

Bedford Borough Council

Adult Learning Disability Team

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 31 March 2016 and was announced.

Adult Learning Disability Team provides community based services and care management for people with learning disabilities within Bedford Borough. They perform a number of different roles which do not fall within the scope of registration with the Care Quality Commission (CQC). They are however registered with the CQC for the treatment of disease, disorder or injury. This allows their team of learning disability nurses to go to people with learning disabilities living in the community and administer a regular depot injection. At the time of this inspection, the service was administering depot injections for five people.

The service had a registered manager. 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 received care from staff that were aware of abuse and had received training in safeguarding people against abuse. There were systems in place to report suspected abuse and staff were familiar with the procedures they had to follow. Risks to people and the service had been assessed and control measures were put in place to minimise the impact of those risks. Staff were of suitable character to be performing their roles and had been robustly recruited. There were enough members of staff to meet people's needs. People's medication was given to them safely and appropriately, by trained members of staff.

Staff members had the training and support they needed to perform their roles. They were also able to access additional training, to help enhance the performance of the service. People's consent was sought by staff before providing them with their injections. Their wishes were respected and where people were unable to express their wishes or make their own decisions, the Mental Capacity Act 2005 (MCA) was used appropriately to make a best interests decision on their behalf. The service worked with people's other healthcare professionals to help ensure they received the care and treatment they required.

There were positive and mutually beneficial relationships between people and members of staff. These relationships were managed to prevent people from becoming dependent on one member of staff, ensuring they were comfortable with a number of different members of staff. People were involved in planning their care and were provided with information about the service in a format they could understand, such as easy-read versions of key documents. Staff members ensured they treated people with dignity and respect at all times.

People received person-centred care from the service. An initial assessment had been completed at the start of the care package to identify people's specific needs and wishes. This was used to create a care plan which was regularly reviewed to ensure it continued to meet people's changing needs and wishes. Complaints and feedback from people was encouraged and the service had systems in place to ensure feedback was used to

develop the service.

The service had an open and positive culture. Staff members were empowered to perform their roles and were well supported by the registered manager and provider. The registered manager ensured regulatory requirements were being met and, together with the provider, carried out a number of checks and audits. These were used to monitor the service and identify areas for improvement.

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.

People were protected from avoidable harm or abuse by staff that knew and understood safeguarding principles as well as reporting and investigating procedures.

Risks to people and the delivery of staff were assessed, and control measures put in place to minimise the impact of any risk.

There were sufficient numbers of staff to meet people's needs and staff had been recruited safely.

Medication was administered to people safely.

Is the service effective?

Good ●

The service was effective.

Staff received regular training and supervision to ensure they had the skills and knowledge they needed to meet people's needs.

People's consent to care was always sought by staff. Where people were unable to provide consent, staff followed appropriate legislation and guidance.

The service worked with other healthcare professionals to enable people to be as healthy as possible.

Is the service caring?

Good ●

The service was caring.

There were positive and meaningful relationships between people and members of staff at the service.

People were involved in planning their care, and were provided with the information they needed in a format they could understand.

People's dignity and respect were promoted by staff at the

service.

Is the service responsive?

Good ●

The service was responsive.

People received their depot injections in a person-centred way.

Staff members encouraged people to be as independent as possible with their care.

There were procedures in place to receive and act on any complaints or feedback raised.

Is the service well-led?

Good ●

The service was well-led.

The service was open and promoted a positive, person-centred culture.

People and staff felt well supported by the registered manager.

The provider and registered manager had implemented a number of quality assurance procedures to monitor the care being given.

Adult Learning Disability Team

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 31 March 2016 and was announced. We gave the provider 48 hours' notice as the service provides care based in the community and we needed to be sure staff would be available for us to talk to, and that records would be accessible.

The inspection was carried out by one inspector.

We checked the information we held about the service and the provider, such as notifications. A notification is information about important events which the provider is required to send us by law. 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. In addition, we asked for feedback from the local authority who has a quality monitoring and commissioning role with the service.

During the inspection we spoke with one person who received care from the service. Other people using the service were not able to talk to us about their experience of the service, due to the complex nature of their needs. We also spoke with the registered manager, two social workers and one learning disability nurse, who worked at the service.

We looked at care records for five people receiving care from the service in line with their regulated activity, along with other records relating to the running of the service. This included staff records, medication records and records of audits and checks being carried out, to support our findings and ensure people were

receiving appropriate care.

Is the service safe?

Our findings

People told us that they felt safe when they received care from the service. They explained that staff members always made them feel comfortable and at ease when they came to see them. When we asked one person if they felt safe when they were with members of staff they replied, "Yes I feel safe."

Staff members told us that they received regular safeguarding training, to ensure they were able to keep people safe from avoidable harm and abuse, whilst performing their roles. They also told us that they had received additional training to equip them with the skills necessary to carry out safeguarding investigations. They explained they worked closely with the local authority safeguarding team and carried out investigations of safeguarding alerts which involved people with learning disabilities. This allowed them to combine their training with their skills, knowledge and experience of people with learning disabilities, to provide thorough investigations of potential abuse.

Training records showed that staff members at the service had received appropriate training to allow them to undertake safeguarding investigations. We also saw that the service worked closely with the safeguarding team, to ensure people were protected and that incidents were investigated fully. There were no current safeguarding investigations taking place, however we saw that previous incidents had been dealt with appropriately, and that the registered manager had completed detailed audits and checks of how incidents were handled.

People were kept safe as risks to them and members of staff were carefully assessed and managed by the service. Staff told us that there were risk assessments in place for each person to highlight areas of potential harm, as well as to set out control measures for them to follow, to help minimise the effect of these areas of risk. One staff member said, "We have risk assessments which tell us how to manage any potential problems." We saw that risk assessments were in place for people, and contained simple and understandable guidance for staff to help keep people safe.

The registered manager told us that the service had an emergency continuity plan in place to provide staff with guidance on the actions to take in the event of a serious incident, such as a fire or high levels of staff sickness. They explained that the service had agreements in place with other teams within the provider group to ensure that people's needs were still met. In addition, they told us that they and other senior staff from the service took part in business continuity role play situations. This allowed them to test the effectiveness of the procedures which were in place. We saw that there were robust and effective plans in place to guide staff in the event of an emergency.

People felt that there were enough members of staff to meet their needs at the service. One person said, "Yes there are enough, they are on time." Staff members also told us that there were enough of them to ensure that they were able to meet people's needs. They explained that there were a number of qualified learning disability nurses working at the service, who were able to meet people and administer their depot injections. Staffing records confirmed that there were sufficient numbers of staff to meet people's needs.

The registered manager explained to us that all staff had thorough checks carried out before they could start working at the service. They told us they checked at least two references for each new employee, as well as carrying out Disclosure and Barring Service (DBS) criminal record checks, to ensure that staff were of good character and suitable for their roles. In addition, for qualified staff, such as learning disability nurses and social workers, they checked to ensure they had a valid personal identification number (PIN) and registration. Recruitment files showed that robust procedures had been followed when employing new staff. In addition, the registered manager had implemented systems to track staff members PIN numbers and DBS checks, to ensure they were renewed promptly.

There were systems in place for the safe administration of people's medication. The registered manager told us that each person's specific needs, regarding their depot injections, were recorded in their care plans and on Medication Administration Records (MAR). This information was used to schedule visits from the service to ensure people received their injections when they were due. We checked people's records and MAR charts and saw that people received their medication as per their prescription, and that it had been signed for on each occasion it had been given. The registered manager had implemented checks to ensure that MAR charts were completed correctly and the information on them was transferred onto an electronic system, so that it could be audited along with the other electronic information stored for each person.

Is the service effective?

Our findings

People told us that they felt staff had the skills and knowledge they needed to meet their needs. They told us that staff received training to help them develop and maintain these skills. One person told us, "Staff have the training they need."

The registered manager explained to us that new members of staff received induction training when they started at the service. They told us that this comprised of mandatory training courses, as well as any specific areas of training needed to perform their roles. The induction also included shadowing more experienced members of staff to help them get used to the role and to get to know the people they would be supporting. In addition, the service was in the process of incorporating the care certificate into their induction programme, to help ensure staff had the skills they needed to perform their roles. Records showed that staff members received induction training as well as a corporate induction from the provider and a local one from the registered manager, which helped them get to know the policies and procedures which they needed to follow.

Staff members also confirmed that they received the training that they needed to perform their roles. One staff member said, "Yes we get training, such as annual depot refreshers." Another staff member told us, "They are really good at addressing training needs." They went on to explain that staff were expected to do mandatory training on an annual basis to keep their skills and knowledge up-to-date. There were also a number of additional courses organised by the provider, which staff could apply to attend if they were interested in that subject. We checked training records and saw that staff regularly completed mandatory training courses to maintain their skills, and also attended additional courses to help develop their knowledge and enhance the service they were able to provide.

Staff members told us that they also received regular support from the service, in the form of four-weekly supervision sessions. They found these useful ways to discuss their roles and raise any concerns they may have, as well as any training or development needs they may have. The registered manager confirmed that these sessions took place and were also used to address areas of performance in need of development or improvement. Staff files confirmed that each member of staff received regular supervisions and that they were given the opportunity to raise any issues they may have during these sessions.

People told us that the service only provided them with care after seeking their consent. One person told us, "They don't force me to have it." They explained that staff always made sure they were happy to have their depot injection, and only gave it if they agreed. The registered manager confirmed that consent was always sought by staff, before providing people with their depot injections.

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 to 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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff members told us that they had received training regarding the MCA, and implemented it when necessary. They told us that they always tried to encourage people to make decisions for themselves, however due to their learning disabilities some people were unable to make their own decisions. In these circumstances staff members would work with other key stakeholders such as family members or carers, to come to a best interests decision for that person. We checked people's records and saw that MCA assessments had been carried out for people. Some of these had determined that the person had mental capacity in this matter, therefore were supported to make their own decision. Where people lacked capacity, we saw that a best interests process had been followed and was reviewed on a regular basis. None of the people receiving care from the service were subject to a DoLS authorisation in relation to their depot injections.

Where possible the service supported people to be as healthy as possible. Staff members explained that they worked closely with people and their healthcare professionals, to help maximise their good health. For example, one staff member told us that if a person started to refuse their depot injections, whilst they would respect their wishes, they would refer the person to their GP and local specialist services, to help minimise the impact on their care and treatment. We saw records of involvement and correspondence with people's healthcare professionals in their records.

Is the service caring?

Our findings

People told us that staff from the service treated them with kindness and compassion. One person said, "They always treat me nicely." They went on to say that staff were always kind when they came to give them their depot injection, and that they spent time talking to them and making sure they were okay, before administering the depot.

People also told us that they were able to develop positive and meaningful relationships with member of staff. They told us that they had an assigned nurse who usually gave them their injection; however the service made sure a number of different staff members did this as well, so that the person got to know a number of friendly face. One person said, "I know loads of them." Staff members confirmed that they didn't always use the same member of staff for each person, to prevent them from becoming dependent on them. This meant that, in the event of staff absence, different members of staff would be able to provide people with their depot injections, without causing the person undue distress or anxiety.

Members of staff told us that they worked hard to develop positive relationships with people. They explained that this helped them to develop trust and understanding between the people and the service, which helped people to feel at ease when their depot injection was being given. Staff members knew people and their needs well and were able to tell us about different people's needs and wishes in detail.

People had been involved in planning the care they received from the service. They explained that the service had always asked them about how and when they wanted their depot injections to be given, and that they felt in control of their care. Staff members told us that they were directed by people in terms of providing them with the care that they needed from the service. Care plans clearly demonstrated that people had been involved throughout the planning process.

The registered manager told us that people were supplied with information about the service that they were going to receive on commencement of the care package. They showed us the information that was given to people, which included documents such as complaints procedures and the service's statement of purpose. All the documentation was in easy-to-read format, which helped people to understand and make sense of the information they were being given.

Staff members told us that maintaining the dignity and respect of the people that received care from the service was of the utmost importance to them. They explained that they had all received training in this area, and that most staff members had also undergone additional training to become dignity champions. This meant that staff were aware of key issues around respecting people's dignity, and took steps to ensure that this was done. Records confirmed that staff had been trained, and that there were a number of dignity champions at the service.

Is the service responsive?

Our findings

People received their depot injections in a person-centred way. They told us that staff members listened to, and respected, their wishes in terms of how and where they had their depot injections. They explained that they told staff their wishes when they first started with the service, and felt staff would respect their wishes if they changed their mind. People's care plans showed that they had been involved in planning their care and that their views and wishes had been clearly recorded. In addition, these plans were regularly reviewed to ensure their content was still valid.

The registered manager explained to us that before people started to receive care from the service, an assessment of their needs was carried out. This was to ensure that the service was able to meet their needs, and to see if they were the appropriate service for that person. They told us that once the care package commenced, there were regular reviews with the person to check that they were happy with the care that they received. Staff members explained that they were aware of people's individual choices, but were also prepared to be flexible if necessary. Records showed that people had been asked when and where they wanted to have their depot injections, and the administration records showed that the service was respecting people's wishes.

Staff members told us that they encouraged people to be as independent as possible. This included supporting them to, where possible; attend their local GP surgery to receive their depot injection from trained staff there. Staff explained that this helped to give people confidence in their local community and helped them to access local services alongside the general public. The registered manager confirmed that this had been successful for a number of people, with approximately seven people no longer requiring the service to administer their depot injections for them.

People told us that they were willing to complain if they were not happy about anything to do with the care that they received. They told us that they were provided with information about making complaints and were comfortable to do so if necessary, however had not had to in the past. Staff told us that they welcomed feedback from people and the registered manager showed us that there were systems in place to record comments, complaints and compliments from people. They told us that any feedback received was used to help improve the service, and any outcomes from complaints investigations were shared with people and members of staff. We checked complaints logs and found that there were no complaints made regarding the administration of people's depot injections.

Is the service well-led?

Our findings

There was a positive and open culture at the service. People felt that their needs were being met by members of staff, and that they were involved in the care that they received. Members of staff were also positive about the service and were motivated to perform their roles. One staff member said, "I really enjoy my role." They went on to tell us that they felt empowered to make decisions to ensure that people received the care and support that they needed from the service.

The registered manager told us that the service had clear lines of communication, to help the flow of information and to share any developments with both people and members of staff. We saw that there were regular staff meetings to discuss areas in need of development, and to help share best practice and ideas within the team. There were also regular meetings and conversations with people to review their care and ensure they were happy with the care that they received. The registered manager demonstrated that they had clear views for the future of the service, planning to support people to be as independent as possible and move towards community based care from their local GP's.

There was clear leadership in place at the service. There was a registered manager in post and they were supported by senior members of staff, to help with the smooth running of the service. People and staff were positive about the leadership of the service, and felt well supported by the management team. One staff member told us, "I love the team, they are really supportive." Another staff member said, "She is a brilliant manager, you can go to her with anything." We saw that the registered manager was aware of people's individual and specific needs and worked alongside people and staff to ensure those needs were met. They were also aware of their statutory responsibilities, such as sending the Care Quality Commission (CQC) notifications of certain incidents, such as safeguarding incidents or serious injuries. Records demonstrated that they were meeting these regulation obligations.

Staff members told us that the registered manager had implemented a number of checks and audits at the service, to help monitor the quality of the care being provided. One member of staff told us, "All our work is audited." The registered manager confirmed that there were a series of audits in place at the service. For example, they told us that each person had a full physical and electronic record of their medication administration. These were compared to ensure they were both accurate and the physical record was audited to ensure there were no missed signatures. They also told us that there was a full audit of each person's care plan at least once a year, however this could be more regular if necessary. The provider also conducted other checks, including digital audits of all electronic records and spot checks of staff performance, to ensure they had the competency to perform their roles. This meant that the provider and registered manager had oversight of the care being provided and used audit systems and checks to help improve the quality of people's care.