The Fremantle Trust

Aylesbury Supported Living Scheme

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

Summary of findings

Overall summary

This inspection took place on 30 November, 4 and 5 December 2917. It was an announced visit to the service.

We previously inspected the service in December 2015. The service was meeting the requirements of the regulations at that time. The service was rated 'good' overall.

Aylesbury Supported Living Scheme provides support for 27 adults with learning and physical disabilities across four sites in the Aylesbury and surrounding area. At one of these sites, night time support is provided by another service which is separate to The Fremantle Trust. This is a contractual arrangement with Buckinghamshire County Council.

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.

The service had 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.

We received positive feedback about the service. Comments from people included "My (family member) is treated with kindness by the staff," "The whole place is amazing. I wouldn't want him anywhere else," "Staff are very approachable" and "The staff are very compassionate." A community professional told us "Staff have a very good knowledge of people's histories and backgrounds."

People were supported by staff who had been thoroughly recruited. There were enough staff around to help people access the community and be as independent as possible. Risks were assessed and measures were put in place to help prevent accidental injury or harm.

People received support with their medicines where necessary. We have made a recommendation for the service to follow best practice when staff handwrite medicines charts. This is to ensure the strength of the medicine and maximum amount per day is recorded.

People were protected from the risk of infection. Various health and safety checks were carried out in people's homes to make sure they were clean and safe.

People's accommodation was fitted with fire detecting equipment. Tests were carried out to make sure this worked effectively and kept people safe. We found fire drills were carried out but not all of the staff had been involved in drills. They may therefore not know how to respond safely in the event of a fire. We have made a

recommendation for the service to follow best practice by ensuring all staff have received sufficient training and rehearsal in what to do in the event of a fire.

People received care which was person-centred and responsive to their needs. Care plans had been written to document people's needs and their preferences for how they wished to be supported.

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.

The service was managed well. The registered manager kept us informed of notifiable occurrences; they worked in partnership with external agencies and ensured staff received appropriate support and training.

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 safe.	Good
Is the service effective? The service remains effective.	Good
Is the service caring? The service remains caring.	Good
Is the service responsive? The service remains responsive.	Good
Is the service well-led? The service remains well-led.	Good

Aylesbury Supported Living Scheme

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 30 November, 4 and 5 December 2017 and was announced. The provider was given 48 hours' notice. This was because the service supports people who are often out accessing the community with staff; we needed to make sure someone would be available to assist with the inspection process.

The inspection was carried out by one inspector. An expert by experience supported the inspection by speaking with five people's relatives or representatives on the telephone, to seek their views about standards of care. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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.

We contacted community professionals, for example, the local authority commissioners of the service, the local safeguarding team and a healthcare professional. Surveys were sent to a small sample of staff and people who used the service. We have used feedback from these to help inform our judgements about the service.

We visited two of the sites where people received care. This provided opportunity to speak with six people who used the service and to observe interaction between staff and the people they supported. We spoke with the registered manager and five staff members. We checked some of the required records. These included four people's care plans. Care plans included records of visits to healthcare professionals such as doctors, dentists and hospital specialists. We looked at 19 medicines charts, four staff recruitment files and four staff development files. We checked training records for the whole staff team, looked at a sample of service monitoring records and accident and incident reports. Other records included complaints and compliments and staff meeting minutes.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe. Comments from relatives included "Yes I feel that she is safe, no incidents that I am aware of. I believe the staff are very caring and supportive," "Definitely safe" and "Yes I feel my son is safe there, absolutely." One relative did not feel people were safe at night time due to the staffing levels where their family member lived. They had mentioned this to the local authority. This was outside of The Fremantle Trust's control as it was not part of their contractual arrangement to provide night time support at that site.

The service had systems and processes for safeguarding people from abuse. These provided guidance for staff on the processes to follow if they suspected or were aware of any incidents of abuse. Staff had also undertaken training to be able to recognise and respond to signs of abuse. Staff told us they did not have any concerns about people's care or how they were expected to support people. None of the people we spoke with expressed any concerns about their care or how staff treated them.

People were protected from the risk of harm during the provision of their care. In each care plan we saw risk assessments had been written. These included risks associated with assisting people to reposition, accessing the community and use of kitchen equipment. Where a risk was identified, measures were put in place to help prevent harm.

Although the provider was not responsible for upkeep of the premises, we found these to be safe and well-maintained. Any faults or maintenance problems were reported to the housing association for attention. There were regular visits from maintenance staff.

People's accommodation was fitted with fire detecting equipment. Tests were carried out to make sure this worked effectively and kept people safe. We saw emergency evacuation plans had been written for each person, which outlined the support they would need to leave the premises. Staff had been trained in fire safety awareness and first aid to be able to respond appropriately.

We looked at records of fire drills at one of the sites we visited. We saw three drills had been carried out in the past year. The records included the names of staff who had been present. From these we were able to see not all staff had been involved in drills and may therefore not know how to respond safely in the event of a fire.

We recommend the service follows best practice by ensuring all staff have received sufficient training and rehearsal in what to do in the event of a fire.

We observed there were enough staff to support people at the sites we visited. Staffing rotas were maintained and showed appropriate arrangements were in place to support people. This enabled people to access the community, attend healthcare appointments and receive support with their personal care. People told us there were staff around when they needed them. Relatives or persons acting on people's behalf told us they felt there were enough staff. Some of the comments included "Yes, I feel there are enough

staff on duty and also at the weekend. I have no staffing issues at all" and "My (family member) has a lot of need for company and they do try their best."

People were kept safe by the recruitment procedures used at the service. The files we looked at provided evidence of required checks being carried out. These included a criminal records check, health screening, written references and proof of identity. In the file of a new care worker, we saw a risk assessment was in place as references had not been received yet. This outlined restrictions placed upon the member of staff until these were returned. The member of staff had signed this to show they were aware of these limitations.

People's medicines were managed safely. People were supported to manage their own medicines where possible, subject to risk assessment. There were medicines procedures to provide guidance for staff on best practice. Staff handling medicines had received training on safe practice and had been assessed before they were permitted to administer medicines alone. Training had also been undertaken on the use of rescue treatments. Rescue treatments are taken 'as needed' to stop clusters of seizures, seizures that last longer than usual or when seizures occur at specific predictable times.

We saw staff maintained appropriate records to show when medicines had been given to people. However, there were a couple of examples where staff had handwritten medicines charts. Where this was the case, we noticed full instructions had not been included for pain relief medicines. For example, the strength of the medicine was not recorded nor the maximum number of tablets to be given in any 24 hour period. We could see from the charts that people had not exceeded maximum doses. However, we recommend the service follows best practice when handwriting medicines records, to ensure accurate instructions are provided.

People were protected from the risk of infection. Staff had received training about infection control practice. Personal protective items such as disposable gloves and aprons were available where necessary in people's homes. There were appropriate arrangements for the disposable of clinical waste. Checks were made of fridge and freezer temperatures to ensure these operated effectively. Food was checked to make sure it was safe to use; spoiled or out of date products were disposed of.

People were kept safe as the service made improvements when necessary. For example, the registered manager told us the names and photographs of people who received support had been shared with staff amongst the sites. This was in case anyone went missing or was brought to one of the addresses if found by the public or the police. This was after one person was accidentally shut out of their building and was unable to get back in.

The service received information from the provider about national safety alerts and the outcomes of investigations to help keep people safe.

People's records were accessible in their homes with copies kept securely in the office. These were accurate and had been kept up to date following changes to people's care needs. The registered manager had recently audited care plans to identify any documents which needed to be updated, completed or signed; these were being worked through.

People had been informed about a local initiative to help them keep safe. Participating shops and local facilities displayed a sticker in their window to show they were a safe haven for people to go to if they were out in the community and felt scared, anxious or confused. Information was displayed about this on the noticeboard in the communal lounge, to remind people.

Good

Is the service effective?

Our findings

People's needs had been thoroughly assessed before they received support. This included assessment of their physical and mental health needs. Assessments took into account equality and diversity needs such as those which related to gender, sexuality, disability and culture.

People received their care from staff who had the appropriately skills and support. New staff undertook an induction to their work and completed the Care Certificate. The Care Certificate is an identified set of national standards that health and social care workers need to demonstrate in their work. They include privacy and dignity, equality and diversity, duty of care and working in a person-centred way. Two new staff we talked with spoke positivity about their induction and how it had equipped them with the information they needed to carry out their roles. We saw probationary assessments were completed before new staff were confirmed in their roles. This ensured they had the skills and knowledge to support people.

Staff told us they were encouraged to attend training courses and to keep their skills up to date. There was a programme of on-going staff training to refresh and update skills. Courses had been booked where staff were due for updates. Staff could also undertake further training such as Business and Technology Education Council (BTEC) awards and the Qualifications and Credit Framework (QCF).

Staff received supervision from their line managers to discuss their work and any training needs. Appraisals were undertaken to assess and monitor staff performance and development needs.

People were supported with their nutritional needs where necessary. Care plans identified any support that was needed. We saw people were referred to speech and language therapists or dietitians where necessary. People told us they were involved in their food shopping and received enough support from staff to prepare meals. Comments from relatives included "They support them with their meals. He likes to help cook, he has a roast on the weekend. I check the diary in his flat and they have a plan in the room. Lots of vegetables." Other relatives told us "There is always someone around to help him cook" and "Lots of support to prepare meals…there is always plenty of fruit available for her to eat. They keep an eye on how many snacks she eats." One person had successfully lost three stone in weight. They told us they felt much better for doing this.

Staff worked together within the service and with external agencies to provide effective care. A community professional told us the service worked well with them. They said they "Found staff to be great, no complaints. I think we've worked really well together. We've communicated very effectively. Overall they seem pretty open." We saw accident an emergency 'grab sheets' had been completed in the event of people needing to attend hospital. This was an initiative to flag people who may need additional support when they arrived for treatment and to alert learning disability nurses who worked there. Staff told us the nurses attended the provider's managers' meetings. There was also information about them displayed in the service, together with their photographs.

People were supported with their healthcare needs. Care plans identified any support people needed to

keep them healthy and well. Staff maintained records of when they had supported people to attend healthcare appointments and the outcome of these. The records showed people routinely attended appointments with, for example, GPs, dentists and hospital specialists. Relatives told us they were kept informed about people's health and that staff took appropriate action when people became unwell.

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. In this type of service, applications must be made to the Court of Protection. We saw the registered manager had corresponded with the local authority regarding people's ability to sign their tenancy agreements. Copies of Court of Protection orders had been obtained where, for example, families had authority to manage people's finances. This ensured the service consulted with the right people who had legal authority to advocate on behalf of people who used the service.

Good

Is the service caring?

Our findings

We received positive feedback from people about staff. 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. Comments included "The staff are very compassionate. Her keyworker is very good with communicating," "The staff are wonderful. He has a keyworker, she is very good for him, and he likes her that's for sure." Another relative commented "I think the staff are fantastic, I can't fault them and if every home was run like this service that would be idea. It is ideal for us. So happy with this service." Further comments included "My (family member) is treated with kindness by the staff" and "His keyworker is fantastic…she is so good. They are treated with absolute kindness."

All of the people we spoke with told us staff were respectful towards them and treated them with dignity. We asked if there were any problems with staff of different gender supporting their relative. One relative said "My (family member) always has a female carer to help her bath…it has always been a female." Another told us "There are no male staff at his residence but this has never caused him a problem."

Staff knew about people's backgrounds and histories. They were keen to tell us about people's achievements and praised people for these. For example, one person had been on a holiday for the first time and had enjoyed it; another person was being supported to look for voluntary work because they wanted a job.

Staff showed concern for people's well-being. For example, one person was unwell and did not feel like going to the day centre. Staff cancelled this for them. They were sympathetic and encouraged the person to take pain relief and rest.

Staff actively involved people in making decisions and to express their views. This included decisions about meals, going out into the community, attending Christmas parties, and participation in reviews of their care. One person who used the service held a fundraising event, with staff support, to raise money for a charity.

Tenants' meetings were held. Records of these meetings showed people's views had been sought on a variety of matters. For example, about activities and having a meal together at special occasions such as Easter.

People's independence was promoted. Risk assessments were contained in people's care plan files to support them in areas such as accessing the community and undertaking household chores. We observed several people going out during the two days of our visit. This included people being supported on a one to one basis to go shopping or into town and people going out to healthcare appointments.

Good

Is the service responsive?

Our findings

People received care which was responsive to their needs. Care plans took into account people's preferences for how they wished to be supported. This included their cultural and religious needs. People's preferred form of address was noted and referred to by staff. People's wishes of who they would like contacted if they became unwell were also documented. There were sections in care plans about supporting people with areas such as their health, dressing, washing and bathing and mobility. Care plans had been kept under review, to make sure they reflected people's current circumstances. For example, changes to their health.

We received positive feedback from a healthcare professional about the way the home responded to changes in people's health and well-being. They said the person's keyworker "Has gone over and above to make sure (name of person) has everything they need and things are moving forward."

The service aimed to ensure that 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. Some documents such as medicines agreements and information about managing finances had been produced in picture formats. This helped people understand the documents. Some other people had easy read care plans which contained information the person themselves wanted included. Pictures and symbols were used as objects of reference to help people understand. Other accessible information included a photographic staff rota, information about making complaints and abuse awareness.

We saw evidence of people's wishes documented in their care plans about how they wanted to be supported with end of life care. This included information about whether they preferred burial or cremation and what type of funeral service they would like. The registered manager told us about one person who may need end of life care in the near future. They had arranged a meeting to include the person's care manager from the local authority and a palliative care specialist nurse to ensure the person received appropriate support. One member of staff had completed training on end of life care; other staff from across the service were due to attend in January next year.

People were supported to develop and maintain relationships with those who were important to them. For example, people were supported to socialise with friends from other services run by the provider such as an annual Christmas ball. People could also meet up with others they lived with in a communal lounge area. In one of the properties we visited, we saw people made good use of this to say hello and speak with staff. The registered manager told us people had been asked what they would like to do at Christmas. They had said they would like a meal together rather then be in their own flats, so that was being arranged.

The service supported people to take part in social activities. People were involved in a range of activities. These included day centre attendance, Gateway club and local groups. People had taken part in gardening competitions in the summer, one shared house won an award. People had also been supported to run and

attend a music and entertainment festival run by the provider. One person showed us a trophy they had won for playing darts. Two people told us they would like to read and had identified this as part of their reviews. Staff were looking into local colleges that ran suitable courses. Two people were due to start paid employment, with initial support from staff.

There were procedures for making compliments and complaints about the service. We looked at how a complaint had been responded to. We saw an investigation was carried out. People told us they would speak with the registered manager or named staff if they were worried or had any concerns. Several compliments had been received. One thanked the staff team for enabling their family member to go clubbing, which was something the person had wanted to try, and for supporting the family.

Accidents and incidents were recorded appropriately at the home. We read a sample of accident and incident reports in people's care plan files. These showed staff had taken appropriate action in response to accidents, such as when someone was injured when they were hit by the handle when their front door closed too quickly. This prompted referral to the occupational therapy department for advice. We saw the person's door was now much slower to close, to allow them sufficient time to get in and out.

Good

Is the service well-led?

Our findings

People received care in a service which was well-led. This enabled them to receive safe, effective and co-ordinated care.

The service had an experienced and skilled registered manager. They had achieved a Qualifications and Credit Framework (QCF) level five award in health and social care management. The QCF was the national credit transfer system for education qualification in England, Northern Ireland and Wales until October 2015. They had also completed the My Home Life project. This is a national initiative which aims to promote good practice and raise standards in care settings. The registered manager offered practice placements to student social workers and students from a local college undertaking a health and social care course, to raise the profile of supported living.

The service provided person-centred care and supported people to be as independent as they could be. Feedback about standards of care was positive. Comments from relatives included "The whole place is amazing. I wouldn't want him anywhere else," "I just think it's a lovely family environment" and "Boughton Road is second to none, all the staff are amazing. (Name of manager there) is brilliant." Boughton Road is one of the premises where people received support. Another relative commented "I can't honestly praise this care home enough, it's like a big family."

Staff were supported through supervision and received appropriate training to meet the needs of people they cared for. Staff and people who used the service were comfortable approaching the registered manager to speak with them. Staff told us the registered manager was approachable and supportive. We saw staff meetings took place to discuss developing the service and share ideas.

Staff were advised of how to raise whistleblowing concerns during their training on safeguarding people from abuse. Whistleblowing is raising concerns about wrong-doing in the workplace. This showed the service had created an atmosphere where staff could report issues they were concerned about, to protect people from harm.

People's views were sought about the service through tenants' meetings and questionnaires. We looked at the results of this year's questionnaires. They showed people were happy with the service and supported to be independent and safe. A consultation meeting was planned for February next year to seek the views of people's families and representatives.

There was regular monitoring of the service by the registered manager and provider. A comprehensive audit of the service was carried out in July this year by the provider and rated the service as 'good.' Actions were suggested as a result of the audit. We saw work was underway or completed in some of these areas. For example, missing persons plans were now in place for everyone and additional support had been provided to enable one person to access the community at weekends. This helped ensure there was continued improvement.

The service worked with other organisations to ensure people received effective and continuous care. For example, the local authority, day services and healthcare professionals.

People's records were generally well-maintained; personal information was kept secure so that only authorised people could access it.

Providers and registered managers are required to notify us of certain incidents which have occurred during, or as a result of, the provision of care and support to people. There are required timescales for making these notifications. The registered manager had informed us about incidents and notifications and from these we were able to see appropriate actions had been taken.

We found there were good communication systems at the service. Staff and managers shared information in a variety of ways, such as face to face, during handovers between shifts and in staff meetings.

Providers are required to comply with the duty of candour statutory requirement. The intention of this regulation is to ensure that providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment. It also sets out some specific requirements that providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The regulation applies to registered persons when they are carrying on a regulated activity. The registered manager was familiar with this requirement and was able to explain their legal obligations in the duty of candour process.