The Fremantle Trust

High Wycombe Supported Living

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

Overall summary

This inspection took place on 16 and 18 December 2014. It was an announced visit to the service.

High Wycombe Supported Living is a newly-registered service and combines two of the provider's former services, Cressex Supported Living and Desborough Supported Living. It provides support to 44 adults with learning disabilities across five sites. 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 "I know when staff are

Summary of findings

coming to support me and they always come, "Staff are tremendous" and "I like (name of manager), she's nice." A social care professional said the service was very client-focussed and the registered manager was very committed to change and improvement. Relatives were happy with standards of care and complimentary of how the service is managed. Comments included "The manager is absolutely excellent, first class" and "(Name of manager) is so amazing and enthusiastic."

There were safeguarding procedures and training on abuse to provide staff with the skills and knowledge to recognise and respond to safeguarding concerns. Risk was managed well at the service so that people could be as independent as possible. Written risk assessments had been prepared to reduce the likelihood of injury or harm to people during the provision of their care. People's medicines were handled safely and given to them in accordance with their prescriptions.

We found there were sufficient staff to meet people's needs. They were recruited using robust procedures to make sure people were supported by staff with the right skills and attributes. Staff received appropriate support through a structured induction, regular supervision and an annual appraisal of their performance. There was an on-going training programme to provide and update staff on safe ways of working.

Care plans had been written, to document people's needs and their preferences for how they wished to be supported. These had been kept up to date to reflect changes in people's needs. The service listened to people's views, such as when recruiting staff. People were supported to take part in a wide range of social activities, access the local community and have holidays. Staff supported people to attend healthcare appointments to keep healthy and well.

There had not been any complaints about the service. People knew how to raise any concerns and were relaxed when speaking with staff and the registered manager.

The service was managed well. The provider regularly checked quality of care at the service through visits and audits. These showed the service was performing well. The registered manager was skilled and experienced and was assisted by a team of senior staff. There were clear visions and values for how the service should operate and staff promoted these. For example, people told us they were treated with dignity and respect and we saw they were given choices. Records were maintained to a good standard and staff had access to policies and procedures to guide their practice.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

People were protected from harm because staff received training to be able to identify and report abuse. There were procedures for staff to follow in the event of any abuse happening.

People's likelihood of experiencing injury or harm was reduced because risk assessments had been written to identify areas of potential risk.

People were supported by staff with the right skills and attributes because robust recruitment procedures were used by the service.

Good

Is the service effective?
The service was effective.

People received safe and effective care because staff were appropriately supported through a structured induction, regular supervision and training opportunities.

People were encouraged to make decisions about their care and day to day lives. Decisions made on behalf of people who lacked capacity were made in their best interests.

People received the support they needed to attend healthcare appointments and keep healthy and well.

Good

Is the service caring?
The service was caring.

People were supported to be independent and to access the community.

People's views were listened to and acted upon.

Staff treated people with dignity and respect and protected their privacy.

Good

Is the service responsive?
The service was responsive.

People's preferences and wishes were supported by staff and through care planning.

There were procedures for making compliments and complaints about the service. People were able to identify someone they could speak with if they had any concerns.

The service responded appropriately if people had accidents or their needs changed, to help ensure they remained independent.

Good

Is the service well-led?
The service was well-led.

People's needs were appropriately met because the service had an experienced and skilled registered manager to provide effective leadership and support.

Good

Summary of findings

There were clear visions and values at the service which staff promoted in how they supported people.

The provider monitored the service to make sure it met people's needs safely and effectively.

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 16 and 18 December 2014 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service for younger adults who are often out during the day; we needed to be sure that someone would be in.

The inspection was carried out by one inspector. 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 healthcare professionals, for example, GPs and the local authority commissioners of the service, to seek their views about people's care. We also contacted two people's relatives after the inspection, to ask them about standards of care at the service.

We spoke with the registered manager and five staff members. We visited three of the sites where people receive support, speaking with eight people who use the service. We checked some of the required records. These included five people's care plans, three people's medication records, two staff recruitment files and four staff training and development files.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe. One person said "I know when staff are coming to support me and they always come." Another person said they felt safe because they trusted staff and felt they could rely on them. A third person told us "Staff are tremendous" and they made them "Feel safe and comfortable 24 hours a day." Relatives told us "Staffing is pretty good" and "They're doing a fantastic job."

The service had procedures 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 were required to say whether they were aware of any abuse at the service, as part of their annual appraisal. This provided an additional safeguard, to highlight any concerns about practice.

The registered manager told us about a situation where one person was being bullied by another. They reported these concerns to the local authority and were able to put measures in place to reduce contact between both parties. This arrangement was working well and to the satisfaction of the person who had been bullied. The registered manager told us the housing officer would be coming to meet with people, by way of follow up. This was to discuss anti-social behaviour and how people could protect themselves.

Risk assessments had been written, to reduce the likelihood of injury or harm to people. We read assessments on people's likelihood of developing pressure damage, supporting people with moving and handling assessments and accessing the community, as examples. Where risk assessments identified a need for two staff to support people, the service ensured two were allocated. For example, shift planning records showed two staff supported a person who needed a hoist to reposition. This ensured they were supported safely.

The risks of people being left alone in the shared houses had been assessed, as had opening the front door to strangers. We saw records which showed people had received input on stranger danger and that an alarm had been fitted as an additional precaution. This helped support people's independence, whilst maintaining their safety.

We saw emergency evacuation plans had been written for each person. These documented the support and any equipment people needed in the event of emergency situations. Staff had been trained in fire safety awareness and first aid to be able to respond appropriately.

We observed there were enough staff to support people. People we spoke with told us they knew who would be supporting them and that staff assisted them at times which were convenient for them. For example, people told us they could get up and go to bed when they liked. A social care professional told us the service provided enough support to the people they had contact with and they had no concerns about staffing levels.

Staffing rotas were maintained and showed shifts were covered by a mix of care workers and senior staff. Staff were allocated named people to support on each shift. This helped to ensure everyone received the support they needed and that people received continuity of care during the shift.

The service used robust recruitment processes to ensure people were supported by staff with the right skills and attributes. We looked at the recruitment files of two staff. Both files contained all required documents, such as a check for criminal convictions and written references. Staff only started work after all checks and clearances had been received back and were satisfactory.

People's medicines were managed safely. People were supported to manage their own medicines where possible, subject to risk assessment. There were medication 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. 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.

Good

Is the service effective?

Our findings

People received their care from staff who had been appropriately supported. New staff undertook an induction to their work, which covered the nationally-recognised common induction standards. This included areas such as person-centred support, safeguarding, equality and diversity and the role of the health and social care worker. Staff completed training required by the provider, including first aid, moving and handling and safeguarding. They had also completed epilepsy awareness training, to be able to meet the needs of the people they supported. Training on end of life care had been provided to help staff support people whose health was deteriorating.

There was a programme of on-going staff training to refresh and update skills. The registered manager had identified where staff needed to update their learning and a training plan had been put in place. They told us all staff would have completed the courses they needed to attend by the end of January 2015.

Staff told us there were good training opportunities at the service and they were encouraged to attend courses. One member of staff identified they needed training to best support a person with a specific condition. The registered manager told us appropriate training was being sought for the staff team.

Staff received regular supervision from their line managers. We looked at four staff development files. These showed staff met regularly with their managers to discuss their work and any training needs. This meant staff received appropriate support for their roles. Appraisals were undertaken annually to assess and monitor staff performance and development needs.

We observed staff communicated effectively about people's needs. Relevant information was documented in a communications book and handed over to the next shift. Daily diaries were maintained in people's homes to log any significant events or issues so that other staff would be aware of these.

People we spoke with said they liked their key workers. 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. We asked the registered manager how key workers were matched to people. They told us people were given a choice of staff who were available at the time to take on a key working role and people could say who they would like.

We checked the provider's compliance with the Mental Capacity Act 2005 (MCA). The MCA sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including when balancing autonomy and protection in relation to consent or refusal of care or treatment. This includes decisions about depriving people of their liberty so that they get the care and treatment they need where there is no less restrictive way of achieving this. All staff had received training on the MCA.

The registered manager told us about one person 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 and the person's family and taking these into account in making decisions. This showed the service had followed proper procedures.

People were supported with menu planning, food shopping and meal preparation where necessary. People said they had their meals when they wanted them, at times convenient to them. We met one person who had been supported to follow a healthier lifestyle and lose weight, which they managed successfully. Care plans documented people's needs in relation to eating and drinking. In one file, we saw staff were following guidance from the speech and language therapist regarding appropriate consistency of food and the correct position in which to support the person. This reduced the risk of the person choking.

People were supported with their healthcare needs. People told us staff arranged appointments for them if they needed to see a healthcare professional. 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, opticians and hospital specialists.

Good

Is the service caring?

Our findings

People told us staff were respectful towards them and treated them with dignity. Staff knocked on people's front doors and waited for a response before they went in. We observed staff took an interest in people when they came back home. They talked with them about what they had been doing and updated them with information, for example, about when a tenants' meeting was taking place. A family member commented their relative was "In such caring hands." Another said the service was "So caring" and added "Staff are very dedicated, helpful and informative." A social care professional told us the service was very client-focussed.

The service had received positive written feedback from family members about the caring approach by staff. This included supporting one person to go on holiday and the overall standards of care at the service.

Staff were knowledgeable about people's histories and what was important to them, such as family members, where they liked to go on holiday and any hobbies or interests they had. Staff spoke with us about people in a dignified and professional manner throughout the course of our visit. Doors were closed when confidential information was being discussed, to protect people's privacy.

Staff actively involved people in making decisions. This included decisions about meals, going out into the community, attending Christmas parties, encouragement to undertake household chores and participation in reviews of their care. We observed staff spoke with one person who had lost something important. Staff discussed contingency arrangements with the person if the item remained missing. This discussion was at the right pace for the person and they were happy with the outcome.

Some documents such as medication agreements and information about managing finances had been produced in picture formats. This helped people understand the documents before they signed them.

People were involved in the staff recruitment process, through inclusion on interview panels. Records were kept of the questions people had put to prospective workers and the responses given. The registered manager told us the views of people at the service were taken into account when considering whether to offer employment.

The registered manager told us people at one of the sites had expressed concern because the sign for the building was not easy to see. This meant, for example, taxi drivers could not find the address. We met a housing officer during our visit, who had come to the service to see what could be done to remedy this problem. This showed the registered manager had taken this concern seriously and passed it to the relevant agency.

People had access to advocacy services when they needed them. Advocates are people independent of the service who help people make decisions about their care and promote their rights. The registered manager had referred two people for lay advocates, to help them make decisions about their care and support. They also told us another person, who lacked capacity to make decisions, had been supported by an Independent Mental Capacity Act advocate when they moved to another service. This ensured decisions about their care were appropriate, and in their best interests.

The service promoted people's independence. 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 independently to work placements and healthcare appointments.

Good

Is the service responsive?

Our findings

Care plans took into account people's preferences for how they wished to be supported. 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.

People's views about their support were respected. For example, staff were flexible in when they assisted people with meals and other activities, to suit people's choices. Staff had supported people to go on holiday, both in this country and abroad. Two people who use the service had expressed a wish to go abroad together on holiday. Staff supported them with this and we saw photographs which showed they had a very relaxing time.

People's cultural and religious needs were taken into consideration. For example, there was a record made in one person's care plan about the religious occasions they observed and their choices about diet and gender preference of staff who supported them. Staff were supporting the person in accordance with their wishes. The service also had good links with the local church.

The registered manager told us about one person whose mobility had decreased. They had supported the person to obtain aids and adaptations to help them get around their home safely. When we visited them, we saw this equipment had made a significant difference to their independence.

The service supported people to take part in social activities. People told us they had recently been to a winter ball, which friends from other services also attended. A trip was booked to go to the Horse of the Year show and various Christmas parties and activities were taking place. At the sites where people lived in individual flats, there was a communal lounge where people could meet together if they did not want to invite others to their flat. It was also used for group activities, such as a men's group. At other sites, people were less likely to feel socially isolated as there were shared lounges and dining areas where they regularly met their peers.

There were procedures for making compliments and complaints about the service. There had not been any complaints about the quality of people's care; several compliments had been received from family members and a worker on placement at the service. People told us they would speak with a range of staff if they were worried or had any concerns. This included the names of their key workers, the registered manager or a relative. They told us these people would listen to them and help put matters right. A relative told us they had spoken with the registered manager about a "minor concern." They said "The manager was very co-operative, she listened and looked to see if improvement can be made." The relative said they were happy with how the concern had been responded to.

Staff took appropriate action when people had accidents. For example, one person had fallen and this was attributed to ill-fitting footwear. Staff had supported the person to obtain new footwear to remedy this and prevent recurrence. In another example we heard about, staff called for an ambulance after someone fell, hitting their head in the kitchen. This ensured they were thoroughly checked over by paramedic staff.

We read complimentary feedback the service had received from a healthcare professional. The feedback praised the prompt actions of a member of staff, which they felt prevented the person deteriorating into a serious condition. The member of staff was able to take appropriate action because they knew the person's medical needs and how to respond to these in emergency situations.

Good

Is the service well-led?

Our findings

The service had an experienced and skilled registered manager. We received positive feedback about how they managed the service. A social care professional told us the registered manager was very committed to change and improvement. They spoke highly of the staff team and the quality of the service. One of the people we spoke with said "I love (name of manager), she's the best manager ever." Another person told us "I like (name of manager), she's nice." Relatives said "The manager is absolutely excellent, first class" and "(Name of manager) is so amazing and enthusiastic."

Staff were supported through regular supervision and received appropriate training to meet the needs of people they cared for. We observed staff, visitors and people who use the service were comfortable approaching the registered manager to ask for advice, pass on information or just have a chat.

The service had a statement about the vision and values it promoted. It included values such as choice, fulfilment, autonomy, privacy and social interaction. Throughout our inspection, we found staff were promoting these values in the way they provided care to people. For example, they had supported a person who was new to the area to travel on their own to a work placement, which promoted the person's independence.

Records were well maintained at the service and those we asked to see were located promptly. Staff had access to general operating policies and procedures on areas of practice such as safeguarding, restraint, whistle blowing and safe handling of medication. These provided staff with up to date guidance.

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. There had not been any of these incidents which the registered manager needed to inform us about during the period under review. However, the registered manager was fully aware of their responsibilities towards this requirement of registration.

The provider regularly monitored quality of care at the service. Senior managers visited the service each month and there were also themed audits on topics such as medication practice and care documentation. Each audit report showed the service was performing well and no concerns were identified. We read in one report the registered manager had identified a need for some people to receive more support with their cooking skills. The registered manager was intending to set up sessions about basic meal preparation and had found a nearby resource where the sessions could take place from January 2015. This provided an example of how the service looked to improve the support it gave people.

We found there were good communication systems at the service. Tenants' meetings were held regularly. These provided an opportunity for communication between people who use the service and staff about concerns or improvements that were being made. Staff and managers shared information in a variety of ways, such as face to face, during handovers between shifts and in team meetings. Relatives told us "Communication is very good" and "They contact us if there are any problems."