

Anthony Toby Homes Trust

Anthony Toby Homes Trust - 38 Sarum Crescent

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 

Overall summary

This inspection took place on 4 August 2015 and was announced. We gave the registered manager 24 hours' notice as this is a small service and the people are often out all day. We needed to be sure someone would be in.

Anthony Toby Homes Trust - 38 Sarum Crescent provides a service for up to three people with learning disabilities and/or autistic spectrum disorder. The service is set in a

residential area of Wokingham. Due to the small size of this service, and so as not to identify them, we have not included direct quotes from people living at the home in this report.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were protected from the risks of abuse and knew who to talk to if they were concerned. Medicines were managed well and staff administering medicines were only allowed to do so after passing their training and being assessed as competent.

People were protected by robust recruitment processes and could be confident that staff working with them were checked for suitability. Staff were available when people needed them and were well trained and supported by their managers.

People received effective care and support from staff who knew how people liked things done. New staff were provided with induction training and ongoing training was monitored with updates provided as needed.

People worked with the staff, planning and ensuring their diets were nutritious and took account of their individual likes and dislikes. People were able to participate in activities of their choice and were supported to be involved in the local community.

People benefitted from staff who were well supervised. Staff had regular one to one meetings (supervision) with their manager every two to three months to discuss their work.

People's rights to make their own decisions were protected. Managers and staff had a good understanding

of the Mental Capacity Act 2005. They were aware of their responsibilities related to the Act and ensured that any decisions made on behalf of people were made within the law and in their best interests.

People received effective health care support. People's health and well-being was assessed and measures put in place to ensure people's needs were met in an individualised way. A care manager confirmed people's health needs were looked after and advice sought when needed.

People were treated with care and kindness and were supported to be as independent as possible. People's wellbeing was protected and all interactions observed between staff and people living at the service were caring, friendly and respectful. People confirmed staff respected their privacy and dignity.

People were supported to express their views and be involved in decisions related to the planning of their care and the running of the service. People knew what to do and who they would talk to if they had any complaints. There had been no formal complaints made to the service since our last inspection and no one had contacted us with concerns.

People benefitted from a staff team that were happy in their work. Staff told us they enjoyed working at the service. They felt supported by the management and their colleagues when working there. The registered manager oversaw and managed practice at the service and encouraged an open and inclusive culture.

Summary of findings

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. People were protected from abuse and supported to make their own choices. Risks were identified and managed effectively to protect people from avoidable harm.

People were protected because recruitment processes ensured staff employed were suitable to work with people who use the service. There were sufficient numbers of staff and medicines were stored and handled correctly.

Good



Is the service effective?

The service was effective. People benefitted from a staff team that was well trained and supervised. Staff had the skills and support needed to deliver care to a high standard.

Staff promoted people's rights to consent to their care and to make their own decisions. The staff had a good understanding of their responsibilities under the Mental Capacity Act 2005. The manager was aware of the requirements under the Deprivation of Liberty Safeguards (DoLS) and was in the process of assessing the need to make DoLS applications.

People were supported to eat and drink enough and staff made sure actions were taken to ensure their health and social care needs were met.

Good



Is the service caring?

The service was caring. People benefitted from a staff team that was caring and respectful.

People's dignity and privacy were respected and staff encouraged people to live as full a life as possible.

Good



Is the service responsive?

The service was responsive. People received care and support that was personalised to meet their individual needs.

People led an active daily life, based on their known likes and preferences. The service was responsive and proactive in recognising and adapting to people's changing needs.

People knew how to raise concerns and confirmed they were listened to and taken seriously if they did.

Good



Is the service well-led?

The service was well led. People were relaxed and happy and there was an open and inclusive atmosphere at the service.

Staff were happy working at the service and we saw there was a good team spirit.

Staff felt supported by the registered manager and felt the training and support they received helped them to do their job well.

Good



Anthony Toby Homes Trust – 38 Sarum Crescent

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 was carried out by one inspector, it took place on 4 August 2015. We telephoned the registered manager the day before the inspection because the location is a small care home for younger adults who are often out during the day. We needed to be sure that someone would be in.

Before the inspection the registered manager 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 the PIR and at all the information we had collected about the service. This included 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.

During the inspection we spoke with one person living at the service, the nominated individual, the registered manager, the deputy manager and three care workers. We observed people and staff working together during the day.

We looked at one person's care plan and medication records, two staff recruitment files, the staff rota and staff training records. We saw a number of documents relating to the management of the service. For example, utility safety certificates, fire risk assessment, provider monthly visit reports, the annual development plan for 2015 and a summary of the satisfaction surveys from 2014.

As part of the inspection we sought and received feedback from a relative, care manager and health professional.

Is the service safe?

Our findings

People were protected from the risks of abuse and knew who to talk to if they were concerned. Staff knew how to recognise the signs of abuse and knew what actions to take if they felt people were at risk. Staff were confident they would be taken seriously if they raised concerns with the management and were aware of the provider's whistle blowing procedure. We looked at the records for a recent concern. The correct notifications had been made, the provider took prompt and appropriate action to prevent any further problems and worked with the local authority to reach a good outcome. The care manager felt people were safe at the service and that risks to individuals were managed so that people were protected. A relative told us they felt their family member was 110% safe and added: "He is in a very good home. We never have to worry."

People were protected from risks associated with their health and care provision. Staff assessed such risks, and care plans incorporated measures to reduce or prevent potential risks to individuals. For example, risks associated with going out alone, from falls or risks related to specific health conditions. During our observations we saw staff were aware of the risk reduction measures in place and were carrying out activities in a way that protected people from harm.

The staff monitored general risks, such as hot water temperatures, fridge and freezer temperatures and maintenance needs as part of their routine daily checks. Other premises checks were also carried out during the provider monthly visits and the registered manager's weekly checks. Household equipment, furniture and furnishings were in a good state of repair and well maintained. Staff said any maintenance issues were dealt with quickly when identified.

People were protected by robust recruitment processes. People could be confident that staff were checked for suitability before being allowed to work with them. Staff files included all recruitment information required by the

regulations. For example, proof of identity, criminal record checks, full employment histories and evidence of their conduct in previous employments. People's reasons for leaving previous employment with vulnerable adults had also been verified.

The registered manager calculated staffing levels based on the needs of the people and what individual activities were planned during the day and evening. People told us staff were available when they needed them. The registered manager explained that, if staff went off sick at short notice, staff at the sister home would cover the shift, agency staff would not be used. This meant people at the service only had staff they knew, and who knew them, supporting them.

Emergency plans were in place and people had a personal evacuation plan, which was available for use in an emergency fire evacuation. Accidents and incidents were recorded and reported to us and people's care managers as required. The registered manager investigated all accidents and incidents and kept a clear record of the cause and actions needed to prevent a recurrence where possible.

People's medicines were stored and administered safely. Only staff trained and assessed as competent were allowed to administer medicines. Staff confirmed they had received training and it was documented in their training records. After carrying out the theory training, staff were then observed administering medicines before being assessed as competent. Medicines administration record (MAR) sheets were up to date and had been completed by the staff administering the medicines. The medicines information sheets were stored with the MAR sheets so staff always had the information at hand should they need it. This meant staff had guidance to ensure the medicine was administered correctly. The registered manager explained the procedure staff followed when administering medicines. The procedure was designed to ensure the right people received the right drug and dosage at the right time.

Is the service effective?

Our findings

People received effective care and support from staff who were well trained and knew how people liked things done. A relative told us they felt the staff had the training and skills they needed when looking after their family member.

The care staff team was made up of the registered manager, a deputy manager, two senior care workers and six care workers.

New staff were provided with induction training. This included introduction to the people living at the service, familiarisation with the premises and the provider's policies, procedures and staff handbook. New staff did not work at the service alone until they had completed their induction and were known to the people living there. Induction training followed the Skills for Care Common Induction Standards (CIS) and was completed by all new staff. Practical competencies were assessed for topics such as moving and handling and the administration of medicines before staff were judged to be competent and allowed to carry out those tasks unsupervised. New staff told us their induction was thorough and they had never been asked to do something they were not confident to do. The registered manager and training lead were aware of the new Care Certificate training requirements for new staff that came in to effect in April 2015. The training lead had developed a new induction training plan to cover all elements of the Care Certificate.

Ongoing staff training was monitored and arranged by the provider's training lead. The provider had a number of mandatory training topics updated on a regular basis. For example, training in fire safety, first aid, moving and handling and safeguarding adults training. Other mandatory training included medicine administration, infection control, food hygiene and health and safety. The training records showed, and staff confirmed, they were up to date with their training. People felt staff had the skills they needed when supporting them. Staff we spoke with felt they had the training they needed to deliver high quality care and support to the people living at the service.

Staff were encouraged to study for and gain additional qualifications. Of the ten members of the care team working at the service, three held their registered

manager's award, four held the National Vocational Qualification (NVQ) level 3 in care, two held the NVQ level 2 in care and one was just starting on their level 3 diploma in health and social care.

People benefitted from staff who were well supervised. Staff had regular one to one meetings (supervision) with their manager every two to three months to discuss their work. The supervision meetings enabled staff to talk about their training needs and how they felt their work was going. They were also able to talk about any other topics relevant to their work. Staff felt they were well supported by the managers and found the regular supervision meetings useful. Staff also confirmed they had yearly performance appraisals of their work carried out with their manager.

People's rights to make their own decisions, where possible, were protected. Staff received training in the Mental Capacity Act 2005 (MCA). The MCA provides the legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make particular decisions for themselves. The MCA also requires that any decisions made in line with the MCA, on behalf of a person who lacks capacity, are made in the person's best interests. Staff had a good understanding of the MCA and their responsibilities to ensure people's rights to make their own decisions were promoted.

The care plans set out how people liked things done and their likes and dislikes in most areas of their lives. The people had lived at the service for over 10 years and their likes, dislikes and preferences were well known to the staff. During our inspection we saw staff always sought consent before providing any care or support or entering people's private rooms.

The requirements of the Deprivation of Liberty Safeguards were being met (DoLS). The DoLS provide legal protection for vulnerable people who are, or may become, deprived of their liberty. The registered manager was in the process of assessing people living at the service to see if they were being deprived of their liberty. The registered manager had made arrangements to file appropriate applications to people's funding authorities (the supervisory body), if necessary.

People were involved in menu planning. Staff supported people to make choices from their known preferences. There were always alternatives available on the day if people did not want what had been planned. People were

Is the service effective?

weighed every week and the staff used a nationally recognised nutritional screening tool to identify any problems. Records showed that, where necessary, a referral to a dietitian had been requested via the GP. We saw people were enjoying their lunch and there were enough staff available to help them where needed.

People received effective health care support and had health action plans. A health action plan holds information

about a person's health needs, the professionals who support those needs, and their various appointments. All people had an annual health check from their GP as part of their health action plan. People were supported to attend routine check-ups. For example with dentists and nurse led clinics. A care manager confirmed people's health needs were looked after and advice sought when needed.

Is the service caring?

Our findings

People were treated with care and kindness. Staff showed skill when working with people and it was obvious they knew them well. Staff were quick to identify if someone was upset and dealt with any concerns promptly and calmly. A relative told us: "Staff understand [Name] very well. We are over the moon with the care they give. The care and love is second to none."

People had been fully involved in drawing up their care plan and setting the individual goals they wanted to work towards. People's likes, dislikes and how they liked things done were set out in their care plans, which covered most areas of their lives. People had signed their care plans to say they agreed to the content. Care plans were geared towards what people could do and how staff could help them to maintain and increase their independence wherever possible.

People were supported to be as independent as possible. The care plans gave details of things people could do for themselves and where they needed support. People's abilities were kept under review and any change in independence was noted and investigated, with changes made to their care plan as necessary. For example, a change in someone's level of independence had been noticed and, following investigation, it had been identified the person had increased pain. The cause for the pain had been explored and treated via referrals to the person's GP and a physiotherapist.

People's wellbeing was protected and all interactions observed between staff and people living at the service were caring, friendly and respectful. People confirmed staff respected their privacy and dignity. They confirmed they were consulted if things changed and felt staff listened to them and acted on what they said. Staff knew the people well and care plans contained details about people's

histories and personal preferences. Staff were knowledgeable about each person, their needs and what they liked to do. Relatives were involved in people's lives and participated in annual reviews.

A health professional described what had happened during a recent appointment with someone living at the home. They told us the care worker accompanying the person had been very caring and understood the person's needs well. They said the care worker had been good at explaining to the person what the health professional was saying. They said the care worker had also been good at explaining to the health professional what the person was replying. The health professional felt the care worker was "really in tune with [Name]."

People were supported to express their views and be involved in decisions related to the running of the service. People were encouraged to attend the organisation's monthly "home's committee meeting". The organisation used the services of an independent advocate who spoke with each person prior to the meeting. The advocate then supported people to say what they wanted to in the meeting, or would speak on their behalf if the person preferred.

The organisation had signed up to the "Social Care Commitment". The Social Care Commitment is a Department of Health initiative. It is made up of seven statements with associated tasks that address the minimum standards when working in care. One of the commitment's aims is to raise workforce quality in adult social care.

People's right to confidentiality was protected. All personal records were kept in the office and were not left in public areas of the service. Visits from health professionals were carried out in private in people's own rooms. We observed staff protected people's rights to privacy and dignity as they supported them during the day and any personal care was carried out behind closed doors. Staff never entered a room without asking permission from the room owner.

Is the service responsive?

Our findings

People received support that was individualised to their personal preferences and needs. People's needs were regularly assessed and care plans reviewed annually or as changes occurred. People's individual likes and preferences were known to the staff and the personal histories and care plans captured details of people's individuality. People had regular meetings with their key workers where they could discuss their short term and long term goals.

Each care plan was based on a full assessment and we saw people had added their signatures to the plans to say they agreed to its content. Care managers were invited to formal annual reviews and relatives were invited to support people and contribute. People living at the service had no special equipment needs but the registered manager was aware of how to obtain any equipment that may be needed.

Care plans were kept under review and any new issues had been promptly added with staff instructions on actions to take. Risk assessments had been reviewed and adjustments had been made to risk prevention measures where needed. For example, one person's new issue with pain had been added to their plan. Their medicines administration record had been updated to include pain killers and instructions from a physiotherapist to help address the problem had been incorporated into the care plan.

People had busy schedules during the week, being supported by the organisation's day opportunities staff.

Day opportunities organised by the provider run from Monday to Friday during the day. Each person had an individual daytime plan, selected from different activities in which they were interested. People could choose what they wanted to do and were also able to try out new activities when identified.

People were involved in the local community and visited local shops, library, cinema, clubs, pubs, restaurants and other venues. People sometimes used public transport and the service had access to a vehicle when needed.

During our inspection we saw people expressing concern or discomfort. Staff were always very responsive and quick to take action to identify the cause of the concern and deal with it. For example, at suppertime one person was sitting at the table and frowning. Staff noticed they had pushed their plate away. Staff spoke calmly with the person, found out they did not want the meal provided. The person then chose something different which was provided.

People knew what to do and who they would talk to if they had any concerns. There had been no formal complaints made to the service since our last inspection and no one had contacted us with concerns. The service had introduced a "grumble book" for people to write in if they had a minor concern. We saw one person had recently written in the book. The grumble had been addressed and the issue resolved quickly. The person confirmed to us they were happy with the outcome. A relative confirmed they felt any concerns they raised would be listened to and acted upon.

Is the service well-led?

Our findings

People benefitted from living at a service that had an open and friendly culture. Staff told us they got on well together and that management worked with them as a team. A relative told us staff seemed happy working at the service and commented: "There is always a good vibe and atmosphere. Staff are always very friendly and are very caring and attentive."

The service had a registered manager in place who also managed another larger service nearby. The staff team also worked across the two services. This meant there was a larger pool of staff, who knew the people at the service well, available to cover sickness and leave when necessary.

Staff told us managers were open with them and communicated what was happening at the service and with the people living there. Staff meetings were planned to be held every two months but there had been a break since the beginning of the year due to unforeseen and emergency renovation work needed at the sister home. The registered manager planned to re-introduce the regular staff meetings in September 2015.

People benefitted from ongoing monitoring of the service that ensured the premises remained suitable for the people living there. People and staff had been consulted about improvements planned for the coming year. For example, they had been asked their opinion on the best design for the new bathroom that would be most beneficial to those living at the service. People and staff felt included in deciding on the improvements and taking the service forward.

The provider had an effective audit system in place. The system included monthly trustee visits to the home. During those visits trustees looked at the premises, furniture and fixtures to ensure they were clean and in good repair. They

also spoke with people living at the home to see if they were happy or wanted to raise any concerns. Where issues were identified during the visit they were noted in the visit report and then followed up at the next visit to ensure issues were dealt with appropriately.

The registered manager undertook other audits at the home as part of their role. For example, audits of people's finances, medicines, care plans and risk assessments. The registered manager and deputy oversaw staff supervision and annual staff appraisals and the training lead monitored and oversaw staff training. Staff carried out other health and safety checks on a daily or weekly basis, for example checks of hot water temperatures, fire safety equipment and food safety checks. The home was awarded a food hygiene rating of 5 (very good) by Wokingham Borough Council on 16 January 2015. All records and audits seen were up to date.

All of the registration requirements were met and the registered manager ensured that notifications were sent to us when required. Notifications are events that the registered person is required by law to inform us of. Records were up to date, fully completed and kept confidential where required.

People benefitted from a staff team that were happy in their work. Staff told us they enjoyed working at the service. They felt supported by the management and their colleagues when working at the service and said they felt they were provided with training that helped them provide care and support to a high standard. They felt encouraged to make suggestions for improvement and felt their suggestions were taken seriously. They said there was a supportive atmosphere and the people living at the service were listened to and central to what they did. Comments received included: "We have a very good team. Good teamwork." and "I'm very happy working here."