The Disabilities Trust

Disabilities Trust - 22 Woodlands Road

Inspection report

Sonning Common
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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

The inspection took place on 15 June 2016 and was announced.

Disabilities Trust - 22 Woodlands Road provides accommodation with personal care for up to three people with learning disabilities or autistic spectrum disorder.

There was no registered manager in post at the time of our inspection. 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. The provider had appointed a manager who was due to start at the service in July 2016. The new manager would be applying to register with CQC. 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.

Relatives we spoke with were positive about the team leader and assistant manager who were responsible for the management of the service. Relatives gave many examples of person-centred care and it was clear that people were at the centre of all the service did.

Medicines were not always managed safely and systems in place to monitor the quality of service had not identified the issues found in relation to medicines management. Questionnaires to monitor the quality of the service were sent out to people and staff, however there was no system to identify areas for improvement. There were sufficient staff deployed to meet people's needs.

Staff were knowledgeable about their responsibilities to identify and report concerns relating to safeguarding vulnerable people. The provider had a safeguarding policy and procedure in place. Any safeguarding concerns were investigated appropriately. The provider carried out safe recruitment practices to ensure staff were suitable to work with vulnerable people.

People's care records were personalised and where risks were identified plans were in place to manage the risks. Care records identified the importance of positive risk taking and promoting independence. People were supported to maintain relationships with people who were important to them and had access to activities that interested them. People were encouraged to eat a healthy diet and were involved in shopping and cooking.

Staff had the skills and knowledge to meet people's needs and were supported through regular supervision and training. People were supported by staff who were caring and knew them well.

Staff had a clear understanding of their responsibilities in relation to the Mental Capacity Act 2005 (MCA).

People were supported in line with the principles of the act and where people were assessed as lacking capacity, decisions were made using a best interest process.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Medicines were not always managed safely.

Personal emergency evacuation plans were not always up to date.

Risks to people were identified and plans were in place to manage risks.

Is the service effective?

Good

The service was effective.

People were supported in line with the principles of the Mental Capacity Act 2005 (MCA)

Staff were supported through regular supervision. Staff had the skills and knowledge to meet people's needs.

People were supported to access health professionals when needed.

Is the service caring?

Good

The service was caring

Staff supported people with kindness and compassion during difficult personal circumstances.

People and their relatives were involved in their care.

People were encouraged to maintain and improve their independence.

Is the service responsive?

Good

The service was responsive.

People's care plans were person-centred and included goals people wished to achieve and the support they needed to do so.

People had access to activities that interested them.

There was a complaints policy and procedure in place. Relatives knew how to make a complaint and were confident that any issues would be dealt with promptly.

Is the service well-led?

Requires Improvement

The service was not always well led.

Quality assurance systems were not always effective and had not identified issues found in relation to the management of people's medicines.

Relatives and staff found the management team approachable.

There was a person-centred culture that put people at the centre of all the service did.

Disabilities Trust - 22 Woodlands Road

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 was planned to check 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 15 June 2016 and was announced. The provider was given 48 hours' notice because the location was a small care home for 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 looked at notifications received from the provider. A notification is information about important events which the provider is required to tell us about by law.

We spoke with two people's relatives and observed care practice throughout the day. We spoke with the assistant manager, team leader and two staff.

We looked at three people's care records, three staff files and other records showing how the home was managed

Requires Improvement

Is the service safe?

Our findings

Relatives told us people were safe. One relative said, "[Person] is absolutely safe in the service".

Staff had completed safeguarding training. Staff had a clear understanding of their responsibilities to identify and report any concerns relating to abuse. Staff knew where to report outside of the service if they felt people were still at risk of abuse. One staff member told us, "I would report to team leader and assistant manager. I would keep going until something was done. I would come to you guys (Care Quality Commission (CQC))". The team leader had raised safeguarding concerns with the local authority and records showed that concerns had been investigated and appropriate action taken.

The rotas showed there were two members of staff on duty to support the three people living in the service. There was an additional member of staff on duty when people were attending activities as one person was not currently participating in activities. This ensured people were still able to attend activities of their choice. Staff told us staffing levels were sufficient to meet people's needs.

People's medicines were not always managed safely. Most medicines were administered from a monitored dosage system (MDS). Where medicines were not in the MDS there was no system in place to monitor the balance of medicines to ensure people had received their medicine as prescribed. We found the balance of one medicine was not correct. We spoke to the assistant manager and team leader who immediately investigated the error and put in place a system to ensure balances of medicines was monitored daily.

Where people were prescribed 'as required' (PRN) medicines there were protocols in place that detailed when the medicine should be administered. However, we found a PRN protocol in place for one medicine that was not in stock. We spoke to the team leader who told us the person was no longer prescribed the medicine. The PRN protocol was removed.

Medicines not dispensed in a MDS had the date of opening recorded to ensure medicines were used within the required time limit.

Staff received medicines training and were observed as competent before administering medicines unsupervised. All MAR had been accurately completed and were signed by staff when people had taken their medicines. This was in line with the provider's medicines policy.

Medicines were stored safely. Temperatures were recorded daily to ensure medicines were stored at the correct temperature.

People's care plans contained risk assessments and where risks were identified there were plans in place to manage the risks. Risk assessments included risks relating to: leaving the home unaccompanied; road safety; travelling in vehicles; fire evacuation and risks in the community. Risk assessments documented the risks to people and others and what staff should do to support people to manage the risk. For example, one person's file included risks associated with their activities and there was detailed guidance in place to show

how these risks were managed. Risk assessments had been reviewed on a regular basis to ensure they reflected people's changing needs.

Risks associated with people's behaviours were detailed and contained clear guidance for staff. One person experienced behaviour that may be seen as challenging to themselves and others. The person's care plan contained detailed guidance on the techniques for staff to support the person when they experienced this behaviour. Guidance included, "Talk in a clear, calm voice and use simple language. Use keywords, no more than three at a time". Staff we spoke with knew the person well and were able to describe how they supported the person to manage the risks when they experienced this behaviour.

People's care plans contained personal emergency evacuation plans (PEEP). However, one person's PEEP did not include information relating to their sight impairment and gave incorrect information relating to the location of their bedroom. The PEEP identified a review date of October 2015 but no review had been completed. We spoke to the Team leader who immediately updated the information on the person's PEEP.

Records relating to recruitment of new staff contained all the relevant checks. These checks had been completed before staff worked unsupervised in the home to ensure they were of good character. These included employment references and disclosure and barring checks (DBS). DBS checks enable employers to make safer recruitment decisions and prevent unsuitable people from working with vulnerable people

Good

Is the service effective?

Our findings

Staff had the skills and knowledge to meet people's needs. One relative told us, "Staff, particularly [team leader] and [assistant manager], are outstanding in their skills and knowledge of [person] needs. They are very, very good at calming [person] down. I have never seen a situation they haven't been skilled to deal with their behaviour".

Staff had completed training which included: safeguarding; moving and handling; managing behaviours and medicines. Staff told us they were able to identify any additional training they felt would support them in their role and that the assistant manager was responsive to requests. Dates for forthcoming training were displayed in the office and staff told us there were regular updates available. Staff we spoke with had achieved national qualifications in social and healthcare. We found there was no record for one member of staff completing training in managing behaviours that may be seen as challenging. We spoke to assistant manager who established the member of staff had completed the training when working in another scheme owned by the provider.

Staff were supported through regular supervisions with the team leader. One member of staff told us they found supervision useful and was an opportunity to talk through any issues. The member of staff said, "[Team leader] always asks how I'm feeling and how I'm doing".

Staff had completed training in the Mental Capacity Act 2005 (MCA) and understood how to support people in line with the principles of the act. 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. One member of staff told us, "We cannot just decide what to do if someone lacks capacity. It's about looking for alternative ways and making sure we still give choice".

People's care records contained capacity assessments in relation to specific decisions. Where people were assessed as lacking capacity, a best interest decision process was followed and a decision made. For example, one person was assessed as lacking capacity in relation to taking their prescribed medicines. The records contained detailed guidance of the steps staff should take before making a best interest decision to manage the person's medication in order to keep them safe.

Deprivation of Liberty Safeguards (DoLS) had been applied for and approved by the local supervisory body. People can only be deprived of their liberty so that they can receive care and treatment when this is in the best interests and legal authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We saw that where the date of the authorisation had expired the team leader had applied to the supervisory body prior to the expiry date of the DoLS.

People had enough food and drink to meet their needs. People were provided with food and drink when

requested and were encouraged to be involved in preparation of food and drink. Care plans included information relating to people's specific dietary requirements. For example, one person was at risk of choking. The care plan detailed the food the person should avoid. The person had been assessed by the speech and language therapist (SALT) and there was guidance in place that stated the person should be observed when they ate their meals and to prompt the person to slow down if eating quickly.

Care records included health action plans which identified all input from health professionals. For example, one person had an annual eye check. We saw the appointment had been made and the person was being supported to attend. One relative told us, "They always make sure [person] attends GP and dentist appointments".

Good

Is the service caring?

Our findings

Relatives were extremely complimentary about the staff supporting people. Comments included: "They are wonderful. Overall care and compassion of staff is great"; "We always think on the way home how lucky we are that [person] has such wonderful care" and "The service and staff have been incredible. I can't fault them".

One person's relative told us how staff had supported the person during a relative's illness. Staff had supported the person to visit the relative at home, in hospital and in a hospice. The relative said, "They [staff] facilitated visits to the hospice frequently at the end of life. They even arranged for a photograph to be taken of them together two days before he died. I just can't speak highly enough of them". The relative told us how staff had supported the person and family in enabling the person to attend their relative's funeral. Staff made a detailed plan relating to the support the person would need. Additional staff were made available to ensure the person attended. The relative said, "It was only achieved by the staff all working together in a very proactive way.

Staff spoke with compassion when speaking about the person's experience of losing a family member. One member of staff told us how the person's behaviour had been affected by the bereavement. The member of staff was understanding and showed great empathy explaining how staff supported the person to grieve.

One relative told us how staff supported a person when relatives left the service after a visit. The relative said the person could become distressed and staff, "Used diversions and always fulfilled their promises" to the person. The relative acknowledged how staff support at this time minimised the impact both on the person and the family.

People in the service had been there for a number of years and were supported by staff who had worked at the service for many years. This consistency of relationships meant that people were supported by staff who knew them well. Throughout our visit we observed people being treated in a caring manner. Staff were patient, calm and compassionate in all interactions. For example, one person became anxious at our presence. A member of staff quickly acknowledged the person's concern and gently held the person's hand to reassure them.

People and staff had mutual value and respect for each other and we observed positive interactions between people who knew each other well. For example, people returned to the house after a trip out. People and staff were in the kitchen helping to make cups of tea. People responded to polite requests to get the milk from the fridge and gentle prompting to make the drinks. There was chatter and laughter during this time and it was clear caring relationships had been developed.

People were treated with dignity and respect. People's privacy was respected and they were supported to spend time in their rooms if they chose. People's choices were respected. Staff ensured people understood what support was being offered and that they wished to accept the support before staff helped them.

People were involved in decisions about their care. Care records showed people had identified activities and goals they wished to achieve and how these would be met. Relatives told us they were involved in people's care plans. One relative said, "We're very involved in [person's] care. We have an annual review to look at progress over the past year and plan what will happen in the next year".

People were encouraged to maintain and improve their independence. One person showed us their bedroom. The person had told us their favourite colour and we saw lots of items of this colour in their room. When the person went to the wardrobe to get a jumper a few items of clothing fell to the floor. A member of staff light heartedly prompted the person to put the items back on the hangers. When the person had hung the items up themselves they shook hands with the member of staff. The person was clearly pleased with their achievement. This showed the importance of a person doing as much for themselves as possible to maintain their independence. Staff had a clear understanding of the importance of maintaining and developing people's independence. One member of staff said, "We encourage and promote independence. That's our job".

People had been assisted to make arrangements in the event of their deaths. We saw a sealed letter marked private and confidential for an end of life plan. This had respected the person's privacy but was available to staff should the situation arise so they could follow the person's wishes.

Good

Is the service responsive?

Our findings

People's care plans were detailed and included information to ensure people's needs were met in a person-centred way. Staff were knowledgeable about people's needs and told us care plans contained sufficient information to enable them to meet people's needs. Care plans identified the importance of routine to people in the service. For example, one person's care plan included a detailed day and night routine which ensured the person was supported in a way that was familiar to them.

Care plans included goals identified with the person and how the goals were to be achieved. Goals and actions were not always detailed. However, there was evidence to show that goals had been achieved. For example, one person had wanted to plan and book a holiday. We saw this had been achieved. We also saw a day trip had been requested and this had also taken place. Another person's care plan identified they were being supported to be more involved in food shopping. The goals identified the person was to be supported to select items off the shelf in the supermarket. The steps to achieve this goal included taking pictures of items the person liked to eat so they could recognise them when shopping.

Care plans detailed people's likes and dislikes which included food choices, activities and clothing choices.

Care plans contained information in relation to people's diagnosed conditions. For example, one person was diagnosed with autism. The person's care plan detailed how the condition impacted on the person's communication and included the person's areas of strength when communicating. The care plan identified they had a good ability to remember events, people and holidays from their past. It also stated the person liked doing new things. This information was used to ensure staff considered the 'whole' person when responding to them, rather than just the person's behaviours.

Care plans were updated to reflect people's changing needs. For example, one person who had recently suffered bereavement was being supported to grieve. The care plan detailed the changes in the person's family contact and identified that the person was not currently able to go home for visits. The care plan contained social stories which were being used to prepare the person to visit in the future. Social stories are descriptions of a particular situation which include specific information about what will happen and what the person can expect.

People had access to a weekly programme of activities. This included line dancing, walking, having a foot spa and speaking to their relative. People were able to decide what activities they wished to take part in. On the day of our visit two people went bowling. It was clear when they returned to the home that they had enjoyed the activity. One person who chose not to go bowling was encouraged to enjoy the garden and prepare their lunch.

Staff were responsive to requests for activities. Records of a house meeting showed a person had wanted a barbeque as the weather was nice. Staff had immediately supported people to choose and buy some food and ensured the barbeque took place. There were photographs displayed of people and staff enjoying the barbeque.

Relatives were positive about the activities people were supported to attend. One relative said, "Activities are geared to the individual. [Person] goes swimming, to music therapy. They always let us know what's going on. There is an annual pantomime and we are always invited.

Relatives told us they knew how to raise a complaint but had not had to do so. One relative told us, "I don't have any concerns. [Team leader] is very approachable and sorts things out quickly. I've never had a complaint".

The organisation had a complaints policy and procedure. However, there was no record of any complaints and no system in place to record complaints. We spoke to the team leader who told us there had not been any complaints made. The Assistant Manager told us they would take immediate action to put a complaints recording system in place.

Requires Improvement

Is the service well-led?

Our findings

There was no registered manager in post at the time of our inspection. However, a manager from another service was supporting the assistant manager and team leader. A new manager had been appointed and would be starting in July 2016. The team leader had been in post for several years and was highly regarded by staff and relatives.

Relatives were complimentary about the team leader and assistant manager. Relatives described the management team as approachable and were confident that any issues were addressed promptly.

Staff were equally complimentary about the assistant manager and team leader. Comments included: "[Team leader] has been very supportive personally and professionally. I have regular supervision when I can talk about any issues" and "They [management team] are good, very helpful. I have supervision and it's a chance to say how I'm doing and how I'm feeling".

It was clear there was a culture that put people at the centre of all the service did. One relative told us, "They [staff team] put [person's] needs first".

There were regular audits carried out to monitor and improve the quality of the service. An audit carried out on 27 May 2016 by the service manager had identified areas for improvement. An action plan had been developed as a result of the audit that identified how improvements would be made and who was responsible. However, there were no dates to determine when actions would be completed. We spoke to the assistant manager who told us the action plan was signed by the responsible person once action had been taken. The action plan was reviewed weekly by the assistant manager.

The organisational audit tools did not always reference current legislation and guidance. For example, the audits referred to 'Essential Standards of Quality and Safety' and 'The General Social Council Codes of Practice'. These two documents are no longer current. We spoke to the assistant manager who told us they would pass the information to the provider's quality assurance team.

Additional audits were carried out by the team leader and included; staff training, environment and medicines. Where issues were identified action was taken to improve the service. For example, the audit of staff training had identified that some staff required training updates. This training had been scheduled. However, the audit had not identified the issues we found in relation to medication.

The provider carried out regular quality surveys with people and relatives. The survey responses from relatives were all positive and did not identify any areas for improvement. There were copies of surveys completed with people using the service. However, these were not dated and it was not clear if any action had been taken as a result of the surveys. We spoke to the assistant manager who told us people had been supported to complete the surveys and there were no areas of improvement identified. The assistant manager recognised the importance of ensuring that future surveys were dated.

Accidents and incidents were recorded and any action taken to reduce the risk of further incidents was included in incident reports. Accidents and incidents were reported through the provider's central system which was used to monitor and ensure any trends or patterns were identified.