relatives were invited to meet potential staff as part of the recruitment process.

Is the service effective?

Our findings

We sent surveys to staff, people and visiting health and social care professionals. Everyone said they would recommend the service. The surveys confirmed staff were aware and confident in meeting the care and support needs of the people who used Learning Together. We were told the team were kept informed of any changes through daily communication and through fortnightly meetings.

The registered manager explained that prior to people receiving a service they had spent time with them. This enabled the registered manager to get to know the person and their support needs and build a picture of what the person wanted. They told us this had taken place over a couple of months with frequent visits and meetings with family members and other health and social care professionals. The registered manager described how they consulted with the people about their dreams and aspirations about where and how they wanted to live and the support package that should be in place. Records showed a detailed assessment had taken place before people received a service from Learning Together. This enabled them to effectively meet the needs of the people.

One person, told us staff were always available to support them. We looked at care records which clearly described how people were supported detailing their preferences and daily routines. The care plans described their circle of support including family, friends and other professionals involved in their care. We were told meetings were arranged every four to six weeks with the person and their relatives. These meetings provided an opportunity for people to make decisions on how they wanted to be supported and ensure they were happy with the service being provided. Daily records were maintained detailing the support received.

People were registered with a GP. We sought feedback from the GP before we visited the service. They told us they had no concerns and the people were well cared for. Care records included information about appointments people had attended and any follow up information. This included visits to the dentist and opticians. This showed us people's health needs were being met effectively. Care plans described the support people needed when attending their appointments including allowing more time to enable them to speak out.

We also sought feedback from other health and social care professionals, who were positive about the service and the support that had been put in place. One professional told us "The innovative approach put forward by Learning Together was viewed rather sceptically by many in specialist services; however, it has proved highly effective at providing a safe and effective care package around these individuals". The registered manager told us about their approach and the importance of building networks of support for the people and allowing them to make decisions about how they wanted to live. The registered manager told us before receiving a service from Learning Together, people had been physically restrained on a regular basis but this practice had not been adopted by the organisation.

Professionals confirmed they had regular meetings with the individuals, their families and the staff. We were told both individual's medicines had been reduced since receiving a service. This was viewed positively by both professionals and the care staff and demonstrated the service was effectively meeting their care needs.

People were supported to have sufficient to eat and drink and maintain a balanced diet. We were told a menu was prepared involving the people using the service. Staff described to us how supported people to make choices and encouraged them to make healthier decisions. Staff described how they encouraged people to be involved in meal preparation and shopping.

People were supported by staff who had the necessary skills and knowledge to meet their assessed needs, preferences and choices. We looked at the training staff had completed. Staff had completed induction training when they first started working for Learning Together. Staff confirmed they had completed this and shadowed more experienced members of staff until they felt confident to support the people receiving a service. Newly appointed staff were in addition to the normal staffing levels enabling them to build their confidence in supporting people. The registered manager told us this was important for the person to get to know the staff who were supporting them.

Staff told us there was sufficient training available to them including health and safety and training relevant to the needs of the people they supported. They told us they had completed an introduction to people with a learning disability and supporting people with autism. We were told training was a combination of e-learning and face to face

Is the service effective?

with some training being provided by external providers. There were some gaps on the training matrix but the registered manager told us that these were kept under review and an action plan was in place. A member of staff had the responsibility to prompt staff to complete their training to ensure staff had completed their training. A member of staff confirmed they had regular one to one meetings with a senior member of staff where they could discuss their role and any training needs with their line manager. Records demonstrated all the staff regularly met with a senior member of staff to discuss their performance, concerns and training needs.

One member of staff told us they were planning to complete a train the trainer course on positive behaviour management. The registered manager told us two members of staff were planning to attend the train the trainer course which was updated annually to ensure they were competent in delivering this training. We were told this would enable them to design the training around the specific support needs of the people using the service.

Is the service caring?

Our findings

We spent time with people. They were relaxed in their own surroundings. Staff spoke to people in an appropriate and inclusive manner. We observed staff knocking before they entered the person's home and lounge area. The staff waited for an answer before they entered the property. We also observed a member of staff asking if they could take a seat. This demonstrated people were involved in making decisions and were given control over what was happening. This also showed staff respected that it was the person's home and their right to privacy.

One person told us they liked the staff and they could choose what they wanted to do and when. The survey completed by people confirmed the staff were kind and caring in their approach to them. Staff were knowledgeable about the people they were supported and their daily routines. We were told people were always asked how they would like to be supported and what they wanted to do. Staff told us it was the people that dictated what was happening each day and the care was tailored to the person.

People were supported by a small team of staff. Many of the staff team had worked with the people since the service

started operating. They described how they had built positive relationships with people and their families. We were told families were regular visitors and participated in some of the social activities that people took part in. We were also told any new member of staff was slowly introduced to people to enable them to build a relationship with them. This may be important for some people living with autism may not manage change as well as others.

The service had policies in place in relation to privacy and dignity. We spoke with staff to check their understanding of how they treated people with dignity and respect. Staff gave examples of how they worked with the person, to get to know how they liked to be treated. Staff described people as individuals. The registered manager told us it was important to listen to the person and to promote their independence.

Care records were written from the person's prospective detailing how they wanted to be supported in all aspects of daily living. The information included how the person may express their needs for example pain, happy, sad or angry. Information was recorded in a positive way and included the positive attributes of the person for example their sense of humour or their caring approach with animals.

Is the service responsive?

Our findings

People took part in activities that were relevant to their interests both inside their home and in the community. For example where people had expressed an interest in horse riding or working with animals these were organised and supported by the staff. One person told us the staff were helping them to find work in the local area as they wanted to work in a local supermarket.

A member of staff told us they had attended training about inclusion. They told us this had helped them find meaningful activities for people in the community. We were told this included work and social opportunities. Staff told us how important it was for the people to be part of their local community. One of the individuals had been supported to work in a local café enabling them to build networks with the local community.

People were involved in planning for the future. Meetings were organised every four to six weeks to ask people about their dreams and aspirations. We saw that work towards people achieving these had been planned. For example one person had expressed an interest in completing a catering course as they were interested in cooking. The staff had worked with the person and their family to put a plan in place to support them to do this and they were enrolling in a cookery class.

One of the person's care plans stated it is "useful for me if I am offered a couple of choices and also if these choices are backed up by photos and pictures". Staff used pictures and symbols to help the person to communicate. This also enabled them to make decisions about how they wanted to spend their time. Another care plan stated "do not ask me too many questions at once" the care plan clearly described how staff should communicate with the person to gain their views.

We spent some time with the people. People were relaxed with staff and they were being asked how they wanted to spend their day. One person was being supported to make a shopping list of items they required for lunch. This was pictorial to assist the person to understand what was needed. Staff told us each day they sit down with the person to devise a plan for the day which included a combination of activities and household chores.

Care documentation included people's preferences in respect of their daily routine. This described how the person wanted to be supported throughout the day and night with all aspects of daily living. Staff were knowledgeable about the support needs of the people.

One person told us about the activities they were regularly attending including Zumba at the local sports centre, horse riding and trips out. Staff told us some activities were organised so families could join in. From talking with staff and the registered manager it was evident that maintaining links with family and friends was important for the person's wellbeing enabling them to have control over their life.

The provider had a policy and procedure in place for dealing with any complaints or concerns. This was made available to people and their families. There had been no formal complaints, since the service started operating in 2012. However, the manager took a proactive approach, seeking to respond to any concerns before they escalated. The registered manager met with the person and their families every six weeks to discuss how the service was being provided and to talk about any concerns. We received surveys from people who used the service, one person told us they knew how to complain and the other person was unsure. However, they stated "I have severe autism and rely on Learning Together to contact my mother with concerns over my care. I am unable to do this myself".

Is the service well-led?

Our findings

The organisation's values and philosophy were clearly explained to staff through their induction programme and training. Staff were given handbooks describing the aims and philosophy of the service. Staff clearly described the values of the organisation describing how they supported people as an individual. There was a positive culture where people felt included and their views were sought. Regular meetings took place between the people, their relatives and other professionals involved in their care. Fortnightly staff meetings were organised with minutes of discussions and any actions that were agreed. Leadership meetings were organised weekly to discuss the running of the service and manage any risks.

All the staff confirmed they understood how they could share any concerns about the care and support people were received. They said they were aware of the provider's whistleblowing policy and they would use it to report any concerns. Staff also told us the registered manager and senior staff were responsive to any suggestions and improvements to the service. They said the registered manager always acted immediately on any concerns they reported. They told us they could attend a fortnightly open forum where they could discuss concerns, good practice or any improvements. Where incidents had occurred staff were offered a debriefing session after each incident. Staff told us this was either face to face or a telephone call.

The provider sought feedback from the staff through a staff survey and used this feedback to make changes to the service. In response to feedback from the survey improvements had been made to the induction for new staff to ensure staff were given more information and support during this time. Staff confirmed the induction that now took place was more formal and structured. It

included completing a work book, completing electronic learning and shadowing more experienced staff. The manager told us they had ensured the induction was based on the Skills for Care recommendations. Skills for Care work with adult social care employers and other partners to develop the skills, knowledge and values of the care sector.

We received feedback from a professional that commissioned the service on behalf of the people who used Learning Together. They told us they found the organisation was open and had kept them informed about the people and of any incidents that had occurred. They described the culture of the organisation as reflective, which listened and responded appropriately.

There was a clear management structure for Learning Together. The staff were aware of the roles of the management team and they told us the registered manager was approachable and visited regularly. Reports of these visits showed the registered manager had reviewed the quality of the service. Where shortfalls had been identified an action plan had been developed and shared with the team during the fortnightly meetings. The last report identified the people should take more responsibility for meal preparation. Staff confirmed this was now taking place with people being actively engaged in the kitchen.

Records showed staff recorded accidents and incidents. The registered manager and senior staff used this information to monitor and investigate incidents and take the appropriate action to reduce the risk of them happening again. The information was reviewed to check for any themes and the staff had acted appropriately in accordance with the person's plan of care and the policies of the organisation. Staff were then told about any changes and care plans were updated to reflect these changes. Where appropriate these were reported to CQC.