

The Fremantle Trust

High Wycombe Supported Living

Inspection report

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19 September 2017

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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

High Wycombe Supported Living provides a service to 46 people, mainly younger adults with learning disabilities, across five sites in the High Wycombe area. People are supported in individual flats and shared houses which are owned by a housing association. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living. This inspection looked at people's personal care and support.

We last inspected this service in December 2014 and rated the service 'good.' At this inspection we found the service remained 'good'.

Why the service is rated 'good':

High Wycombe Supported Living provides a person-centred service where people are encouraged to be as independent as they can be. We saw people accessed the community; many were involved in voluntary work, work experience or day service opportunities. People went away on holidays of their choice, both in this country and abroad. The properties with individual flats had a shared lounge on the ground floor. This was used by people as they wished and for occasional group activities, to help prevent social isolation.

People were kept safe. They told us they would speak with staff if they had any concerns. Many people named their keyworker or the registered manager as the person they would turn to if they were unhappy. People told us they felt confident these staff would listen to them and put things right.

People received effective care. This included support to attend healthcare appointments and to eat a healthy diet. Staff were supported through regular supervision from their line managers. They received training to meet people's needs and had been recruited using robust processes.

Each person's needs had been recorded in a care plan. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff were caring and kind towards people. One person told us "Staff are marvellous, they're friendly... they've all helped me to be where I am now." Another person told us "Staff are very good. I always find (name of staff) a good laugh."

There were clear visions and values for the service. The service had a registered manager in place. The provider monitored the quality of care to make sure it met people's needs. Staff understood their responsibilities and knew how to raise any concerns.

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 remains good.

Good ●

Is the service effective?

The service remains good.

Good ●

Is the service caring?

The service remains good.

Good ●

Is the service responsive?

The service remains good.

Good ●

Is the service well-led?

The service remains good.

Good ●

High Wycombe Supported Living

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 13, 14 & 19 September 2017 and was announced. It was a comprehensive inspection. The provider was given 48 hours' notice because the location provides a supported living service for mainly younger adults who are often out during the day; we needed to be sure that someone would be in to assist with the inspection process.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed notifications and any other information we had received since the last inspection. A notification is information about important events which the service is required to send us by law.

Surveys were sent to staff, service users and community professionals prior to the inspection. We have used feedback from these to help inform our judgements about the service. We also visited two of the five sites where people live and spoke with six people.

We spoke with the registered manager and seven staff members. We checked some of the required records. These included five people's care plans, seven people's medicines records, four staff recruitment, training and development records. Other records we sampled included monitoring and audit reports, staff meeting minutes, tenants' meeting minutes and records of complaints and compliments.

Is the service safe?

Our findings

People were safeguarded against the risk of abuse. Staff had undertaken training to be able to identify abuse. There were procedures for staff to follow in the event of any abuse occurring; posters were displayed with the local authority's contact details if staff needed this information. Safeguarding was discussed at staff meetings and during tenants' meetings so that any concerns could be raised.

We found safeguarding concerns were appropriately referred to the local authority, as required. We read feedback from a community professional which complimented the service on how it had handled a safeguarding matter and the proactive steps which had been taken.

People were kept safe during the provision of their care. Risk assessments had been written to identify risks to people and minimise these. For example, assisting people with moving, handling medicines and accessing the community. People told us there were no restrictions placed upon them, such as in going out or wanting to increase their independence.

Staff were recruited using robust procedures. Required checks were undertaken, for example a check for criminal convictions, written references and health screening. Staff mostly started work after all checks had been returned. Where this was not the case, a risk assessment was in place and restrictions were placed upon the worker, to keep people safe.

People told us there were staff around when they needed them. Staffing rotas were maintained; we saw these enabled keyworkers to be on duty when people were around at the service on home days, to support them. The service was not using any agency staff and had relief staff to cover any vacancies, sickness or annual leave. This helped to ensure people received consistent care from a familiar staff group.

People's medicines were managed safely. People managed their own medicines where they were able to do this safely. Staff handling medicines had received training on safe practice. People told us they received their medicines when they needed them. We saw staff maintained appropriate records to show when medicines had been given to people, which provided a proper audit trail.

Is the service effective?

Our findings

People were supported by staff who had been effectively supported. This included a structured induction which led to the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers need to demonstrate in their work. Supervision and team meetings also took place and there was a system of annual appraisal to assess staff performance.

Staff completed training to be able to meet the needs of the people they supported. This included courses the provider consider mandatory, such as safeguarding against abuse, first aid and moving and handling. Additional courses were also accessed to increase staff skills and knowledge. These included person-centred care, record keeping and well-being. Higher level training was also available to staff such as Business and Technology Education Council (BTEC) awards, which two staff had completed and management courses. Two staff had completed an end of life champion course, to help ensure people received effective care when they reached this stage.

We received feedback from a community professional who told us "I delivered five sets of workshops to the staff. They were keen and open to learn. They have a very good understanding of the subject matters and asked appropriate questions. Brought very good working examples that we worked through as a group."

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

The registered manager told us about two people who lacked capacity to make decisions about their care. We saw records which showed how decisions had been made to support them appropriately. This included seeking the views of relevant healthcare professionals, the person's family and taking these into account in making decisions. This showed the service had followed proper procedures.

People were supported with their nutritional needs. Care plans reflected any support people needed. People were referred to specialist services where needed, such as dietitians and speech and language therapists. We heard staff encouraged people to follow a healthy diet although this was not always something they were keen to do. One person told us they had successfully lost weight after attending a local

slimming group.

People's healthcare needs were met. People accessed community health professionals and were registered with GP surgeries. Records showed people saw a range of professionals, depending on their needs. This included dentists, opticians and hospital specialists.

Is the service caring?

Our findings

People spoke to us about the caring approach of staff. Comments included "They've all helped me to be where I am now" and "Fremantle and all the staff deserve a medal for what they do for us all here." We read feedback from surveys sent out by the provider to people's relatives. "The care given to (name of person) is excellent," "Staff are excellent; care is excellent" and "I think that it is the staff that makes all the difference," were typical responses.

Staff knew the needs of the people they supported. They were knowledgeable about their interests, hobbies and families. They supported people to make their own decisions where they were able to. People told us there were no restrictions placed upon their visitors coming to see them at the properties. They had been asked for their views about visitors staying overnight and had established a set of house rules about this.

People said they were always introduced to their care workers before they provided any support. They told us they were happy with the care and support they received from the service and that staff always treated them with respect and dignity. We saw staff knocked on people's front doors and waited for a response before they went in. They introduced us to people and checked it was all right for us to enter their homes.

Staff knew people's individual communication skills, abilities and preferences. There was a range of ways used to make sure people were able to say how they felt about the approach of the service. People's views were sought through care reviews, surveys and tenants' meetings. People told us they felt staff listened to what they said.

Staff showed concern for people's well-being in a caring and meaningful way and they responded to their needs quickly. For example, one person said they were unwell and in pain. An ambulance was called and their relatives were informed and kept up to date with what was happening at the service.

People's birthdays were celebrated and mentioned in a service newsletter. Special events were also mentioned such as the death of one person and the success of another in completing a 5000 metre race.

People's independence was promoted wherever possible, subject to risk assessments. This included undertaking household chores, going out, going on holiday and involvement in voluntary work and work experiences opportunities. One person told us they wanted to go away on holiday on their own. As they had not done this before, their keyworker suggested they try a weekend break at a nearby hotel to see how they got on. The person had been helped to book this and was looking forward to the break. There was a back up plan to come and collect the person from the hotel if they wanted to come home early.

We heard how the service responded following the death of one of the tenants. As they had no family or executors, there was no one to arrange the funeral. The service was asked if they could do this and made all the appropriate arrangements. People at the service had opportunity to say goodbye to the person.

Is the service responsive?

Our findings

The service was responsive to people's needs. Community professionals told us the service acted on any instructions and advice they gave them. They said it co-operated with other services and shared relevant information when needed. For example, when people's needs changed.

There were procedures for providing feedback about the service. Two complaints we looked at had been responded to appropriately and matters were put right. People we spoke with did not have any concerns about how they were supported. One person told us "I can't complain about anything. I would if there was anything to complain about, but there isn't." Another said "Everything's good here." Community professionals said staff were accessible, approachable and dealt effectively with any concerns they or others raised.

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. One person told us they received information in picture format to help them understand it. They said "They're quite good at that."

Care plans were in place to record people's support needs. These included an individual pen picture of the person, essential health information and who people would like to be contacted if they became unwell. Needs had been assessed in relation to communication, mobility, personal hygiene, washing and bathing as examples. Information had been kept up to date and under regular review. We mentioned to the registered manager one care plan which did not include a significant change to the person's health, so that this could be amended.

People's cultural and spiritual needs had been assessed. Several people attended a nearby church.

People took part in a wide range of activities to suit their interests and hobbies. Group activities also took place such as a summer barbeque, a day trip to Southend, the Olympia horse show and a Christmas ball for all of the provider's services for people with learning disabilities. One person told us they were due to start a literacy course. They said staff had found this for them after they expressed an interest in improving their reading skills.

Is the service well-led?

Our findings

The service had a registered manager in place. They had completed a level five leadership and management course and were taking part in the 'My Home Life' project. This is a national initiative to improve the quality of care in care services. Staff said the registered manager was accessible when they needed support and regularly visited the five sites where people lived. We received feedback from a member of staff who said "The service has a manager who constantly interacts with both service users and staff. He also encourages staff to be proactive in the delivery of care and strives to ensure that staff document every care activity they undertake. Teamwork, overall, is good within the service, but the quality of written notes varies from person to person, but that, at the best of times, originates from their individual levels of education. The staff team put care and compassion in everything they do and service users are supported to be as independent as possible, within the constraints of their learning disabilities."

The service had a positive culture that was person-centred, open, inclusive and empowering. People had confidence the registered manager would listen to their concerns and these would be dealt with appropriately. The staff we spoke with were aware of their responsibilities and knew how to raise concerns if they needed to.

Staff meetings were held regularly at the service. Minutes of these meetings showed there was regular discussion about safeguarding people, promoting health and safety and ways of improving the service. We heard the registered manager and staff were looking at ways to raise awareness with people about important topics. For example about sexuality and relationships and self-examination for lumps.

The service offered community placements to student nurses twice a year. We read a thank you card from some previous students which said "Really appreciate all that you have done for us...thank you very much for your positive contribution to our journeys as student nurses. You have been absolutely amazing."

The provider had clear visions for its services. There was a poster displaying these at the registered office site. They included "Celebrate the uniqueness in everyone," "Put care and kindness at the heart of all we do" and "Always be learning." We found staff demonstrated these values in how they supported people.

There were effective quality assurance processes to make sure people received the support they needed. This included themed audits and surveys. The findings from audits showed the service had performed well. Improvement was noted. For example, a comprehensive audit in September this year showed the service had improved to an overall rating of 75% from the previous score of 67%.

The registered manager had notified us about significant events, which they are required to do. We used this information to monitor the service and ensure they responded appropriately to keep people safe. From the information we received, we could see appropriate action had been taken on each occasion.