

## The Disabilities Trust

# Disabilities Trust - 9 Twyford Lane

### 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?	Outstanding ☆
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

About the service:

Disabilities Trust - 9 Twyford Lane is a residential care home which provides care and support to people with an acquired brain injury. It is registered to provide care for up to nine people. People were supported to live as independently as possible and the service was split into three individual houses all on one complex. Each house occupied up to three people. At the time of our inspection there were nine people living at the home.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found:

The staff and the management team were passionate about providing people with support that was based on their individual needs, goals and aspirations. As a result, their care was tailored to meet their exact needs.

The staff at 9 Twyford Lane were committed to making sure people lived fulfilling lives and were highly motivated with a 'can do' approach which meant they were able to achieve positive outcomes for people. Without exception, people spoke positively about their experience of the service and the successes they had been supported to achieve.

It was clear the culture within the service valued the uniqueness of all individuals who lived there. The service used person centred and innovative ways to provide people with the support they needed, based on best practice. People were fully supported to follow their interests and take part in social activities to achieve their aspirations and dreams.

The service took a key role in the local community and was actively involved in building further links. For example, people were supported to volunteer at a local food bank and one person volunteered at a dog rescue centre.

The complaints procedure which was accessible to people using the service and was easy to use. This was available in easy read and a pictorial version.

Systems were in place to make sure the service was safe, with very good staffing levels and highly skilled staff to deliver good quality care.

Risks to people were fully assessed and well managed. People were supported to take positive risks, to make sure they had greater choice and control of their lives. The positive risk-taking approach showed that

staff respected people's rights for independence and to take risks.

People were fully involved and supported to safely recruit staff to work at the service. This ensured that successful applicants had the right values and skills to match the values that were at the heart of the service.

Staff were trained in infection controls and the safe administration of medicines. Robust arrangements were in place to make sure 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 was provided in line with their preferences. Staff received an induction process when they first commenced work at the service and received on-going training to ensure they could provide care based on current practice when supporting people.

People were supported to be independent in shopping, preparing and cooking their own meals. Staff supported people to access health appointments when required, including opticians and doctors, to make sure they received continuing healthcare to meet their needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. The principles of the Mental Capacity Act (MCA) were followed.

Staff provided care and support in a very caring and meaningful way. They knew the people who used the service very well and had built up kind and compassionate relationships with them. People and relatives, where appropriate, were involved in the planning of their care and support. People's privacy and dignity was maintained at all times.

The service continued to be well managed. The provider had systems in place to monitor the quality of the service. Actions were taken, and improvements were made when required. Staff felt well supported and said the registered manager was open and approachable. The service worked in partnership with outside agencies.

Rating at last inspection.

The last rating for this service was Good (published 3 May 2017)

Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 9 Twyford Lane on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.  
Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.  
Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.  
Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was exceptionally responsive.  
Details are in our responsive findings below.

Outstanding ☆

### Is the service well-led?

The service was well-led.  
Details are in our well-led findings below.

Good ●

# Disabilities Trust - 9 Twyford

## Lane

### **Detailed findings**

## Background to this inspection

### The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

### Inspection team:

This inspection was carried out by one inspector.

### Service and service type:

Disabilities Trust - 9 Twyford Lane is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. The service accommodates up to nine people in three adapted buildings.

The service had a manager registered with the CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

### What we did before the inspection:

The provider was sent a provider information return to complete. This is information providers are required to send us with key information about the service, what it does well and improvements they plan to make. We reviewed other information that we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. We also considered the last inspection

report and information that had been sent to us.

During the inspection:

We spoke with three people who used the service and had discussions with four members of staff that included the registered manager, the assistant manager and two rehabilitation support workers. We reviewed a range of records. This included two people's care and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection:

We carried out telephone interviews with two relatives of people using the service to gain their views about the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People continued to feel safe when staff provided them with care and support. One person told us, "I feel very safe. We have a call system that makes me feel safe. I only have to press it and the staff will come." A relative commented, "[Family member] is safe at the home. The manager and her staff do all they can to make sure people living there are kept safe, especially when they go out into the community."
- Discussions with staff demonstrated they were skilled at recognising when people were at risk of harm or felt unsafe, and they felt comfortable to report unsafe practice. One staff member said, "I would have no hesitation raising any concerns with [name of registered and assistant manager.] I feel confident they would deal with things properly."
- All staff we spoke with were aware of the provider's safeguarding and whistleblowing procedures and records confirmed they had relevant and up to date training in this area. One commented, "We get regular safeguarding training. I know about the different types of abuse and how to report it." Records showed the provider reported safeguarding concerns as required to the relevant agencies.

Assessing risk, safety monitoring and management

- Risk assessments were in place to identify all the risks present within a person's life. These included environmental, activity specific, and behavioural plans. Each person's assessment was personalised to them and described the support they needed to manage any behaviours that might challenge the service. Staff told us they were able to keep people as safe as possible, whilst also promoting people's independence.
- Risk assessments addressed people's diverse needs. For example, people's specific needs around their mental health and rehabilitation needs.
- One person we spoke with was aware of their risk assessments and why they were in place. They said, "When I go out on my own I call in every hour, so staff know I'm okay. It's part of my risk assessment."
- Risk assessments were completed in a way that allowed people as much freedom as possible and promoted independence. In all instances, these had been reviewed monthly to make sure they remained up to date and reflected changes to people's circumstances.

Staffing and recruitment

- There were enough staff to support people safely. One person told us, "Yes there are enough staff. There are always staff around." A relative told us, "I think there are enough staff. [Family member] never has to stop doing any activities because of a lack of staff."
- Staff said there were sufficient staff to meet people's needs. One commented, "We do have enough staff to meet people's needs and support them when they are out in the community."
- We observed sufficient numbers of staff on shift to support people and rotas showed that staffing was

consistent.

- The provider followed safe recruitment procedures to ensure people were protected from staff that may not be fit and safe to support them. Disclosure and barring service (DBS) security checks and references were obtained before new staff started their probationary period. These checks help employers to make safer recruitment decisions and prevent unsuitable staff being employed.
- People using the service were encouraged to be involved in the staff recruitment process as much as possible. This inclusive approach played an important part in ensuring excellent relationships between people and staff.

#### Using medicines safely

- People continued to receive their medicines safely. Their care plans included details of the support they needed to take their medicines, which included any preferences about how they took their medicine. One person told us, "I self-medicate. I let the staff know when I have taken my tablets."
- Staff had undertaken appropriate training, so they could give people their prescribed medicines safely.
- Regular medicines' audits informed managers of any issues which were rectified in a timely manner.

#### Preventing and controlling infection

- People were protected by the prevention and control of infection because staff had the appropriate personal protective equipment to prevent the spread of infection.
- Staff told us, and records confirmed they received infection control training and there was an infection control policy in place.
- The environment was clean and hygienic, and regular monthly audits were completed with action plans in place to address any issues.

#### Learning lessons when things go wrong

- Lessons were learnt when things went wrong, and actions taken to reduce the risk. For example, there had been issues with security of the service and the provider had implemented a system to ensure the service was secure and this had been shared with staff.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care was assessed before they went to live at the service. The assessment tool covered people's physical, mental health and social care preferences. It also included information about people's cognitive abilities, functional abilities, mood, motivation and goals for rehabilitation. This ensured people's diverse needs could be identified and met.
- Assessment documentation considered the characteristics identified under the Equality Act and other equality needs. The assessments process also considered compatibility with other people using the service.

Staff support: induction, training, skills and experience

- Staff were sufficiently qualified, skilled and experienced to meet people's needs. One person told us, "The staff are knowledgeable. They know how to support us." A relative commented, "[Family member] has a lot of needs and the staff know exactly how to meet all their needs."
- An ongoing schedule of training was in place, to ensure staff kept up to date with good practice. For example, we saw that staff also completed equality and diversity, dignity and respect, and brain injury awareness.
- All new staff went through a comprehensive induction period, which included shadowing more experienced staff to get to know people, as well as covering the basic training subjects.
- The system for staff supervision and support was consistently applied. Staff told us they were supported by a senior staff member through their one to one meetings. One told us, "I have regular supervision and lots of support from the managers."

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they had a budget for their food and shopped for their food and prepared their own meals. One person said, "We have a meal planner and decide on our meals."
- Information was recorded in care plans about the support people required in relation to eating and drinking and whether people had any specific requirements. For example, where people were at risk of weight gain or choking. We saw that health professionals were involved in supporting people with specific nutritional needs.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff supported people with their health needs and were alert to changes in people's health. They supported people to access health services when they needed to.
- People's care plans included information about their health needs, medication and allergies. For example,

people's weight was regularly monitored and detailed assessments were in place for people's oral healthcare.

- Staff were aware of the importance of people maintaining good oral health. People had oral health care plans in place and were supported to attend dental services.
- People had emergency grab sheets to take with them if they needed to go to hospital. Emergency grab sheets contain information about a person as an individual, for example their communication needs.

Adapting service, design, decoration to meet people's needs

- The service was divided into three small houses. The layout of the buildings ensured that the environment offered plenty of personal space and people had been involved in choosing colours schemes and had also helped to paint some areas of the home. One person proudly showed us around their home and told us how they had helped with the decoration of the service.
- The service was homely and reflected people's tastes and preferences.

Ensuring consent to care and treatment in line with law and guidance

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 least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Where people were unable to make decisions for themselves, mental capacity assessments had been completed and where necessary, best interests' decisions were made on behalf of people in consultation with relatives and appropriate others. One person was subject to a DoLS authorisation.
- The management team and staff were aware of their responsibilities under the MCA and the DoLS Code of Conduct.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People received very supportive care from staff who knew them well. They had developed positive relationships with the staff. One person said, "I love the staff. I get on with all of them. We have a good laugh and are like a family." A relative told us, "[Family member] is in the best place. I have peace of mind and I know the staff genuinely care for them."
- Staff told us that they always tried their best for the people they supported, as they wanted them to receive good quality care and achieve their goals. One staff member said, "The best thing about this job is making a difference. There is nothing better to see people reach their goals."
- Each person had a key worker who were able to get to know and build positive relationships with them.
- All the staff spoke about people with warmth, respect and positive regard. One said, "Everything we do is about them [people using the service] I love to see people get on and achieve their goals."

Supporting people to express their views and be involved in making decisions about their care

- People told us they were encouraged to express their own wishes and opinions regarding their care. They explained that staff listened to what they had to say and ensured their care reflected this. One person told us, "I have a say about my care. The staff always listen to me."
- There was a comments box outside one of the houses so that people and their families could leave any anonymous comments or feedback about the service. This allowed people to raise anything that they may feel uncomfortable raising with a member of staff or management.
- The staff at the service had specific roles called 'Champions' for areas such as such as Dignity, Medication, Safeguarding, Health & Safety and End of Life. People were aware of who these staff members were and there were posters on display to remind people who they could speak to about specific areas.
- Staff actively involved people in making decisions and knew people's individual communication skills, abilities and preferences. People were able to comment about their care and the support they received through regular reviews, monthly meetings with their key worker, informal discussions and surveys sent out by the provider.
- We saw that people could have access to an advocate who could support them to make decisions about their care and support. Advocates are independent of the service and support people to raise and communicate their wishes.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. One person said, "The staff do treat me with respect. I feel very lucky to be here and have such good staff. I definitely feel respected." A relative commented, "The staff treat

[family member] with dignity and they have a lot of patience. I can't fault them."

- People were encouraged to maintain their independence and do as much as they could for themselves. For example, people were supported to plan, shop, prepare and cook their own meals. One person told us how they had been supported to access the community on their own.
- People were supported to maintain and develop relationships with those close to them, to build social networks and have community involvement. Relatives were regularly updated about people's wellbeing and progress.

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has improved to Outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were person centred and recorded how people's physical, communication, social and emotional needs were to be met. There was very detailed guidance for staff to follow in relation to people's behaviours. Staff told us the care plans were very valuable guides to what care and support people needed and were always kept up to date to reflect people's current needs.
- People were fully included in developing their care and support plans as well as given opportunities to develop the service. For example, people had been involved in the redecoration of their homes. They had chosen the colours and had been supported to paint the communal areas. One person said, "I enjoyed painting, it was good fun. The house looks homely. I love it."
- Each person had a monthly meeting with their key worker to discuss their care, their activities and raise any concerns they may have. One person told us, "We have lots of opportunities to talk with staff. We get lots of support."
- People told us that staff had excellent skills, and an exceptional understanding of how their social and cultural diversity may influence their decisions on how they wanted to receive care. For example, staff supported people to practice their faith and attend church services where they chose. People that had no religious beliefs had their views respected.
- One person had been supported to fly to their country of origin independently to stay with family. Staff had worked closely with airport staff and provided them with a step by step guide about the person to ensure their needs were met safely. This achievement was celebrated by staff and the person's family.
- Staff understood the principles of the Equality Act and supported individual needs regarding disability, race, gender, religion, sexual orientation and cultural backgrounds and supported them in a caring way. Where people had expressed an interest in engaging in relationships, staff educated them about the different relationships that existed and supported them.
- Staff worked very closely with each person to establish their strengths and empowered them to make choices and supported them to gain as much independence as possible. For example, some people had been supported to find voluntary work in the local community. Some worked at the local food bank and one person told us how they worked for a local dog charity.
- Staff supported people to identify their short and long term goals and dreams and there were clear plans in place to help people achieve these. For example, one person had been supported to travel and their relative told us they had visited, Portugal and, Mexico and was due to travel to Madeira. Another person with a disabling condition had been supported to swim a mile. This had helped with their mobility and the person continued to go swimming weekly and strived to swim a little bit further each time.
- Staff often went the extra mile to address people's needs and support them to achieve their goals. For

example, one person had been supported to walk independently to their place of work. We saw numerous trips and activities had been planned with people to support them to achieve their dreams. For example, a trip to Disney Land Paris, one person was being supported to do a tandem parachute out of an airplane and a hot air balloon flight was being organised for another person.

#### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- There were easy read and pictorial guides available for people. These helped them to understand residents' meetings, the complaints procedure and the care planning process.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were fully supported to follow their interests and take part in social activities. One person told us, "We can do any activities we like; nothing is off limits." A staff member told us, "I'm key worker to [name of person]. They have told me they would like to do a parachute jump. We are looking into it now. First thing we need is the okay from the GP. We can achieve it somehow."

- The assistant manager told us how they had supported one person to learn to ski and they had achieved this. They then went on to do skateboarding with support from staff.

- People were supported to develop and maintain relationships with people that mattered to them. One relative told us, "I can always visit when I like. They [staff] always make me feel welcome."

- People were supported to take part in activities that were culturally relevant to them. Several people were supported to attend their preferred place of worship, and one also attended a weekly home group which gave the person an opportunity to spend time with the congregation within a smaller setting. There was also a range of religious books for different denominations to support people to follow their chosen faith. Another person was supported to shop and cook meals that met their cultural needs.

- People told us they had been supported to attend a range of activities, which included movie nights, bowling, visiting the zoo and safari parks. We saw photos of people doing activities. One person told us how they had really enjoyed a visit to a chocolate factory and they had written a thank you note to the staff afterwards.

#### Improving care quality in response to complaints or concerns

- There was a complaints procedure which was accessible to people using the service and was easy to use. This was available in easy read pictorial version. In addition, a comments box, with cards was available for people to post any comments they may have.

- One person told us, "I would go to [name of assistant manager] if I wasn't happy. She would sort it out for me." A relative commented, "I would feel comfortable making a complaint. [Name of registered manager and deputy manager] are very approachable."

- The assistant manager told us they were regularly involved in the care of people they supported, and this allowed any potential concerns to be addressed before they developed into complaints. There were processes in place to ensure that all complaints would be dealt with appropriately.

#### End of life care and support

- At the time of the inspection, nobody was receiving end of life care. However, the registered manager told us that they could support someone at the end of their life with support from other health professionals and with specific training for staff.

- One staff member had completed an in-depth course about end of life. This meant they would be able to

support staff to care for people at the end of their life.

## Is the service well-led?

### Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager was also the registered manager for another service owned by the provider. They were supported by an assistant manager at 9 Twyford Lane.
- The quality of care was regularly monitored. Audits were routinely carried out and included, infection controls, medication, environmental checks, care plans, daily records and health and safety checks. Action plans were put into place when areas needed to be addressed. We saw these had been addressed promptly.
- The registered manager and assistant manager notified the Care Quality Commission (CQC) and other agencies of any incidents which took place that affected people who used the service. They looked at all accidents and incidents to see if lessons could be learned when things went wrong. This was then shared with all staff.
- Systems in place to manage staff performance were effective, they were reviewed regularly and reflected best practice. There was a supervision, appraisal and comprehensive training programme in place.
- The provider invested in the learning and development of its staff, which benefited people through retaining a stable, motivated and skilled staff team. Staff told us this made them feel valued and appreciated.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service was led by a motivated registered manager, assistant manager and staff team. They shared a commitment to providing a service that passionately promoted person-centred values.
- People and relatives were very positive about the way the service was managed. A relative said, "I think the home is very well managed. [Name of assistant manager] is a good role model for the staff. She has a passion for the job." Another relative commented, "There is very good communication. I'm always kept informed. I am confident in how the home is run. My [family member] has been there a long time and if I wasn't happy I would make sure they moved."
- People experienced positive outcomes because staff completely understood their needs and preferences. One relative told us, "[Family member] has come on in leaps and bounds since they went to live at the home."
- People and staff commented that the registered manager and the assistant manager were always visible and both passionate about the job. One staff member said, "They work with us and help us support people all the time. They are very knowledgeable and have a lot of experience."



- All the feedback we received about the service was very positive and we were told how valuable the service was to people. One relative told us, "[Family member] had been to several places before but this one is the best. I'm delighted we found this home."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager ensured there were systems in place to ensure compliance with duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- Staff knew how to whistle-blow and knew how to raise concerns with the local authority CQC if they felt they were not being listened to or their concerns not acted upon.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff told us that because the service was small the communication flow was very good. Staff told us they had regular staff meetings and one to one meetings with a senior staff member. There were daily handover meetings where staff discussed anything of note and made sure they always had up to date information.
- People had numerous forums to express their views. There were monthly house meetings and monthly key worker meetings.
- Service satisfaction questionnaires were sent out to people, family members and health professionals to comment on the overall quality of the care. All the responses we looked at were very positive about the service.

Working in partnership with others

- The registered manager referred people to specialist services when needed, either directly or via the GP. Records confirmed the service worked closely with the dietician, the speech and language therapists and people's GP's.
- The service had forged links with the local community. People had been supported to volunteer at the local food bank, dog rescue centre and a local charity shop.