The Disabilities Trust

Disabilities Trust - 52 Porthcawl Green

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

52 Porthcawl Green provides 24 hour care and support for a maximum of three adults with a learning disability. The house is located in a residential area in Milton Keynes. At the time of our visit there were three people using the service.

At the last inspection on 12 November 2015 the service was rated Good.

At this inspection on 08 November 2017 we found the service remained Good.

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

People continued to receive safe care. Staff had received training to enable them to recognise signs and symptoms of abuse and felt confident in how to report them. People had risk assessments in place to enable them to be as independent as they could be in a safe manner. The premises were appropriately maintained to support people to stay safe. Effective recruitment processes were in place and followed by the service and there were enough staff to meet people's needs. People received their medicines safely and as prescribed.

Systems were in place to ensure the premises was kept clean and hygienic so that people were protected by the prevention and control of infection. There were arrangements in place for the service to make sure that action was taken and lessons learned when things went wrong, to improve safety across the service

People's needs and choices were assessed and their care provided in line with up to date guidance and best practice. The care that people received continued to be effective and meet their needs. Staff received an induction process when they first commenced work at the service and in addition also received on-going training to ensure they were able to provide care based on current practice when supporting people.

People received enough to eat and drink and staff gave support when required. People were supported by staff to use and access a wide variety of other services and social care professionals. The staff had a good knowledge of other services available to people and we saw these had been involved with supporting people using the service. People were supported to access health appointments when required, including opticians and doctors, to make sure they received continuing healthcare to meet their needs.

People's diverse needs were met by the adaptation, design and decoration of premises and they were involved in decisions about the environment. Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA) and they gained people's consent before providing personal care.

People had developed positive relationships with the staff, who were caring and treated people with respect, kindness and courtesy. The culture was open and honest and focused on each person as an individual. People were encouraged to make decisions about how their care was provided and staff had a good understanding of people's needs and preferences.

People were listened to, their views were acknowledged and acted upon and care and support was delivered in the way that people chose and preferred. Care plans were person centred and reflected how people's needs were to be met. Records showed that people and their relatives were involved in the assessment process and the on-going reviews of their care. People were supported to take part in activities which they wanted to do, within the service and the local community. There was a complaints procedure in place to enable people to raise complaints about the service.

The service had a positive ethos and an open culture. The registered manager and senior staff were positive role models which encouraged communication and learning. People, relatives and staff were encouraged to provide feedback about the service and it was used to drive continuous improvement. A range of quality checks were in place and used regularly to ensure people received a good quality service driven by improvement.

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 remained safe.	**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**

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 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 comprehensive inspection took place on 08 November 2017 and was announced. The provider was given 48 hours' notice because we needed to be sure that someone would be in.

The inspection was carried out by one inspector and an expert by experience who was assisted by a supporter. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During this inspection we spoke with one person using the service and two relatives. We spoke with three members of staff on the day of our visit. They included the registered manager, the team leader and one care and support staff member. We observed the interactions between people who used the service and staff.

We reviewed the care records of two people that used the service which included their care plans, health and medication records, risk assessments and daily care records. We also looked at the recruitment records for two members of staff to see how the provider operated their recruitment procedures. Other records we examined related to the management of the service and included staff rotas, training and supervision records, quality audits and service user feedback, in order to ensure that robust quality monitoring systems

were in place.

Good

Is the service safe?

Our findings

People continued to feel safe with the support they were receiving. One person told us, "Staff listen." A relative informed us, "Yes [name of relative] is safe. The best they have ever been." Staff told us, and records showed they had received appropriate training with regards to safeguarding and protecting people. One staff member said, "I know about abuse and what to look for." Staff knew how to raise whistleblowing concerns and one commented, "I would report any concerns I had without fear." There was a notice board on the wall with information about how to report bullying. This was available in pictorial form suitable for people using the service. We saw that incidents had been reported to the relevant authorities as required.

People had risk assessments in place that were specific to each person's individual circumstances. The way the staff managed risks, allowed people to have as much independence and freedom as they required, while keeping them safe. A relative told us, "I know about [name of person] risk assessment and why they are in place." A staff member said, "We use risk assessments to make sure the residents stay safe." Staff told us, and records showed that risk assessments were reviewed on a regular basis and updated when required.

The building was suitably maintained. There were certificates to confirm it complied with gas and electrical safety standards. Measures were in place to safeguard people from the risk of fire and staff had been trained in fire safety awareness and first aid to be able to respond appropriately.

There were enough staff to support people safely. When we asked one person if they thought there was enough staff they smiled and pointed to the staff member supporting them and said, "I like [name of staff]." A relative told us, "There are enough staff but there does seem to be a high turnover. I don't know why." Records we looked at demonstrated that there had been some new staff commence at the service and two staff were on long term leave. However, the turnover of staff did not appear to be high. Staff said they felt there were sufficient staff to meet people's needs and they didn't feel under pressure or rushed. We observed sufficient numbers of staff on shift to support people and rotas showed that staffing was consistent.

People were safeguarded against the risk of being cared for by unsuitable staff. Recruitment files contained evidence that the necessary employments checks had been completed before staff commenced work at the service. Staff also confirmed that these checks had taken place.

People received the support they needed to take their medication safely. A relative informed us, "They [meaning staff] are very good and make sure [name of relative] gets their tablets when they need it. " We saw that people had a 'medication profile record' which listed their medicines, side effects and the times they were to be given. Records showed that people had regular reviews of their medicines to ensure they remained appropriate to meet their needs. Staff told us and records confirmed they were trained to administer medicines safely. We saw that the service had moved to a new electronic system of medication administration. One staff member said, "I like the new system. It's straight forward and easy." In addition staff carried out medication stock checks each day to ensure that medicines were secure and accounted for.

People were protected by the prevention and control of infection. The premises were kept clean by staff and people using the service were encouraged to do as much as they could around the service. Regular monthly audits were completed that included hand washing, infection control procedures, COSHH, legionella and water checks. We saw that where areas required attention, actions were put into place and records confirmed this. Staff had completed training in infection control and food hygiene.

Staff understood their responsibilities to raise concerns in relation to health and safety and near misses. The organisation had recently implemented monthly Governance Meetings. These looked at incident and accident data, outcome of audits and changes in legislation in order to learn from any areas of practice that had gone well or not so well. Information from these meetings was shared with the providers other services. The Disability Trust form for recording any potential safeguarding concerns had information relating to the root cause and lessons learnt. For example, we saw that when one person displayed behaviours that challenged the service they were asked to go to their room. It was apparent that this approach was not working so the lessons learnt were for staff to implement a new approach and strategy when supporting this person. A member of staff told us, "You should question everything. We should understand what we are doing so we can give a rationale of why and what we are doing." This demonstrated that the provider made improvements and looked at what lessons could be learned when things went wrong and it was clear this had been embedded into staff practice.

Good

Is the service effective?

Our findings

People's care was effectively assessed to identify the support they required. The assessment covered people's physical, mental health and social care preferences to enable the service to meet their diverse needs. We were informed that the autism and disability service within the Disabilities Trust had employed a dedicated clinical team to ensure people were assessed holistically and their care planned to meet their needs. The team consisted of a range of healthcare professionals such as a speech and language therapist, psychologist and Positive Behaviour Support (PBS) practitioner. (This is a member of staff who has been trained to support people to manage behaviours that could challenge the service) The team were led by a consultant psychologist in Autism and PBS. This meant that people could be assured their care, treatment and support would be delivered in line with up to date legislation, standards and best practice.

People received care from staff that were knowledgeable and had received the training and support they needed. A relative told us, "I'm over the moon. The staff are well trained and know what they are doing. My minds at rest." Staff training was relevant to their role and equipped them with the skills they needed to care for people using the service. For example, staff had received training in relation to Autism Awareness and Positive Behaviour Support (PBS). One member of staff said, "The training has been very good, it's covered all areas of our work and given me the confidence I need." Staff told us and records confirmed that staff had been provided with an induction before they commenced working at the services and on-going training there- after. This meant that staff knowledge was up to date and followed the most recent best practice guidance

There were also opportunities for on-going professional development for staff and all staff had regular supervision and appraisal. One staff member said, "I have regular supervision, I feel really supported and settled." We saw records that showed staff received regular supervision and an annual appraisal of their work.

People were supported to maintain a healthy and balanced diet. We asked one person about their choice of food. They replied, "I like cake. Yeah pie; chips and pie." We saw that one person enjoyed food from their cultural background. Two of the staff were also of the same cultural background and often cooked the person their favourite foods. Where it had been identified that someone may be at risk of not eating or drinking enough, appropriate steps had been taken to help them maintain their health and well-being. Staff told us that where possible they encouraged people to be involved with the preparation of their meals and to make healthy choices. Within the support plans we saw there was guidance for staff in relation to people's dietary needs and the support they required. Details of people's dietary likes and dislikes were also recorded.

People were supported by staff to use and access a wide variety of other services and social care professionals. The staff had a good knowledge of other services available to people and we saw these had been involved with supporting people using the service. For example, we saw that regular reviews were held with a multidisciplinary team, including people's GP, psychologist and other relevant health care professionals. This helped to promote good communications resulting in consistent, timely and

coordinated care for people. We saw that input from other services and professionals was documented clearly in people's files, as well as any health and medical information.

People were supported to maintain good health. We asked one person if they were given access to a doctor when they needed. They replied, "I went to hospital for my back. It's okay now." Staff helped people understand, manage and cope with their health needs by sharing information and supporting them at appointments. One relative said, "[Name of relative] has good support to attend health appointment. Communication is also good and they let me know about anything of concern." Records showed each person had a health care plan that set out their medical history and current health needs. These were available in pictorial format and included instructions for staff on what to do to support people to stay as healthy as possible. Records confirmed that people's health needs were frequently monitored and discussed with them and they had been supported to attend healthcare appointments as required.

People's diverse needs were met by the adaptation, design and decoration of premises. All rooms were light and well decorated and the kitchen was well maintained and clean. One person showed us their room and smiled as they opened their cupboard filled with shirts and ties. They were very eager to show this cupboard off to us. The person's bedroom was personalised and was reflective of their interests and things that were important to them. For example there were lots of photographs of the person's family on display. There were arrangements in place to ensure people had access to appropriate space to receive visitors to the service and to spend time alone if they required.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as less restrictive as possible. 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).

Detailed assessments had been conducted to determine people's ability to make specific decisions and where appropriate Deprivation of Liberty Safeguards (DoLS) authorisations had been obtained from the local authority. The registered manager and staff understood their roles in assessing people's capacity to make decisions and people told us they were always asked about consent to care and treatment.

Good

Is the service caring?

Our findings

People continued to receive care from staff that were kind, caring and compassionate. We asked one person if they thought the staff were kind. They replied, "[Name of staff member] helped me with my shirt. They helped me shower and shampoo." They said this while pointing to their hair. A relative commented, "I'm really pleased and I feel better knowing that [name of relative] is being looked after by people who genuinely care for them." Another relative said, "The staff are very caring. You get the feeling they are in the job for the right reasons, because they care."

Without exception there was a person centred approach to everything the service offered and how the service was run. The culture and direction of the service put people and their choices at the forefront of their care and people were able to have a say about matters that could have an impact on them and the support they received. Information was available in pictorial format suitable for people using the service.

People were treated as individuals and had outcome focused care plans which they or their relatives were involved in completing and reviewing on a monthly basis. We saw that people's goals had been agreed with them and their choices respected. For example, in one person's care plan we saw they wanted to go to Butlin's. In discussion with this person they told us this had been arranged and they were going to Butlin's. They were very excited about this and told us they had been before.

People were encouraged to express their views, were offered choices and made decisions about the way they wanted things to be done. We asked one person if they had made any decisions that morning. They told us, "I had cornflakes." When this person had earlier told us they enjoyed cake, staff went to the kitchen and returned with a selection of different cakes. These were placed in front of the person in a line. It took them a few minutes to decide which cake they would like and during this time they were not rushed or interrupted by the staff member. Upon choosing their cake staff placed it on a plate and remained with the person encouraging them not to eat too fast. It was explained that this was to reduce the risk of choking.

At the time of our visit families advocated for their relatives using the service. However we saw that people could have access to an advocate if they felt they needed support to make decisions or if they felt they were being discriminated against under the Equality Act, when making care and support decisions.

We saw that staff responded to people in a proactive way that enabled them to predict people's mood and behaviours and reduce the likelihood of any behaviour that may challenge the service. The registered manager informed us that having staff with the right values and skills was essential. During the interview process questions and tasks were designed to highlight individuals values and attitudes to ensure they matched the values that were at the heart of the service.

Staff were knowledgeable about the people they supported and what was important to them, such as family members and any hobbies or interests they had. Staff spoke with us about people in a dignified and professional manner throughout the course of our visit. They were able to explain to us about the care and support people needed. Staff knew people's individual communication skills, abilities and preferences.

There was a range of ways used to make sure people were able to say how they felt about the caring approach of the service. People and their relatives were able to comment about the care and the support provided through regular reviews, informal discussions and surveys sent out by the provider.

The privacy and dignity of each person was respected by all staff and people we spoke with confirmed this. We saw that staff always asked peoples permission before undertaking any task. Relatives also said they thought staff provided dignified care. One relative told us, "They are very respectful not just to [name of person] but to the family as well." Staff we spoke with understood about confidentiality. They told us they would never discuss anything about a person with others, only staff, but in a private area so they would not be overheard. Files were kept in a locked cabinet in the office.

Good

Is the service responsive?

Our findings

People received care that met their individual needs. A relative told us, "[Name of relative] can display behaviours that challenge the staff when they are miserable. They have not had any episodes for a long time which shows they must be happy. We have peace of mind as well." Another relative said, "My [relative] is enjoying life. That's all you want for them. [Name of relative] gets everything they need."

The assessment and care planning process considered people's values, beliefs, hobbies and interests along with their goals for the future. People and where appropriate their relatives and other health and social care professionals were involved in developing their detailed care plans. Staff knew people very well; their backgrounds and what care and support they needed. One staff member said, "We always think about the person as an individual. What do they need, what do they want. It is really important that we know people well so we can give them the best." Care plans were person centred and comprehensive, identifying people's background, preferences, communication and support needs.

People and their relatives were continuously involved in the assessment and planning of their care through regular review meetings. Throughout our inspection we observed that staff supported people in accordance with their care plans.

People were supported to follow their interests and take part in social activities. We asked one person what they enjoyed doing in their spare time. They replied, "I like shopping. I am going shopping this afternoon." They also continued to tell us, "I like to dance." The staff member supporting them explained that they attended a community disco event once a month. A relative commented, "[Name of relative] is always out and about. They have a very good social life and get to do the things they want." Each person had an activity plan that included support with life skills and leisure and recreational activities. On the day of our visit two people were out throughout the whole day attending activities of their choice.

Staff were actively involved in supporting people to engage and promote and build key relationships with family and friends outside of the service. We asked one person when their family could visit. They answered, "When she likes." A relative told us, "The staff bring [name of relative] to see me every week. If I visit them, as soon as I get to the door there is a cup of tea waiting. It's very welcoming."

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. For example, we saw that documentation for people using the service was available in easy read and pictorial formats.

People we spoke with knew how to report any concerns. We asked one person if they knew who to make a complaint to. They pointed to the registered manager who was sat at the dining room table with us. There was a complaints procedure in place and this was available in pictorial form if required. A relative told us,

"As an advocate for [name of relative] we are very vocal. We would certainly feel comfortable making a compliant." Everyone we spoke with told us they had not had cause to complain but would do so if they thought it necessary. We saw a notice board with the complaints procedure on display. This was available in a pictorial format suitable for people using the service. The complaints log showed that two complaints had been received in the last year. There were procedures in place to deal with complaints effectively and records were fully completed with a lessons learned section so that the service could use the outcome of the complaint to make improvements at the service.

Good

Is the service well-led?

Our findings

The service had a registered manager in post and they were supported by an assistant manager and also a team leader. The registered manager was also responsible for managing another three similar services within The Disabilities Trust. All managers and team leaders had experience in supporting individuals with complex needs and were trained and qualified in leadership and management. We received positive feedback about how they managed the service. One relative told us, "I think the home is well run. The manager is approachable, as are the other staff. I think it's the best it's been for a while."

The senior management team and provider created and promoted a positive person centred culture. Staff had the opportunities to share information and this culture encouraged good communication and learning. The registered manager told us, "We share information with staff all the time. If there has been an incident we discuss it with the staff team so we can all learn from it." Staff told us that the registered manager and senior staff were approachable. One member of staff said, "The support is there. We keep striving to make a better service. We can bring forward ideas and they are listened to."

Staff and the management team spoke positively about the service they provided and about how the close working links with the multidisciplinary team (MDT) ensured good outcomes for people who used the service.

Staff were supported through regular supervision and received appropriate training to meet the needs of people they cared for. Staff understood about people's needs and feedback from people and relatives was positive and showed good standards of care were provided for people. Staff felt able to voice any concerns or issues and said they had a voice and were listened to. We saw that team meetings were held which covered a range of subjects, and offered a forum for discussion and learning. We saw minutes of meetings held, and staff we spoke with confirmed they took place.

The quality of care was regularly monitored. Audits were carried out and included infection control practices, medication, environmental checks, care plans and daily records and health and safety. These helped to highlight areas where the service was performing well and the areas which required development. Records were well maintained at the service and those we asked to see were located promptly. Staff had access to general operating policies and procedures on areas of practice such as duty of candour, missing persons, accidents and fire safety.

Surveys were sent out to relatives and people who lived at the service. In addition we saw that the provider had implemented a new strategy which was called, Bright Ideas, Big Ambitions. This was for staff, people using the service and visitors to give ideas to the service and the trust to promote and improve services.

There were internal systems in place to report accidents and incidents and the manager and staff investigated and reviewed incidents and accidents. Care plans were reviewed to reflect any changes in the way people were supported and supervised. The registered manager was aware of the need to report certain incidents, such as alleged abuse or serious injuries, to the Care Quality Commission (CQC), and had

systems in place to do so should they arise.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed their rating at the service and on their website.