

The Fremantle Trust

Aylesbury Supported Living Scheme

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

This inspection took place on 21 and 23 December 2015. It was an announced visit to the service.

We previously inspected the service on 31 October 2013. The service was meeting the requirements of the regulations at that time.

Aylesbury Supported Living Scheme provides support for up to 30 people with learning disabilities in their own homes. Twenty nine people were using the service at the time of our inspection.

The service had 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.

We received positive feedback from people using the service. Comments included "I feel safe here," "It's good having my own flat," and "Staff are brilliant." Two relatives we spoke with were complimentary of the service and the support provided to their family member.

People were kept safe at the service. There were safeguarding procedures and training on abuse to provide staff with the skills and knowledge to recognise and respond to safeguarding concerns. There were enough staff to support people and to help them access the community. The service used robust recruitment procedures to make sure people were supported by staff with the right skills and attributes.

Staff received the support they needed to help them develop in their roles and support people appropriately. This included regular supervision, staff meetings and an on-going training programme.

The provider monitored the service to make sure it met people's needs safely and effectively.

People's needs and their preferences for how they wished to be supported were recorded in their care plans. Risk assessments had been reviewed regularly to make sure they still reflected people's circumstances.

People were supported to keep well and attend healthcare appointments. Medicines were managed well.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People's likelihood of experiencing injury or harm was assessed to identify areas of potential risk.

People received their medicines from staff who were appropriately trained and assessed.

People were supported by staff with the right skills and attributes because robust recruitment procedures were used by the service.

Is the service effective?

Good ●

The service was effective.

People received safe and effective care because staff were appropriately supported through a structured induction, regular supervision and training opportunities.

People were encouraged to make decisions about their care and day to day lives. Decisions made on behalf of people who lacked capacity were made in their best interests in accordance with the Mental Capacity Act 2005.

People received the support they needed to attend healthcare appointments and keep healthy and well.

Is the service caring?

Good ●

The service was caring.

People were supported to be independent and to access the community.

Staff treated people with dignity and respect and protected their privacy.

People were supported by staff who engaged with them well and took an interest in their well-being.

Is the service responsive?

Good ●

The service was responsive.

People's preferences and wishes were supported by staff and through care planning.

There were procedures for making compliments and complaints about the service. People were able to identify someone they could speak with if they had any concerns.

People were supported to take part in activities to increase their stimulation.

Is the service well-led?

The service was well-led.

People's needs were appropriately met because the service had an experienced and skilled registered manager to provide effective leadership and support.

The provider monitored the service to make sure it met people's needs safely and effectively.

The registered manager knew how to report any serious occurrences or incidents to the Care Quality Commission. This meant we could see what action they had taken in response to these events, to protect people from the risk of harm.

Good ●

Aylesbury Supported Living Scheme

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 inspection took place on 21 and 23 December 2015 and was announced. The provider was given 48 hours' notice because the location provides a supported living service for younger adults who are often out during the day; we needed to be sure that someone would be in.

The inspection was carried out by one inspector. 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. We reviewed notifications and any other information we had received since the last inspection. A notification is information about important events which the service is required to send us by law.

We contacted the local authority commissioners of the service, to seek their views about people's care. We spoke with two relatives, to ask them about standards of care at the service. We spoke with the registered manager, four members of staff and eight people using the service. We checked some of the required records. These included three people's care plans, four people's medicines records, three staff recruitment and development files and training records for the whole staff team.

We attended a Christmas coffee morning organised by the registered manager for people living at the service. This provided opportunity to meet with people and staff in a relaxed environment.

Is the service safe?

Our findings

Staff understood about safeguarding people from abuse. There were procedures for them to follow if they suspected anyone was being harmed. Staff told us they would not hesitate in reporting any concerns to the registered manager and external agencies, such as the local authority. All staff completed training on safeguarding as part of their induction and on-going development.

We saw emergency evacuation plans had been written for each person. These documented the support and any equipment people needed in the event of emergency situations. Staff had been trained in fire safety awareness and first aid to be able to respond appropriately if emergencies arose.

People told us there were enough staff to support them. One person told us they felt safe because there were always staff around when they needed assistance. One to one support was provided where needed, to meet people's assessed needs. Staff rotas were maintained and showed people's support was planned and arranged well. Staff were allocated to work with named people on each shift. This helped ensure people received continuity of care.

People were protected by the recruitment processes used at the service. All required checks were undertaken before prospective members of staff started work. This included a check for criminal convictions, uptake of written references from previous employers and health screening.

There was a system in place for the reporting and recording of incidents and accidents. The Care Quality Commission had been appropriately informed of any reportable incidents as required under the Health and Social Care Act 2008.

The registered manager took action where staff had not provided safe care for people. For example, where errors had occurred. Records were kept of meetings held with staff following incidents of this nature, to determine what had happened and to prevent recurrence.

Risk assessments had been written, to reduce the likelihood of injury or harm to people. These included use of kettles, accessing the community, cooking and travelling by taxi.

People's medicines were generally managed safely. People were supported to manage their own medicines where possible, subject to risk assessment. Staff handling medicines had received training on safe practice and had been assessed before they were permitted to administer medicines alone. People told us they received their medicines when they needed them. We saw there were some minor gaps to the records to show when medicines had been given to people. These gaps were picked up as part of routine audits of medicines practice.

Is the service effective?

Our findings

People received their care from staff who were appropriately supported. New staff undertook an in house induction to their work to make them aware of good practices and safe ways of working. They were also enrolled onto the nationally-recognised Care Certificate. The Certificate is an identified set of standards that health and social care workers need to demonstrate in their work. They include standards on privacy and dignity, equality and diversity, duty of care and working in a person-centred way.

There was a programme of on-going staff training to help staff develop the skills they needed to support people effectively. This included safeguarding, moving and handling, basic life support and infection control. Staff told us there were good training opportunities at the service and they were encouraged to attend courses.

People were supported by staff who received regular supervision from their line managers. The staff development files we checked showed there were regular meetings between staff and managers, to discuss their work and any training needs. Appraisals were undertaken annually to assess and monitor staff performance and development needs.

People were supported with their healthcare needs. Care plans contained information about any support people needed to keep healthy and well. Records were kept of the outcome of medical appointments and any follow up required.

Staff communicated effectively about people's needs. Relevant information was documented in a communications book and handed over to the next shift. Daily diaries were maintained in people's homes to log any significant events or issues so that other staff would be aware of these.

People we spoke with said they knew who their keyworkers were. This is a member of staff assigned to the person, who helps co-ordinate their care, liaise with family members and ensure care plans are accurate and up to date.

People were supported with the preparation of their meals, if this was required. People had their meals when it was convenient for them and to fit in with any activities or personal preferences. Care plans documented people's needs in relation to eating and drinking. We saw people were supported by the dietitian, where necessary, to meet particular needs.

People told us and we observed they were consulted about their care. For example, we saw a member of staff introduced themselves to two people who they were due to support for the first time in the coming weeks. They asked both people if that would be alright for them to do so.

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 the case of supported living schemes, application must be made to the Court of Protection to authorise restriction of someone's liberty.

We checked whether the service was working within the principles of the MCA. The registered manager had not needed to make any applications to restrict people's liberty. Records were kept of decisions made in people's best interests, for example, management of their finances. These showed appropriate processes were used where people lacked capacity.

Is the service caring?

Our findings

We received positive feedback from people. Comments included "Staff are brilliant" and "They've really helped me." We read a letter sent by a relative to the service, thanking their family member's key worker for their support. It described the keyworker as kind and caring and commented they had made a big difference to their family member's life. Relatives we spoke with were also complimentary of standards of care and the approach staff took. They were very pleased with their family member's care and added the person's keyworker was "Pragmatic and has common sense."

People told us staff were respectful towards them and treated them with dignity. We observed staff took an interest in people and talked with them about their families and arrangements for Christmas. We saw people going off into town with staff support to help them buy presents for their families and friends.

Staff were knowledgeable about people's histories and what was important to them, such as family members, where they liked to go on holiday 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.

Staff actively involved people in making decisions. This included decisions about meals, going out into the community, attending Christmas parties, encouragement to undertake household chores and participation in reviews of their care. We read feedback at the service from one person's care manager which commented positively about how involved their client had been in their care review and how they were given time to express their views about their care.

We saw some documents in people's files had been produced in picture formats. For example, medicines agreements and information about managing finances. This helped people understand the documents before they signed them.

We observed staff engaged well with people. For example, when staff talked with people they used appropriate language, took time to explain things when necessary and involved humour where appropriate.

Staff respected people's confidentiality. There was a policy on confidentiality to provide staff with guidance. The relatives we spoke with told us "Staff are discreet about confidentiality" and never discussed other people's personal circumstances with them. This ensured sensitive information was kept private.

Relatives told us they were free to visit the service whenever they chose. One visitor commented "Staff are very welcoming of us."

There was information about advocacy services. Advocates are people independent of the service who help people make decisions about their care and promote their rights. Some of the people who use the service attended a conference for people with learning disabilities, organised by the provider. This included involvement from a local advocacy service.

The service promoted people's independence. Risk assessments were contained in people's care plan files to support them in areas such as accessing the community and undertaking household chores. We observed people going out into the community throughout the course of our visit and heard staff ask people if they would like to accompany them when they went out. For example, to get milk from a local shop.

Tenants' meetings were held to update people about the service and listen to their views. We read the minutes of recent meetings. These showed people were kept informed of significant events, such as arrangements for Christmas, activities they would like to take part in and 'stranger danger'.

Is the service responsive?

Our findings

People were supported by a service which was responsive to their needs. Care plans took into account people's preferences for how they wished to be supported. People's preferred form of address was noted and referred to by staff. People's wishes of who they would like contacted if they became unwell were also documented. There were sections in care plans about supporting people with areas such as their health, dressing, washing and bathing and mobility. Care plans had been kept under review, to make sure they reflected people's current circumstances. This helped ensure staff provided appropriate support to people.

Health action plans were in place describing the support people needed to maintain their health. Staff had also completed forms about people's needs to assist them if they needed to be taken to the Accident and Emergency department. This helped to ensure people received the support they required in emergency situations.

The service took appropriate action where people had received poor care from external agencies. We saw the registered manager had made a complaint on behalf of one person who experienced unsatisfactory care whilst in hospital. Records of the complaint investigation showed it led to improvements which other people with learning disabilities would also benefit from.

People or their relatives were involved in developing their care plans. Care plans were personalised and detailed daily routines specific to each person. Staff were able to tell us about people's needs and how these were met by the service. All of the staff we met spoke positively about person-centred care and supporting people to lead fulfilled lives.

The service supported people to take part in social activities. People told us they were involved in a range of activities which included going to day services, attending Gateway club, going out for meals and going to the theatre. People's cultural and religious needs were taken into consideration. For example, we read a care plan in one person's file to support them attending church.

People were encouraged and supported to develop and maintain relationships with people that mattered to them and avoid social isolation. We saw people were supported with personal relationships, as well as those with family and friends. Whilst people had their own individual flats, there was also a shared lounge where they could meet up and socialise with others at the service. This helped to prevent people feeling isolated, especially when they were new to the service. We heard people who were staying at the service and would otherwise be alone, had been invited to share Christmas lunch together, if they wished.

Handover between staff at the start of each shift ensured that important information was shared, acted upon where necessary and recorded to ensure people's progress was monitored.

There were procedures for making compliments and complaints about the service. Records showed the service received lots of compliments about how it supported people. Any complaints were responded to appropriately. None of the staff, relatives or people who use the service that we met expressed any concerns

about standards of care. They told us they felt confident in approaching the registered manager if any issues should arise.

Staff took appropriate action when people had accidents. For example, one person told us how well staff had helped them when they fell over. We saw any accidents were recorded and action was taken, where possible, to prevent recurrence.

Is the service well-led?

Our findings

People were supported in a service which was well-led. The service had a positive culture that was person-centred, open, inclusive and empowering. It had a well-developed understanding of equality, diversity and human rights and put these into practice.

The registered manager was skilled and experienced in the provision of social care. We received positive feedback about how they managed the service. We saw staff, visitors and people who use the service were comfortable approaching them and were given time and attention.

Staff were supported through regular supervision and received appropriate training to meet the needs of people they cared for. There were regular staff meetings to discuss care practice and improvements to ways of supporting people.

The service had a statement about the vision and values it promoted. It included values such as choice, fulfilment, autonomy, privacy and social interaction. Throughout our inspection, we found staff were promoting these values in the way they provided care to people. For example, everyone we spoke with told us the service supported people with lots of activities and accessing the community.

People were protected by the provider's monitoring systems. There were records of monitoring visits undertaken by the provider. We saw the service's external line manager had visited for other purposes as well, such as attending a staff meeting in July 2015 and when they supervised the registered manager.

Audits were also undertaken to make sure the service was meeting people's needs. The registered manager carried out audits on topics such as medicines practice, quality and management of the service and leisure and activities. The provider undertook a quality audit of the service in May 2015 and found good standards of care were being provided to people.

Records were generally 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 safeguarding, restraint, whistle blowing and safe handling of medicines. These provided staff with up to date guidance.

Staff were advised of how to raise whistle blowing concerns during their training on safeguarding people from abuse. This showed the home had created an atmosphere where staff could report issues they were concerned about, to protect people from harm.

Providers and registered managers are required to notify us of certain incidents which have occurred during, or as a result of, the provision of care and support to people. There are required timescales for making these notifications. The registered manager had informed us about any incidents and from these we were able to see appropriate actions had been taken.

We found there were good communication systems at the service. Tenants' meetings were held regularly.

These provided an opportunity for communication between people who use the service and staff about concerns or improvements that were being made. Staff and managers shared information in a variety of ways, such as face to face, during handovers between shifts and in team meetings.