The Disabilities Trust

Disabilities Trust - 1 Westfield Road

Inspection report

1 Westfield Road
Bletchley
Milton Keynes
Buckinghamshire
MK2 2RR
Tel: 01908 366168
Website: www.thedtgroup.org

Date of inspection visit: 25 September 2015
Date of publication: 28/10/2015

Ratings

Overall rating for this service	Good
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?	Good

Overall summary

This inspection took place on 25 September 2015 and was unannounced.

1 Westfield Road is a residential care home which provides care and support for people with high functioning learning disabilities or autism. The service supports people to live as independently as possible, helping them with daily living tasks and to access the community.

Summary of findings

The service is registered to provide care for up to three people. At the time of our visit there were three people living at the service, one of whom had gone on holiday with their family.

There was 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.

People's medicines were not always managed in line with current legislation and best practice. The service did not have an accurate record of all medicines which were in stock and medicines purchased as homely remedies, were not recorded.

Staffing levels were not always sufficient to meet people's needs. Some members of staff had recently left, leaving the team depleted. Recruitment was underway and interviews for new staff had been arranged. Staff had been, and would be, recruited following safe and robust practices.

People felt safe from harm and abuse at the service. Staff were knowledgeable about abuse and its signs, and were prepared to report it if they suspected it had taken place.

Risks were managed in such a way as to promote people's independence, whilst maintaining their safety as much as possible.

Staff had the skills and knowledge they needed to perform their roles. They received induction and on-going training to help maintain and develop these skills. They also had regular supervision sessions to provide an opportunity to discuss concerns.

People were asked for their consent before staff provided them with support. If people were unable to make a decision for themselves, they were supported to do so in line with the principles of the Mental Capacity Act 2005.

Staff were aware of the Deprivation of Liberty Safeguards, however none of the people living at the service had been assessed as needing to have their liberty deprived.

People were encouraged to choose and prepare their own meals. They were supported by staff where necessary.

People were able to access health appointments either with staff or independently, depending on their own wishes. The outcome of these appointments was used to update people's care plans, along with information from the provider's own psychologists.

Staff had a good understanding of the people they cared for and had spent time building meaningful relationships with them.

People were given information about the care they received and were able to contribute to the planning of their care.

People's privacy and dignity were respected by staff at all times.

People received care which was person-centred and specific to their individual needs and wishes. They had agreed goals in place, which the staff helped them to work towards.

Staff supported people to engage in activities of their choosing. They encouraged independence, but provided people with support when they required it.

The service was open to feedback from people, their families and staff. Comments and complaints were encouraged to help develop the service and annual feedback surveys were carried out, and the results analysed to identify areas for improvement.

The service had an open and positive culture. Staff and people worked together to ensure high standards of care were delivered and to promote people's independence.

The service had a registered manager in place who was well known by people and staff. They were confident that the registered manager would be able to provide them with support if it was required.

There was a range of different checks and audits, which were carried out on a regular basis to ensure that high standards of care and safety were maintained.

We identified that the provider was not meeting one regulatory requirement and was in breach of a the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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?

Requires improvement

The service was not always safe.

People's medication was not always managed effectively.

Staffing levels were not always sufficient to meet people's needs. However, recruitment of new staff was in progress to address this.

People felt safe and staff were aware of safeguarding principles and their reporting obligations.

Risks were managed appropriately and promoted people's independence whilst keeping them safe from harm.

Is the service effective?

Good

The service was effective.

Staff had the knowledge and skills they needed. They received regular training and supervision to help maintain these skills.

People's consent was sought and they were supported to make their own decisions.

People could choose and prepare their own meals, with support from staff. They were encouraged to make healthy choices and the benefits of this explained by staff.

Health appointments could be attended by people with or without staff, depending on their preference.

Is the service caring?

Good

The service was caring.

Staff treated people with kindness and compassion. They took the time to build strong and positive relationships with people.

People were involved in the planning of their care and information was shared with them regularly.

Staff treated people with respect, and were mindful to preserve their privacy and dignity at all times.

Is the service responsive?

Good

The service was responsive.

People received person-centred care which was reflective of their specific needs and wishes. They were supported to set and achieve personalised goals.

People were involved in reviewing their care to ensure it continued to meet their changing needs.

Summary of findings

The service sought people's feedback on a regular basis to help identify areas of good performance, and those areas for improvement.

Is the service well-led?

Good

The service was well-led.

There was a positive and open culture at the service.

The service had a registered manager in post. People and staff knew who they were and were positive about their impact on the service.

A system of checks and audits was in place to ensure standards were maintained.

Disabilities Trust - 1 Westfield 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 25 September 2015, and was unannounced.

The inspection was undertaken by one inspector.

Before the inspection we looked at the information we had for this service and found that no recent concerns had been raised. We had received information about events that the provider was required to inform us about by law, for example, where safeguarding referrals had been made to the local authority to investigate and for incidents of serious injuries or events that stop the service. We also contacted the local authority that commissions the service to obtain their views.

During the inspection we spoke with two people using the service, one carer and one team senior. The registered manager was away on leave when we visited. We also looked at all three people's care records and five staff recruitment files. In addition to this, we carried out observations of interactions between people and staff in communal areas of the service.

We also looked at further records relating to the management of the service, including quality audits.

Requires improvement

Is the service safe?

Our findings

When we counted medication we found that the stocks of medication did not correlate with the expected stock levels according to the MAR chart. This was because additional PRN medication had been purchased by the service, but not recorded, either on the MAR chart or as a homely remedy. This meant that people may be at risk of taking more medication than the recommended dosage, as recording systems were not in place for homely remedies. We raised this with the team senior during the inspection, who told us they would implement a system to rectify this.

Staff told us that they carried out regular counts and checks of medication to ensure the stock levels within the service matched the information on the Medication Administration Record (MAR) charts. We looked at MAR charts and saw that medication had been signed for and that there were no gaps or omissions in the recording. Codes on the MAR charts were used appropriately and the reverse of the chart was used to record specific information, such as the administration of as required (PRN) medication. Most medicines were administered in the form of pharmacy-filled dossette boxes. This helped to ensure people got the right medication at the right time.

People's medicines were not managed in line with current legislation and guidance. This was a breach of Regulation 12 (1) (2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us that, where necessary, staff helped them to manage their medication. One person told us, "Staff help me with my medication, I always get my medication on time." Staff told us that, where possible, they encouraged people to manage their own medicines. At the time of our inspection there was one person who managed their own medication and were able to do so with minimal prompts from staff to remind them when to take it. Staff showed us that, for people they supported to take their medication, they used a MAR chart, to guide them on the medication they needed to administer and to sign to state they had given it.

People felt there were enough staff to meet their needs, however staff told us that recent staffing levels had dropped, meaning that things were stretched and that some activities may be compromised. They told us that they were a small team, and a few members of staff had recently left, putting strain on the remaining members of staff. Agency staff were being used to cover some staffing shortfalls. The team senior confirmed that they used regular members of agency staff, in order to provide people with continuity of care. In addition, recruitment was under way for new staff and interviews were booked in for a few weeks after our visit. We looked at the rota and confirmed that, whilst there was always staff in the service, some shifts were not covered. In these instances, alternative arrangements were made, such as using staff from other services operated by the provider or changing travel arrangements, to minimise the impact on people. The team senior was confident that when vacancies were filled, all shifts would be covered.

Staff told us that, when they were recruited, the provider carried out a number of checks to ensure they were suitable to work in the service. This included a DBS (Disclosure and Barring Service) background check and at least two references. They told us they were unable to start work until these checks had been carried out. Records confirmed that all staff had background checks carried out before they began working at the service.

People at the service told us they felt safe. They were confident that staff worked with them to help keep them safe from harm or abuse. One person told us, "Yes, I feel safe here."

Staff were able to protect people from avoidable harm and abuse and were knowledgeable about abuse and potential signs of abuse. They were able to describe the action they would take if they suspected people had been abused. This included reporting the abuse internally, to the registered manager, and, if necessary, externally to bodies such as the local authority safeguarding team or Care Quality Commission (CQC). One staff member told us, "I would report anything like that to my manager and complete an incident form." Another said, "I wouldn't hesitate to go above the managers head if I wasn't happy." Staff told us they also had access to senior management within the provider, so they could report to them if they were unable or unwilling to go to the registered manager.

Staff told us that they were aware of internal incident reporting procedures, and that the registered manager looked into incidents when they were reported. Records showed that if incidents took place they were investigated and reported appropriately by the registered manager. Systems and policies were in place to ensure that staff and

Requires improvement

Is the service safe?

the registered manager reported incidents quickly, and to the appropriate bodies. Records showed that staff had been trained regularly in safeguarding, to ensure they were aware of their responsibilities and to update them of recent developments.

People were encouraged to take risks. People told us that they were able to regularly go into the community and take part in different activities and interests of their choice. Staff confirmed that people were able to do the things they wanted to do. Risk assessments were completed to put control measures in place to make those activities as safe as possible. For example, one person was able to regularly go to a local shooting range as they enjoyed this activity. People's care plans had specific risk assessments in place to identify areas of potential risk or hazard. These outlined the steps staff should take to facilitate the activity or wishes of the person, whist making it as safe as possible. Risk assessments were designed to promote people's independence and were reviewed regularly to reduce the level of intervention required. For example, one person had been supported by staff for an entire activity. As their confidence grew, the level of staff intervention was reduced so that now, staff only support the person to and from the activity, providing them with a greater level of independence.

People were aware that the service had general risk assessments and plans in place to maintain the safety of the environment. For example, one person told us on arrival that somebody would be coming during our visit to carry out checks on the electrical equipment. This was confirmed by staff who also showed us general risk assessments for the service. This covered areas such as maintenance and emergency plans. Each person had a specific emergency plan to follow in the event of a fire or similar event. This ensured that each person's specific needs were clear to staff or member of the emergency services.

Good

Is the service effective?

Our findings

People told us that staff had the right skills and knowledge to provide them with support and to meet their needs. One person said, "Staff have the training that they need."

Staff members told us that they completed an induction at the start of their time at the service. They explained that, on commencement of employment, they were expected to complete a number of mandatory training sessions to ensure they had the right skill set to perform their role. These included topics such as safeguarding and health and safety. They were also given a local induction to the service and shadowed established members of staff initially, to get to know people and to build familiarity with the environment. We saw records to confirm that staff had been inducted and supported throughout the first weeks and months of their employment at the service.

Staff were positive about the training that they received. One member of staff told us, "The training here is brilliant, we are constantly getting training." Staff members explained that they received a mixture of face-to-face and e-learning training to ensure that all areas were covered. Staff also explained that they had regular refresher and repeat sessions to build upon the training they had already received. We saw training certificates and a training matrix which confirmed that's staff received regular training and were booked onto a range of courses in the coming weeks. We also saw that, where appropriate, competency checks were carried out. For example, following medication training, staff member's competency was assessed three times before they were signed off as competent in medication administration.

Staff also told us that they received regular supervision and support from the registered manager and deputy manager. They explained that, initially, they would receive formal supervision on a two weekly basis, to ensure they were settling into their role and to discuss any learning or development needs. This would then increase to monthly, then two monthly as staff knowledge and confidence increased. Staff told us that they could request additional supervision at any time and that the service management were always available for support or advice outside of these sessions. Staff records confirmed that supervisions took place on a regular basis and that future supervisions were booked in.

People told us that they were able to make their own choices, and that staff asked them for consent before carrying out a task. One person told us, "I was asked for consent." Staff told us that they encouraged people to make their own decisions and respected these when they did. They did everything they could to support people to make decisions and made sure they asked people for their consent before carrying out tasks. For example, one staff member explained that they would go to people and ask them if they could go into their rooms before carrying out a health and safety check. Records confirmed that people had signed consent forms in their care plans to show that they had been consulted and agreed to the content of them.

Staff were aware of the Mental Capacity Act 2005 (MCA) and associated Deprivation of Liberty Safeguards (DoLS). They explained that these were pieces of guidance and legislation in place to provide support for people who were unable to make decisions for themselves. They also told us that they did not use them very much as they supported and encouraged people to make decisions for themselves. Where it was found that people lacked mental capacity, a meeting would be held to discuss the decision and ensure that any action taken was in the person's best interests. We saw records to confirm that this took place and found that DoLS screening was carried out, to ensure the service did not deprive people of their liberty.

People were able to choose what they wanted to eat and drink. They told us that they worked with staff to plan their meals, buy in the ingredients and cook their food. One person explained that they were on a diabetic diet, so staff helped them to choose foods that were healthy for them. Staff confirmed that people could choose what they wanted to eat. They worked to help people make healthy choices, however respected people's choices. One staff member explained that they were working with somebody to help them understand the need to have a healthy diet and encouraging them to make changes to the way they ate. They told us that it was a gradual process and they were taking steps to ensure the person understood the reasons for the change and agreed with it. We saw evidence that people were able to choose their meals and that their likes and preferences were recorded.

People were also able to make and attend their own health appointments if they wanted to as part of their independent living. Alternatively, they could attend with

Good

Is the service effective?

family members or with staff from the service. Staff told us that people usually went with staff and that they would record the outcome of the visit in the person's notes to ensure important information was available to the whole team. People's records showed that they attended regular health appointments and that any recommendations from these visits were put into place by the service. In addition, the provider had their own psychologists who regularly visited the service to provide people with support and analyse incidents and behaviours to help keep people's plans up-to-date.

Good

Is the service caring?

Our findings

People were treated with kindness and compassion by staff. People told us that staff members were nice and cared for them well.

Staff told us that they enjoyed getting to know people and building strong working relationships with them. One staff member explained that as their relationships with people in the service had developed, they found they could support them more effectively, which in turn led to more fulfilment in their role. During our inspection we observed staff treating people positively. They spoke to people with respect and clear knowledge of their individual preferences and communication style. There were also positive interactions between members of staff, which helped to create a relaxed, welcoming and homely atmosphere.

Staff were able to demonstrate a clear understanding of each person and their individual needs, wishes and personalities. We spoke to staff at length about people and different aspects of their care. They were able to tell us how each person was being supported by the service, as well as their personal goals and targets. We saw staff talking to people about their activities and they clearly knew what people were doing and what support they needed to do it. Staff adjusted their communication styles automatically when talking to different people, to ensure they were able to understand what was being said to them.

People were encouraged to share their views and to provide feedback about the care they received. They told us that they felt listened to by staff and the service. They were involved in making decisions about the care they received, as well as the way the service was run.

Staff told us that people were provided with information about their care. They spent time going through people's care plans with them and asked them to sign them to show they understood the content. They were also provided with information regarding the service, including the statement of purpose and useful contact information, such as how to complain or contact the Care Quality Commission (CQC). There was also a notice board in the service with information about the service, such as activities and timetables. Information regarding advocacy groups was also available, however nobody was currently accessing the service of an advocate.

People's privacy and dignity were respected by the service. For example, staff would knock on the door before entering a person's room. Staff told us that, as the service was treated as the people's home, they knocked on the front door before each shift, rather than using a code or letting themselves in. We saw that staff were patient and that the dignity of the people they cared for was important to them.

People told us that they could see their families whenever they wanted. Staff confirmed that visitors could visit the service whenever they wanted to. They could talk to their family member in the downstairs communal areas or go to their bedroom to allow them to talk in private. People also regularly saw friends and family members in the local community.

Good

Is the service responsive?

Our findings

Care people received was specific to meet their needs. People told us that their care plan had been personalised to ensure their own needs, wishes and goals were reflected appropriately. One person told us that they were able to do the things they wanted to and that staff at the service encouraged them to do them. Staff told us that care plans were based on what was important to each person as an individual, rather than what the service thought was important to them. They told us that person centred planning meetings had taken place with each individual. During these the person would be asked questions about the care they received and a member of staff would record what they said on large pieces of paper, using a mixture of words and pictures. These were then used to write the person's initial care plan and each individual was able to keep the plans from the meeting so that they could refer to them whenever they wanted. We saw photographic records of these meetings taking place with each person.

Staff also told us that each person had a set of goals that they were working towards with support from staff. They told us that were agreed by the person and that staff spoke to them about the specific goal, and how they would be able to achieve it. Goals were broken down into a series of manageable steps, each of which was dealt with in turn. This allowed the person to build up their confidence and skills gradually and helped to make a potentially imposing target, achievable. We saw that these goals were recorded in people's care plans, along with a breakdown of the different steps they would follow to achieve the goal. The person's keyworker would record when each stage had been achieved and goals and targets were regularly reviewed to ensure they were still relevant to the person. This regular review meant that people were continually developing and that when a goal was achieved, the skills gained would be used to achieve the next one. For example, one person eventually wanted to live in their own flat. In order to achieve this, they had goals to help them learn key skills, such as cooking, cleaning and accessing the community on a regular basis.

Staff members told us that the use of goals and person centred planning had a positive impact on the lives of people they cared for. They told us that there had been a reduction in incidents of challenging behaviour for each person living in the service and that they could see that people were more confident in many areas. For example, one person was able to access the community on a regular basis, without the need for staff support. Another person who had previously stayed out until the early hours of the morning every night, regularly came back to the service for something to eat and to spend time with members of staff. Records confirmed that there had been a drop in the number of incidents occurring in recent months. In addition, the service had received an internal award from the provider in recognition of the work that they had done, and the progress they had made, with each of the people living at the service.

People were able to engage in the activities of their preference. One person told us about the range of different activities, including local voluntary work, which they took part in each week. Staff told us that people spoke to them about what they wanted to do, and staff made sure that it could happen. For example, one person was keen to become more active. A member of staff joined a local gym with them so that they could exercise together, and brought in exercise equipment of their own to the service, so that the individual could continue to work out at home. This was also reflected in the person's care plan and associated with their goals to become more healthy, which were also recorded. We saw that each person had an individual timetable which recorded activities each day. These had regular activities each week, as well as less frequent trips and activities, like days out or holidays. During our visit, one person was on holiday and both the people that were in spent time going into the local community on separate activities of their choice.

People also had a say in the development of the service. For example, staff told us that the kitchen was due to be renovated. All three people living at the service had been consulted about how they would like the new kitchen to look and, as a result, they would be choosing the colours. Other adaptations, such as larger and easier to access cupboards were going to be included as a result of gaining people's feedback. Staff also told us that one person had been unhappy with the food that was being purchased by the service for people. To resolve this, staff divided the food budget and supported this person to choose their own meals for the week. They used this opportunity to help the person prepare their own budget, which helped them to develop further independent living skills.

Good

Is the service responsive?

Staff told us that the service took the voice of the people they cared for seriously. People had regular meetings with their keyworkers. These were used to review care plans and goals, as well as an opportunity for people to raise any concerns they had, or provide the service with feedback about the care they received. House meetings also took place so that people had a forum in which they could discuss any issues with their peers and members of staff. Records showed that both keyworker and house meetings took place on a regular basis, and that information gained from these meetings was used to drive improvements within the service. We also saw that an annual satisfaction survey was sent out to people, their families and health professionals associated with the service. The results of these were analysed and used to identify areas of strong performance, as well as areas which required development. An anonymous comments box was also available within the service so that people, staff or visitors could share their thoughts. There was a system in place to receive complaints, comments and compliments. Staff told us that the service did not receive much formal feedback, but regularly received verbal compliments from people's families. We saw that where comments had been made formally, they were logged and looked into by the registered manager or deputy manager if necessary. The complaints policy was also available to people in an easy-read format.

Good

Is the service well-led?

Our findings

There was an open and positive culture at the service. People were motivated to work with the staff team to achieve their goals, and staff were motivated to work with people to help improve their lives. They supported people to develop their independence and take greater responsibility for their own lives. One staff member told us, "It's brilliant here, when you help these guys do even just the little things it's so worth it." Staff also told us that, as there were a small group of staff caring for a small number of people, they got to know each other very well, which helped them to provide the specific care that each person needed. For example, during our inspection there was initially one support worker on shift. They were able to tell us about each person living at the service in detail, describing, for example, each person's specific communication needs.

Staff told us that there was a positive atmosphere at the service and that, regardless of their position, they felt empowered and able to work to make a positive difference in people's lives. For example, we saw that a support worker had been trained to spend time talking to one person and using the information they gained to update their care plan. They also told us that, although they often worked alone or with just one colleague, they felt well supported by the management of the service. They explained that they were able to pick up the phone at any time to seek support or guidance. Throughout our inspection staff received phone calls from the registered manager to make sure they were okay and to check if there was anything we needed directly from them.

People and staff were aware of who the registered manager and deputy manager of the service were. People told us that if they were unhappy about anything, they were able to go to either of them to get it resolved. Staff also told us that both managers were approachable and willing to provide support whenever it was needed. The registered manager had systems in place to ensure they were meeting their statutory obligations, such as sending the Care Quality Commission (CQC) notifications to notify them of certain incidents, such as safeguarding alerts or concerns.

Quality assurance systems were in place to ensure the service was performing as per the provider expectations and was a safe environment for people to live in. Some of these systems were carried out locally on a regular basis, such as daily, weekly and monthly health and safety checks. There were other checks and audits which were carried out by the registered manager, deputy manager or senior manager from the provider. These included care plan audits, medication audits and monthly provider visits. These checks and audits were used to compile action plans to guide the service on areas for improvement. We saw evidence that these audits were completed regularly and that the actions they raised were put into effect.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment People's medicines were not managed in line with current legislation and guidance.