

The Disabilities Trust

Disabilities Trust - 29

Briants Avenue

### 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

### About the service

Disabilities Trust - 29 Briants Avenue is a care home without nursing that provides a service for up to three people with learning disabilities and/or autistic spectrum disorder. At the time of our inspection there were three people living at the service.

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 service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

We have made a recommendation about keeping records and evidence of best interest decisions in line with the MCA legal framework.

People were kept safe living at the service. Relatives felt their family members were kept safe in the service. The assistant manager and staff understood their responsibilities to raise concerns and report incidents or allegations of abuse. Risks to people's personal safety had been assessed and plans were in place to minimise those risks. Staff recruitment and staffing levels supported people to stay safe while working towards their goals and going about their lives. The management of medicine was safe, and people received their prescribed medicine on time. There were contingency plans in place to respond to emergencies. The premises were cleaned and well maintained.

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. People received effective care and support from staff who knew them well. The assistant manager had planned and booked training to ensure staff had appropriate knowledge to support people. People enjoyed the food and could choose what they ate and where to eat. People had their healthcare needs identified and were able to access healthcare professionals such as their GP.

We observed kind and friendly interactions between staff and people. Relatives confirmed staff were caring and respected their privacy and dignity. The assistant manager was working with the staff team to ensure caring and kind support was consistent. People and their families were involved in the planning of their care.

The service encouraged feedback from people, families, and professionals, which they used to make improvements to the service and protect people against the risks of receiving unsafe and inappropriate care and treatment. People were encouraged to live a fulfilled life with activities of their choice and were supported to keep in contact with their families. People and staff had meetings to ensure consistency in action to be taken. The staff team had daily communication to discuss matters relating to the service and people's care.

The assistant manager had quality assurance systems in place to monitor the running of the service and the quality of the service being delivered. With the help of the staff team, they took actions to address any issues. Staff felt the assistant manager was supportive and open with them and communicated what was happening at the service and with the people living there.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

At the last inspection the service was rated good (Report was published 31 August 2016).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### 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 responsive.

Details are in our Responsive findings below.

**Good** ●

### **Is the service well-led?**

The service was well-led.

Details are in our Well-Led findings below.

**Good** ●

# Disabilities Trust - 29 Briants Avenue

## **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 - 29 Briants Avenue is a care home (without nursing) which is registered to provide a service for up to three people with learning disabilities. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. The previous registered manager left in May 2019. The service was overseen by the senior staff and an assistant manager. The provider had plans underway to recruit a new manager. This meant the provider was legally responsible for how the service was run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small, and people are often out, and we wanted to be sure there would be people at home to speak with us.

#### What we did before the inspection

Prior to the inspection we looked at all the information we had collected about the service including

previous inspection reports and notifications the registered manager had sent us. A notification is information about important events which the service is required to tell us about by law.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We also contacted five community professionals for feedback and received one response. We used all of this information to plan our inspection.

During the inspection

We spoke with the assistant manager and received feedback from three members of the staff team. We observed interactions between staff and people living at the service. We carried out a tour of the premises. We reviewed a range of records relating to the management of the service for example, audits and quality assurance reports; records of accidents, incidents; compliments and complaints, and maintenance records. We looked at two staff recruitment files and staff support information. We looked at two people's support plans and associated records.

After the inspection

We continued to seek clarification from the assistant manager to validate the evidence found. We looked at training information, quality assurance audits, meeting minutes and spoke to two relatives.

# 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 were protected from the risks of abuse. Relatives said their family members were safe with the staff.
- When there had been safeguarding concerns raised, the management dealt with them appropriately.
- Staff knew how to deal with and report any issues relating to people's safety. Staff were confident the management team would act on any concerns reported to ensure people's safety.

Assessing risk, safety monitoring and management

- People were protected from risks associated with their health and the care they received.
- People's support plans had detailed guidelines to ensure staff supported them appropriately, including personal care, communication, emotional and behavioural support.
- Support plans provided guidance for staff on how to minimise the risk without restricting people or their independence. Information about risks and needs were kept under review. As people's needs changed, risk assessments were also adjusted to reflect these.
- There were business continuity plans in place to ensure people were supported in the event of emergency.
- The environment and equipment were safe and well maintained. Staff monitored other general environmental risks, such as water temperatures, fire exits and slip and trip hazards. Where possible, people who use the service also got involved in ensuring the safety of the service, which they enjoyed.

Using medicines safely

- People had their medicines managed safely.
- Medicines were stored securely and regularly checked by the staff.
- People were supported to have their medicines at the right times, as prescribed.
- Only trained senior staff who had been assessed as competent supported people with their medicines.
- We reviewed medicine administration record (MAR) charts, which were complete with no gaps.
- Where people were prescribed 'as required' medicines, we found there was guidance in place to identify when the person might need the medication or what symptoms they might present with.

Staffing and recruitment

- We looked to see if safe recruitment procedures were used to ensure people were supported by staff who were of good character, suitable for their role and had appropriate experience. We found some information gaps regarding employment histories and evidence of conduct. We raised this with the assistant manager. We have since been provided with evidence that this has been rectified.
- There were enough staff to support people's needs and the senior staff and the assistant manager regularly reviewed the staffing requirement to meet people's needs.
- People received support from staff on a one to one basis and in a group. This was based on people's

individual needs.

- Staff felt there were enough staff to do their jobs safely. The assistant manager was helpful ensuring the service operated at safe staffing levels. We saw staff responded to people's request for support during the day.

Preventing and controlling infection

- Appropriate measures were in place regarding infection control. The service was clean and odour free.
- Staff used appropriate personal protective equipment to protect people from the risks relating to cross infection.
- Staff were trained in infection control and followed the provider's policies and procedures.

Learning lessons when things go wrong

- The registered person had a system for recording accidents and incidents and information was recorded in detail with appropriate actions taken. The assistant manager and senior staff reviewed this information for trends and triggers, and to look for ways to reduce the risk of reoccurrence.
- Regular contact and communication within the staff team provided opportunities for the service to learn from past events and put measures in place to ensure everyone's safety.
- Staff safely supported people who may become distressed and show behaviour that challenged. The assistant manager said looking at incidents helped them identify a better approach to people to prevent them getting distressed. The service also worked with professionals and engaged in reflective practice to identify areas for improvement.



# 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 needs were assessed to identify the support they required and to ensure that the service was meeting these individual needs.
- People's support plans were person centred and clearly described people's personal likes and preferences, their social interests, as well as physical and emotional needs. It demonstrated the person had been involved in drawing up their plan.
- Support plans detailed agreed goals people wanted to achieve and how they wished to be supported. Where people were diagnosed with a learning disability and/or mental health issue, support plans identified the impact of these needs on them individually and how staff should support them in all areas. It was also to ensure people were able to live life to their full potential and as they chose.

Staff support: induction, training, skills and experience

- People received effective care and support from staff who knew how they liked things done. We observed the staff interacted well with the people and responded to those who needed help.
- Staff received training that equipped them with the knowledge they needed to support people. The assistant manager had a system for monitoring staff training to ensure training was up to date. They had planned and booked training to ensure staff had appropriate knowledge to support people. When new staff started they had an induction that included training and a period of shadowing experienced staff before working on their own.
- Staff felt they received the training they needed to enable them to meet people's needs, choices and preferences. Staff felt supported by the assistant manager. They used provider's performance and appraisal system. Staff members received feedback about their performance and discussed training needs during one to one supervision.

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

- People were supported to receive meals which met their dietary requirements, this included the texture they needed to reduce the risk of choking. Staff made sure foods were available to meet people's diverse and cultural needs and preferences. People also helped decide on the menu choices.
- The service sought the advice of dietitians or speech and language therapists, as necessary, and followed any advice given.
- During the inspection, we saw people enjoyed the food and were given options of food they wanted. Snacks and drinks were available, and they were encouraged to drink regularly.

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

- People were supported to remain as healthy as possible. Support plans covered aspects of care including health and well-being to meet people's individual needs.
- People's changing needs were monitored appropriately to ensure their health needs were responded to promptly.
- People were referred to various health professionals in good time to address any health or changing needs. The assistant manager and the staff were knowledgeable and informed about people's health and wellbeing.
- We saw the care for people's health and wellbeing was proactive and organised well.

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

- The premises were clean and bright, and furnishings and fittings were of a good quality.
- People were involved in decisions about the premises and environment; individual preferences and support needs were reflected in how adaptations were made, and the premises were decorated. For example, people were supported in choosing how they would like their bedrooms decorated.

#### 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.

- We found at times there was a lack of clarity around the practice for MCA and gaining consent from people. For example, we looked at one person's assessments reviewing if a decision was made in their best interest to take photographs and videos of the person to be used by an outside organisation. A best interest decision was made, and it described how beneficial it was for the person to attend the activities. However, the records did not always fully explain why or how it was in the best interest of the person to have their pictures and videos being used by the outside organisation.

We recommend the provider seeks advice and guidance from a reputable source in relation to recording and evidencing of the best interest decisions and consent in line with the MCA legal framework.

- We observed staff were polite and respectful towards people and their decisions. People's rights to make their own decisions, where possible, were protected.
- Staff understood the need to consider people's capacity to help them make decisions and acted in accordance with the MCA.

# 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

- The service continued to provide caring and kind support to people who were treated with care and kindness. Staff showed skill when working with people and it was obvious they knew them well.
- People were comfortable with staff and responded well to them. Relatives agreed staff were caring when they supported their family members.
- Staff provided support to meet the diverse needs of people using the service including those related to disability, gender, ethnicity and faith.

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

- People and those important to them were encouraged and involved in making sure people received the care and support they wanted. People's views were sought through care reviews, key worker meetings, house meetings, and verbal and written feedback.
- Each person had a keyworker. A key worker is a named member of staff, responsible for ensuring people's care needs were met. This included supporting them with activities and spending time with them. People met monthly with their keyworkers and were able to discuss how things were going, what they were happy with and what they were not so happy with.
- Staff respected people's choices about how and where they wanted to spend their time.
- People's bedrooms were personalised and decorated to their taste, including pictures of friends and family and other items important to the person. We observed people looked well cared for, with clean clothes and appropriate footwear.

Respecting and promoting people's privacy, dignity and independence

- People were treated with care and kindness. Relatives agreed staff showed them respect and protected their dignity and privacy.
- Staff understood the importance of treating people with dignity and compassion, and of respecting their privacy. For example, knocking on their doors, respecting their wishes for alone time and preserving dignity during personal care.
- People were encouraged and supported to be independent. Staff were helping people with making choices, working together and involving them in day to day tasks. Staff supported people to do as much for themselves as possible.
- People's right to confidentiality was protected. All personal records were either stored on the password protected computer system or kept locked away in the office. Staff understood the importance of keeping information confidential. They would only discuss things in private with appropriate people when necessary.

## 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 remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received support that was individualised to their personal needs. Relatives agreed their family member received the care and support they needed.
- Support plans were very detailed and written in an individualised style. This provided staff with information and guidance on each person, so they could continue to meet their individual needs.
- People were fully involved in developing their plans of care, setting their goals and actively supported to achieve them. People were supported to set new goals to fulfil their potential.
- People's needs and support plans were regularly assessed for any changes. People's changing needs were monitored, and support plans amended when changes occurred or if new information came to light. Where a person's health had changed it was evident staff worked with other professionals.
- The staff used shift handovers to discuss any tasks to complete or what was going on in the service. The assistant manager visited the service regularly and worked alongside staff when necessary. This way they could monitor practice regularly and ensure appropriate action was taken to address any issues.

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.

- Support plans clearly described the support people needed to communicate effectively and what staff needed to do to communicate effectively with them, wherever possible.
- Staff were aware of different ways of communicating with people, for example, pictures, widgets, sign language and giving them time to respond.
- The assistant manager and senior staff were aware of the specific requirements of the AIS. We discussed the five steps of AIS with them to ensure all information presented was in a format people would be able to receive and understand.

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 supported to develop and maintain relationships with people that mattered to them and avoid social isolation.
- People had a range of activities they could be involved in and staff ensured they accessed the community regularly. People were supported to follow their interests and take part in social activities according to their choices. For example, the staff supported people to get involved in autism week and help them understand their condition and how to celebrate it. Another person was learning to play musical instruments which helped with their wellbeing.

- People were involved in the local community and visited local shops, clubs, pubs, restaurants, church and other venues. Where possible the service provided access to local events to enhance social activities for all people. People had access to and used public transport. The service also had access to a vehicle when needed. During our inspection we observed people were going out throughout the day.
- The service also shared a regular newsletter that kept families informed and updated about what went on within the service and what people had achieved.

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

- The assistant manager took complaints and concerns seriously and used it as an opportunity to capture any trends and improve the service.
- We saw the service received compliments regarding the care and support provided to people.
- Staff were aware of the procedure to follow should anyone raise a concern with them.
- People and relatives were able to raise their concerns with staff or senior managers.

#### End of life care and support

- At the time of this inspection the service was not providing end of life care to anyone living at the service. We saw the staff had taken the time to explore end of life wishes with people and where appropriate with their families.

## 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.

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

- The assistant manager and staff demonstrated a shared responsibility for promoting people's wellbeing, safety, and security. There was a 'whole team approach' and supportive culture and relatives agreed the service was managed well. One relative said, "We feel fortunate that our [relative] has a happy, settled home."
- Staff felt listened to and the assistant manager was approachable. Staff were positive about them and felt the service was managed well.
- The assistant manager praised the staff team saying, "The staff are very good. It is fun and enjoyable to manage them. The service is lucky as the staff know what they are doing. I would not change anything about them."
- The assistant manager added he felt supported by their seniors within the organisation and other managers. They worked together and shared ideas how to improve the quality of the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- It is a condition of registration with the Care Quality Commission (CQC) that the service has a registered manager in place. This means that they and the provider are legally responsible for how the service is run and for the safety and quality of care provided. The service did not have a manager registered with the Care Quality Commission at the time of our inspection. The previous registered manager left in May 2019 and plans were underway to recruit a new manager.
- In the interim, the service had an assistant manager, who was responsible for managing this service and three other services. The full-time team leader was based in the service and spent their contracted hours working at this service alone. A number of management responsibilities were delegated to the team leader to carry out and oversee.
- The provider has to submit notifications to us when required. Notifications are events that the registered person is required by law to inform us of. We found one notification had to be submitted and the assistant manager acted in timely manner to rectify this.
- The assistant manager and the team leader followed quality assurance systems in place to help them identify shortfalls and complete actions. The audits included medicines, care planning, review of any feedback received, stakeholder consultations and any accidents or incidents. The assistant manager worked alongside staff that helped them observe daily practice and pick up any issues promptly. They also communicated regularly with their senior management to review the quality of the service and ensure necessary improvements were made.

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 assistant manager was clear about their role. We discussed the duty of candour and what incidents were required to be notified to the Care Quality Commission. However, there has been no notifiable incidents to report.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The assistant manager and the team leader promoted a positive, caring, transparent and inclusive culture within the service. They were motivated to provide care and support to people as their needs and health were changing.
- The staff held meetings for people who use the service to listen and gather any views or concerns they had.
- The assistant manager held staff team meetings to ensure any items arising from audits, reviews, people's meetings, relatives' feedback were shared with the staff team. This was to ensure all team members were aware of any issues, actions to take and pass on positive feedback. The staff felt the meetings were useful and helped them keep up to date with what was going on in the service.
- There was a regular meeting for team leaders from four of the provider's services operating in the area. They discussed various experiences, shared ideas and any learning from it to make improvements on the service and support provided.
- The assistant manager and staff team encouraged feedback and acted on it to continuously improve the quality of the service, so the people enjoyed living in the service.

Working in partnership with others

- The service had well-established partnership working with outside organisations. Where necessary, external health and social care professionals had been consulted or kept up to date with developments.
- The service had good links with the local community and the provider worked in partnership to improve people's wellbeing. Records showed the service had positive relationships and regular contact with professionals including GP's, occupational therapist, psychologist, physiotherapist, speech and language team, mental health team and the local authority.