The Disabilities Trust

Disabilities Trust - 4 Pages Orchard

Inspection report

Sonning Common
Reading
Berkshire
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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

The inspection took place on 14 June 2016 and was announced.

Disabilities Trust - 4 Pages Orchard 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.

Relatives were extremely complimentary about the support provided by staff and the management team. There was a person-centred culture that ensured people were treated as individuals. Support was provided in a caring, compassionate way.

People were safe and staff knew how to raise concerns relating to abuse of vulnerable people. There were safe recruitment practices to ensure suitable people were employed. Where risks assessments identified risks to people, there were plans in place to manage the risks. People's medicines were managed safely.

People were supported by a consistent staff team who had the skills and knowledge to meet their needs. Staff were well supported through supervisions and had access to training and development opportunities. Staff received training relating to specific conditions to ensure they had the necessary skills to support people.

Staff had a clear understanding of their responsibilities to support people in line with the principles of the Mental Capacity Act 2005 (MCA) and ensured that support was always in people's best interests and was the least restrictive option.

The service promoted people's independence and ensured people had access to activities that interested them. People were supported to maintain and develop relationships that were important to them.

There were systems in place to obtain feedback about the service from people, their relatives and staff. Relatives knew how to complain and complaints were managed in line with the provider's complaints policy.

There were effective systems in place to monitor and improve the quality of the service.

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.

Staff were knowledgeable about their responsibilities to identify and report concerns relating to abuse.

Risks to people were assessed and plans were in place to manage risks and support people to be as independent as possible.

Medicines were managed safely and people received their medicines as prescribed.

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 felt supported by regular supervision. Staff had access to training to ensure they had the skills and knowledge to meet people's needs.

People were supported to access health professionals as required.

Is the service caring?

Good

The service was caring.

People were supported by caring staff who knew them well.

Relatives were kept informed and were involved in decisions about people's care.

People were encouraged to be as independent as possible.

Is the service responsive?

Good

The service was responsive.

People had access to a wide variety of activities.

Care plans were personalised and contained details of how people's individual needs were met.

People and their relatives were encouraged to give feedback about the service. Complaints were dealt with in line with the provider's policy.

Is the service well-led?

Good

The service was well-led.

There was a person-centred culture promoted throughout the service.

Relatives and staff were positive about the management team.

There were effective systems in place to monitor the quality of the service.

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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 14 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.

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 three people's relatives and observed care practice through the afternoon when people returned to the service. We spoke with the manager, assistant manager, team leader and two staff.

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

Good

Is the service safe?

Our findings

People in the service were not able to verbally tell us if they felt safe. We spoke with relatives before and during the inspection. Relatives told us people were safe. One relative said, "[Person] is very safe. He really can do what he likes. Anything unsafe he is taught to understand". Relatives told us people were always enthusiastic about returning to the service when they had been to the family home for visits. One relative said, "[Person] wants to be there (at the service). Always asks to go home. Refers to it as [team leader's] home".

People were comfortable with staff and sought their company. One person was quite anxious about our presence during the inspection. Staff supported the person and reassured them. Staff provided us with advice and guidance to support our approach with the person.

Staff had completed safeguarding training and had a clear understanding of their responsibilities to identify and report any concerns relating to potential abuse. Staff were confident to report concerns and felt all concerns would be taken seriously. Staff were aware of external agencies they could report concerns to if needed. One member of staff said, "I would report to the manager and if necessary to the Care Quality Commission (CQC). I've never had to but I wouldn't hesitate".

There was a safeguarding policy and procedure in place. Records showed that concerns had been reported appropriately to the local authority safeguarding team and CQC. Concerns were fully investigated and action taken to address issues and keep people safe.

Medicines were managed safely. Medicines were stored in a locked cupboard. Temperatures were monitored daily and were within the required limits to ensure medicines were stored at the correct temperature. Medicine administration records (MAR) contained a photograph of people and details of any allergies. All prescribed medicines were accurately recorded on the MAR and records of administration were completed after medicines were administered. All medicines not in a monitored dosage system (MDS) had a date of opening recorded on the container.

Where people were prescribed medicines 'as required' (PRN) there were protocols in place to ensure staff knew when to administer the medicine. For example, one person was prescribed medicine for pain. The PRN protocol detailed how the person may present with pain along with the dose and frequency of medicine that could be given. This meant staff would know when to administer pain relief to the person who could not tell them verbally they were in pain. This ensured the person was pain free.

People's care records included risk assessments relating to: accessing the community; behaviour that may be seen as challenging to the person or others and travelling in a car. Where risks were identified management plans were in place to ensure people remained as independent as possible. For example, one person was at risk of being distracted whilst out in the community and this could lead to them leaving the care staff. The potential distractions were listed in the care plan and a strategy was in place to manage this if it occurred.

There was one member of staff to support the three people living in the home. A second member of staff was available for five days a week on a 'floating' basis. This was to enable people to attend planned activities and to go out when they wished to. If permanent staff were not available the manager arranged for agency staff to attend. Regular agency staff were used to ensure they knew the people they were supporting. Relatives told us there were always enough staff to support people.

Records relating to recruitment of staff contained relevant checks that 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

People were not able to verbally tell us their views about the staff supporting them. During the inspection we saw that staff knew people well and had the skills and knowledge to meet people's needs. Relatives were complimentary about the skills of staff. One relative told us, "Staff are consistent and know [person] well".

Staff felt supported by the team leader and assistant manager. One member of staff told us, "It is much better since [team leader] started. I get supervision now and we have team meetings". Supervisions had been planned for all staff and we could see these were taking place.

Staff completed training which included: moving and handling; medicines; fire safety; safeguarding; behaviour monitoring and mental capacity. Staff were positive about the training they received and were able to request additional training where they identified a gap in their skills. One member of staff who had recently completed training in supporting people with autism told us, "The course on autism was really good. It really helped me understand". Staff were able to complete national qualifications in social and health care.

Staff understood their responsibilities in relation to the Mental Capacity Act 2005 and supported 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 (staff) have to assume capacity and always make sure we act in people's best interests".

Care records contained information in relation to people's capacity to make specific decisions. Where people were assessed as lacking capacity we saw that a best interest process had been followed. For example a best interest decision had been made in relation to a person requiring urgent dental treatment.

Care plans detailed where people lacked capacity to consent to the use of physical intervention when they displayed behaviour that may be seen as challenging to themselves or others. There was clear evidence of a best interest meeting which included people's family, staff and a multi-disciplinary team of health and social care professionals. Care plans contained details of behaviours that the person may present with and the least restrictive actions staff should take to support the person.

Where people were assessed as lacking capacity and were subject to restrictions in relation to their care and treatment a Deprivation of Liberty Safeguard(DoLS) had been authorised 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 their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the DoLS.

People's dietary needs and preferences were identified and met. Staff were aware of people's dietary needs.

People were involved in making menu choices and were encouraged to participate in meal preparation and making drinks. Where people were at risk of weight loss this was monitored. For example, one person's care plan identified they were at risk of losing weight and this was being monitored. Records showed the person's food intake was being recorded and their weight checked regularly. The person's care plan stated the person needed large portions to maintain their weight and would not ask for these themselves. The care plan also stated snacks and fresh fruit should be available. There was a large bowl of fruit in a communal area of the home. Staff were aware of this person's needs and their weight was stable.

People had access to health and social care professionals. Records showed people had accessed GP, dentist and optician. People were supported to attend appointments. People had a health action plan which described the support they needed to stay healthy. For example, one person needed regular eye appointments. We saw this was taking place as planned.

Good

Is the service caring?

Our findings

Relatives were extremely complimentary about the staff. Comments included: "There are nice relationships between them (people and staff)"; "They (staff) are absolutely excellent" and "Oh yes, staff are very good and very caring".

People were unable to verbally tell us they felt cared for. However, people appeared contented and we saw that people reacted to staff with a smile. When staff left for the day they ensured they said goodbye to people in the service and explained when they would see them again.

Staff spoke with kindness and compassion when speaking with and about people. One member of staff told us, "All of the staff here want to engage with the people they support. We all work as a team for the service users. We are caring for individual human beings and we need to make a difference to their lives. The service users are lovely to be around".

We saw kind and caring interactions. It was clear staff had developed caring relationships with the people they supported. Staff laughed and joked with people, encouraging them to take part in conversations and in all that was happening around them. Staff were quick to intervene when people appeared anxious. For example, one person became anxious around the inspectors. A member of staff immediately noticed and encouraged the person to engage in an activity to distract them. It was clear the member of staff knew the person extremely well.

Records reflected a caring approach to the support provided for people. For example, the staff communication book detailed a person being supported to do some cooking. The entry stated, "[Person] made flapjacks. It put a smile on his face".

People were treated with dignity and respect. Staff told us how they would promote people's dignity when supporting them with personal care needs. Staff explained to people what was going to happen before supporting them. Staff respected people's choices and explained when they were unable to provide the support the person wanted. People were addressed by their preferred name.

People were encouraged to be as independent as possible. One person's care plan included guidelines to assist the person to clean their teeth with minimal support. The care plan also stated the person could shower and dress unsupported. There was detailed guidance about the routine for the person as this was important to them. We also saw people were encouraged with domestic chores, such as cooking. One person's daily records detailed them helping with cooking by chopping the carrots and doing the vacuuming. It was stated in their care plan that they enjoyed helping around the house.

People were involved in decisions about their care. Care plans showed people had been involved in decisions about activities they wished to take part in and how they wanted to be supported by staff. There was a range of methods used to make sure people were able to say how they felt about the caring approach of the service. For example, a questionnaire with happy or sad faces was completed to give their views on

the service.

Relatives told us they were involved in decisions about people's care and were kept informed of any changes. Comments included; "Oh yes, I am very involved" and "I am very involved in [person's] care. They are very careful to consult me about everything". Relatives told us they were invited to annual reviews to enable them to discuss any changes to people's support needs or any concerns.

People and their relatives were given support when making decisions about their preferences for end of life care. People had been assisted to document their wishes and to draw up a funeral plan in the event of death.

Good

Is the service responsive?

Our findings

People had detailed care plans that identified their support needs and how those needs were met. For example, one person's care plan included an autism profile which identified the person's social and communication needs and how these needs were met. The care plan showed the person's communication was assisted by using symbols and the importance of displaying information so the person knew what was happening. This included having staff photographs up of who was on duty that day. We saw photographs on a board in the hall on the day of inspection that matched the staff on duty. Care plans were personalised and detailed daily routines specific to each person. Guidance about personal care needs were detailed and gave step by step routines for each person. For example, we saw guidance that started 'Undress, hang up dressing gown' and ended with 'choose own clothes'.

People's care plans were reviewed regularly and as required. Actions from reviews had been completed. For example, one person had wanted to visit a fire station. The person had been supported to achieve this. People had a named keyworker. Key workers were responsible for ensuring people's care plans were up to date and that people's needs were met. Key worker responsibilities also included supporting people to identify and attend activities and spending one to one time with them. Care records included keyworker monthly reports. These were completed after the person and their key worker had reviewed their care plans and identified any future goals people wished to achieve.

People had access to a variety of activities which included; trampoline, horse riding, bowling, line dancing and swimming. Activities were both group and individual. People were encouraged to identify activities they wished to participate in. For example, one person enjoyed cooking and had been supported to attend a cookery course. The person's records showed they enjoyed the course. There were photographs displayed throughout the home of people enjoying activities and holidays.

Relatives were positive about the activities people attended and about the progress they had made as a result of the support they received. Comments included; "They [person] are always out. Out at activities all the time" and "There are lots of activities. [Person] is still developing and understanding more and more. We have a huge report every year about how he has developed".

People were supported to maintain and develop relationships. It was clear the people in the home had positive relationships with each other and staff. One staff member told us, "I honestly believe they [people] want to be together". People were supported to maintain family relationships and where possible were supported to visit relatives and have contact on the telephone. One relative told us, "[Person] comes home every Sunday". The person's care plan identified the support the person required to plan for the visits. One person's relative had recently been unwell. The relative told us how staff had supported the person to understand the illness and to have regular contact by telephone.

People were encouraged to give feedback about the service through weekly interactive meetings. Records showed the meetings had included discussions about activities and healthy eating. As a result of the meetings staff had identified the need to find a new trampoline instructor and discussed how they could

support people to make healthier menu choices.

Relatives knew how to make a complaint but told us they had never needed to. Relatives told us they would raise concerns if they felt it necessary and were confident they would be dealt with promptly.

There was a complaints policy and procedure in place. We saw that complaints were recorded and had been dealt with in line with the complaints policy and to the satisfaction of the complainant.

Good

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 recently returned to the service which had clearly had a positive impact on people using the service.

Relatives were positive about the service. Comments included: "I am completely happy with it. [Person] could not have found a better place"; "We are very pleased and grateful" and "[Person's] life is as good as it can be. He has devoted friends here".

Everyone we spoke with was extremely complimentary about the assistant manager and team leader. Relatives comments included: "I have the utmost respect for [team leader] and [assistant manager]. There is a good, stable set up and it is well led"; "[Team leader] is extremely well organised and responsive. When she wasn't there communication wasn't great but it has improved now"; "[Team leader] has got the place in very good order. She is an excellent manager" and "[Team leader] is great. I can call at anytime. She is very responsive to any requests".

Staff were equally positive about the assistant manager and team leader. Staff comments included; "Since [team leader] came back I'm much happier. There is a better quality of care. More person-centred. [Team leader] is committed to the service users" and "If I have a problem I can go to [assistant manager] or [team leader]. Both are very approachable. It is definitely better since [team leader] came in post. Service users are happier as well. [Team leader] is very driven".

There was a person-centred culture that ensured people were at the centre of all the service did. It was clear that the assistant manager and team leader knew people and their relatives well. During the inspection we heard warm and caring interactions between the team leader and relatives. The team leader was accommodating and responsive when arranging for a person to visit their relative.

There were systems in place to monitor the quality of the service. These included, an annual quality assurance audit carried out by the provider and quarterly provider audits carried out by a manager from another service. Where issues were identified an action plan was developed to identify how issues would be addressed and when. For example, the quarterly audit carried out on 1 June 2016 had identified that people's medicines records did not contain protocols relating to medicines prescribed 'as required' (PRN). At the inspection we saw that PRN protocols had been completed. The service carried out monthly audits which included; care plans, medicines and infection control.

The provider carried out surveys every six months to seek feedback from people, relatives, staff and health professionals. A recent survey carried out with staff was still to be evaluated. The most recent survey completed with people showed no areas for improvement. Additional methods in place to gather feedback was regular reviews with people and relatives, weekly house meetings and staff meetings.

Accidents and incidents were recorded and reported. Records showed only one incident. The incident and been fully investigated and steps taken to minimise the risk of a reoccurrence. All accidents and incidents were reported through the provider's central reporting system which enabled analysis to look for patterns and trends.