

## The Disabilities Trust

# Disabilities Trust - 49 Stolford Rise

### Inspection report

49 Stolford Rise  
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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 19 October 2015 and was unannounced.

49 Stolford Rise is a residential care home which provides care and support for up to three people with high

functioning autism. The service supports people to live as independently as possible, helping them with daily living tasks and accessing the community. At the time of our visit there were three people living at the service.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

# Summary of findings

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 were safe in the service. They were protected from harm or neglect by staff who were knowledgeable about abuse and potential indicators of it. There were systems in place to ensure staff were able to report suspected abuse, and staff were familiar with these.

Risks to people were assessed and control measures were put in place to reduce the chances that harm may be caused.

Staffing levels were sufficient to meet people's needs and keep them safe from harm or abuse. Safe recruitment practices were followed when employing staff.

Medicines were ordered, stored, administered and recorded appropriately.

There was sufficient training and updates in place for staff. They received regular support from the registered manager, including regular formal supervisions.

Staff gained people's consent before providing them with care. People were encouraged to make their own decisions and the service followed the principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People were encouraged to prepare their own meals and to have as healthy a diet as possible.

Staff supported people to book and attend appointments with healthcare professionals, and supported them to maintain a healthy lifestyle.

There were meaningful relationships between people and staff.

People contributed to the planning and review of their care and their plans were reflective of their views and opinions.

People's privacy and dignity were respected by staff.

The service provided people with person-centred care, which was reflective of their changing needs and goals. Care was in accordance with people's expressed wishes and targets.

People were supported to take part in activities which they wanted to do, in the service and the local community.

Feedback was sought from people and those important to them, such as family members. This was used to help identify areas for development at the service.

The service had a positive and open culture. Staff were motivated to perform their roles and worked to empower people to be as independent as possible.

There was good leadership in place. People and staff felt well supported by the registered manager.

Quality checks and audits were completed to ensure people were cared for appropriately and safely.

# 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.

Staff were aware of safeguarding principles and signs of abuse. They were familiar with reporting systems and were prepared to put them to use if necessary.

Risks to people and the service were assessed, managed and reviewed on a regular basis.

There were sufficient staff on duty to support people and meet their needs. The service had followed safe recruitment practices when recruiting staff.

People's medicines were managed and administered appropriately.

Good



### Is the service effective?

The service was effective.

Staff had regular training and refresher sessions to keep their skills and knowledge up-to-date. They were supported by the registered manager in the form of supervision and appraisal.

Consent to care was sought and appropriate actions taken to support people to make decisions.

Staff encouraged people to prepare their own meals and drinks, as well as supporting them to ensure they had enough to eat and drink.

People were supported to make and access health appointments.

Good



### Is the service caring?

The service was caring.

People were treated with kindness and compassion and positive relationships had been developed between them and staff.

People were supported to express their views and opinions and were actively involved in the running of the service.

People's privacy and dignity were promoted at all times.

Good



### Is the service responsive?

The service was responsive.

People received personalised care which met their changing needs.

People were involved in care planning and review.

People were confident that they could complain if they were not happy and would be listened to by the service.

Good



### Is the service well-led?

The service was well-led.

The service promoted an open and positive culture.

Good



# Summary of findings

People were aware of who the registered manager was and that they were well supported by staff and senior management.

There were internal and external quality systems and processes in place.

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## Detailed findings

### Background to this inspection

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

This inspection took place on 15 October 2015 and was unannounced.

The inspection was undertaken 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 any improvements they

plan to make. We checked the information we held about the service and the provider and saw that no recent concerns had been raised. We had received information about events that the provider was required to inform us about by law, for example, where safeguarding referrals had been made to the local authority to investigate and for incidents of serious injuries or events that stop the service.

During the inspection we spoke with two people using the service, two carers, the assistant psychologists, the assistant manager and the registered manager. We also looked at all three people's care records and five staff recruitment files. In addition to this we carried out observations of interactions between people and staff in communal areas of the service.

We also looked at further records relating to the management of the service including quality audits.

# Is the service safe?

## Our findings

People felt safe at the service. They told us that staff worked to ensure they felt safe in their environment and helped them to keep it safe themselves. One person said, “Do I feel safe? Absolutely, I’m very happy here.” Another told us, “I feel safe, there is no abuse, that doesn’t happen here.”

Staff were able to demonstrate to us that they had a good understanding of abuse and the different forms it may take. They spoke to us about the different signs which may indicate that somebody was being abused, such as a change to usual behavioural patterns. Staff also told us they were aware of the need to report suspected abuse, both internally to the registered manager, and externally, to organisations such as the local authority safeguarding team or Care Quality Commission (CQC). Staff were also prepared to by-pass internal procedures and contact external organisations, if they felt unable to approach the registered manager about a specific concern.

The registered manager explained that staff were encouraged to report incidents, including to the local authority safeguarding team, if necessary. We looked at incident records and saw that incidents and accidents were reported appropriately and promptly. Where applicable, the local authority and CQC had been informed, and the service had kept a record of communication with external agencies. Action was taken by the registered manager as a result of incidents, such as reviews of people’s care plans or risk assessments.

People told us they were aware they had risk assessments in place, to help keep them safe whilst in both the service and the local community. They also explained to us that they knew the risk assessments were in place, but they were still able to be as independent as they liked. They were able to discuss risks with the registered manager and other members of staff, and worked with them to ensure risk assessments reflected their wishes and skills. Staff confirmed that risk assessments were in place to help provide them with guidance about risks which people faced and control measures which they followed to help mitigate those risks. We looked at people’s care files and saw that risk assessments were in place for each person, for

activities both within the service and local community. It was clear that these risk assessments were positive and designed to help promote people’s independence, maximising what they were able to do for themselves.

The registered manager told us that general risk assessments were also completed for the service. These were used to identify environmental risks to people, staff and visitors, and to implement controls to reduce the impact of these risks to people. We saw that these risk assessments were in place, as well as continuity plans to provide staff with guidance on actions to take in the event of an emergency, such as fire, loss of utilities or extreme weather conditions.

Staffing levels were sufficient to meet the needs of people and to maintain their safety. People told us that there were always enough members of staff on shift. They also explained that there had been some changes to the workforce at the service over the past few years. One person said, “I will credit [the provider] now, they have vastly improved their hiring and firing.” Another person told us, “New staff are very good.” We spoke to staff who also confirmed that there had been a number of new members of staff in recent years. The registered manager explained that this was a mixture of people with experience in care work, and those without. This gave a wide range of different skills and abilities, which enabled the staff team to meet people’s needs in a variety of ways. The registered manager also felt that there had been an improvement in the care being delivered, as a result in the changes to the staff team at the service. They explained that staffing levels were set, depending on the needs of the people living at the service. If people’s needs changed or activities required it, additional staffing could be provided. They explained that some staff worked across this service and other local services managed by the provider, to ensure there was consistent staffing levels. We looked at rotas and saw that staffing levels were set and planned for six weeks after our visit. We also saw that rotas from previous weeks showed that staffing levels were consistent in the service.

Staff also told us that they had been through a robust recruitment process. They told us that they were required to submit references from previous employers and details regarding their full employment history before they were able to start working. They also had to wait for a Disclosure and Barring Service (DBS) criminal records background check, before they were able to start working at the service.

## Is the service safe?

The registered manager explained that they checked staff references and the content of their DBS check, before new staff were able to start in their roles. If there were any gaps, or convictions highlighted, the registered manager would investigate further, before allowing somebody to start work. Records confirmed that the service followed safe recruitment processes and that necessary checks were completed, before new staff could start.

People felt they received the support they needed to take their medication. One person told us, “Staff are very focussed, they always get my medication right.” Another person said, “Staff help with my medication, there are never any problems.” We observed staff giving people their medication. We saw that they were patient and supportive. They were also able to tell people about their medication and let them know what they were taking and why. After giving people their medication, they signed that person’s Medication Administration Record (MAR) chart, to record that the medication had been given. Staff confirmed that they supported people to take their medication, in

accordance with their prescriptions. They explained that they received training and competency assessments before they were allowed to administer medication for people, to ensure they could do so safely.

The registered manager explained to us that, in addition to competency assessments, the service had a number of checks in place to ensure medication was administered safely. For example, after each medication administration, another member of staff would check the stock levels of medication against the MAR charts, to ensure the correct dosage had been administered. We looked at medication records for all three people living at the service. We saw that MAR charts were completed in full, with no gaps or omissions, and that medication checks were carried out effectively. Medication was stored correctly and storage arrangements, such as the temperature medication was stored at, was also checked regularly. We checked the stock levels of some medicines and found that they matched the figures from the MAR charts. Medication was administered and managed safely and appropriately.

# Is the service effective?

## Our findings

People were happy with the care they received from staff and felt that they had the skills they needed to perform their roles. They told us that they were aware that staff received regular training and support, to enable them to meet their needs. One person told us, “The staff here are well trained.” Another told us, “They are all really nice people, well trained and professional.”

Staff told us that they received induction training when they started working at the service. They told us that during this period they carried out two weeks of shadowing, where they observed established members of staff carrying out their roles and got to know the people they would be supporting. They also told us they received a mixture of face-to-face and online learning to help give them the skills and knowledge they needed. New members of staff were also enrolled on the Care Certificate, to support them in building their skills. Staff records showed that new staff completed a full induction and that systems were in place to ensure that new staff were signed up for the Care Certificate.

Staff also informed us that they received regular on-going training and update sessions after their induction was complete. Staff were positive about the training that they received and explained that they were encouraged to learn about their roles and the people they supported. One staff member told us, “We always learn something different, the instructors are very good.” Another said, “We learn something new every day, particularly about the people you are working with.” Staff training records confirmed that they received regular training, including refresher sessions, to keep their skills up-to-date. Staff completed a mixture of face-to-face and online learning in areas such as first aid, health and safety, communication, autism, as well as a number of other courses, suitable to their roles.

Staff explained to us that they received regular supervisions from the management team. They told us that, during their induction, these took place on a weekly basis and that as their experience and skills developed, they gradually became three monthly. They told us that these sessions were a useful way to discuss their performance, as well as raise any concerns or issues they may have. Staff also informed us that they could arrange for interim supervisions if they needed one in between scheduled meetings. They could also approach a member of the

management team to seek support whenever they needed it. Staff supervision records confirmed that staff had regular sessions with management and that future sessions were scheduled so that staff and management could ensure supervision meetings took place.

People told us that they were able to make their own choices at the service. They were supported and empowered by staff to make decisions about how they lived their life, including where they spent their time, what they did and what they ate. People confirmed that staff always checked with them before providing them with care and that they were respectful of their wishes. One person told us, “All the staff support me the way I want.” Staff confirmed that they made sure they only provided care in line with people’s wishes. They told us that people told them what they wanted to do, and they planned their care to ensure that it represented people’s wishes. Care plans confirmed that people’s opinions were sought and reflected in their care. We also saw that consent had been given by people and recorded in their care plan.

Staff told us that they were aware of the principles of the Mental Capacity Act 2005 (MCA) and Derivation of Liberty Safeguards (DoLS). They explained that, if it was assessed that a person lacked mental capacity, they would work with their family and the whole team to make a decision for them, in their best interests. They also told us that people at the service were usually able to make their own decisions and that there were not many MCA assessments required. Records confirmed that people’s mental capacity was assessed if there was a concern regarding their ability to make a specific decision. The service was complying with the guidance in the MCA and had also carried out DoLS screening assessments, to ensure people were not being deprived of their liberty.

People told us that they were able to choose their own meals. They showed us the kitchen and explained that they bought in their own ingredients, with support from staff, according to the meals which they planned for themselves. Staff told us that they encouraged people to make healthy choices and supported them to have a balanced and nutritious diet. They said that, ultimately, people were able to choose exactly what they wanted to eat. They also explained that they encouraged people to prepare as much



## Is the service effective?

of their own meals as they could, providing support as was necessary. Records confirmed that people had planned what they wanted to eat and that staff provided them with the support they needed to prepare their meals.

Health appointments were important to people and they explained that staff would support them to book and attend appointments as necessary. They explained that, if they wanted to, they could go to see different health professionals on their own, but also confirmed staff would always be able to go with them to provide support if required. People also told us they regularly saw an assistant psychologist who worked for the provider. They spent time with people and got to know them, working on

a number of different areas with them to help their development. Staff confirmed that it was usually people's keyworkers that helped them with appointments, but anybody on the team could help if needed. They also explained that the assistant psychologist helped them to learn more about the people they were supporting and to ensure that their care and support plans reflected them appropriately. We looked at people's records and found that people regularly saw health professionals such as GP's and dentists. In addition, they had health action plans in place, which detailed their health needs and goals. This helped inform staff about the issues people may face, and how they wanted them to be managed.

# Is the service caring?

## Our findings

People had positive relationships with the staff that supported them. They felt that they were well cared for and that they were treated with kindness and compassion. One person said, “They are really nice. I get on really well with all the staff.” Another said, “Staff are as good as gold.” People went on to explain that, as well as the care tasks they were supported with, staff also provided them with a lot of social support. This included simple things like sitting together watching television, or going out for a meal or drink in the local community.

Staff were enthusiastic about the relationships they had developed with the people living at the service. One staff member told us, “We all get on with the residents, which is the most important thing.” Another member of staff told us, “No two days are the same, which is good. It’s why I get out of bed in the morning.” They explained that they had spent time trying to get to know people so that they understood them and could provide them with the care that they needed. Staff were motivated by their role and enjoyed getting to know the people they cared for.

During our inspection we observed positive interactions between people and staff. Staff understood people’s specific communication needs and styles and were sensitive to their needs and wishes. They displayed empathy and caring when they spoke to people, and exercised patience and calmness when they were speaking with people.

People told us that they were encouraged to express their own wishes and opinions regarding their care. They explained that the service listened to what they had to say and ensured their care reflected this. One person told us, “I do have a care plan and I am happy with the contents of the care plan.” People explained that the service worked with them to develop their care plans and that they were regularly reviewed with them. They were happy with the content and were able to raise any issues or concerns if they needed to. We looked at people’s care plans and saw that they had been completed in collaboration with people, and took into account the views and opinions of people’s family members.

Staff told us that people were also given additional information they required at the service, including a guide to the service. This provided them with relevant

procedures, such as the complaints procedure, to ensure people were aware of how to raise concerns if they needed to. This included contact information for complaints within the organisation, as well as external organisations they could complain to, such as the Care Quality Commission (CQC). There was also information for local advocacy services available, if required. The registered manager told us that none of the current people living at the service accessed advocacy support, but would be supported to do so, if they wished.

People told us that staff respected and promoted their privacy and dignity. They treated them with respect and spent time with them as equals. People explained that, in addition to their own bedrooms, each person had their own lounge. This allowed them to have plenty of space to relax and enjoy time in their own company. There was also a communal lounge where people could spend time with each other, visitors or staff. They confirmed to us that they could choose who came into those rooms, and that staff respected this. Staff also told us that they worked hard to ensure people’s privacy and dignity were respected and felt that this was just as important as any other part of people’s care. During our inspection we observed staff treating people in a dignified and respectful manner. Staff spoke to people using their preferred names and engaged with them throughout, discussing their plans for the day and what they had already done. When staff were showing us around the service, they politely informed us that they wouldn’t be able to show us into people’s rooms or lounges without their permission. The service had policies and procedures in place to help provide staff with guidance regarding privacy and dignity.

Staff also told us that part of their role was to encourage people to be as independent as possible. They explained to us that people were encouraged to perform chores around the service, such as cleaning and cooking, to help them to develop their independent living skills and to help prepare them for more independent living. We saw staff encouraging people to do as much for themselves, whilst still maintaining their dignity.

People told us that visitors were welcome at the service. They could have friends or family come to visit them whenever they wanted and they could choose where they spent time with their visitors. Staff confirmed that this was the case, and added that they would respect people’s

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privacy with their visitors. People could spend time with their visitors in their own bedroom or lounge, or use the communal areas of the service, such as the lounge or dining room.

# Is the service responsive?

## Our findings

People's care was personalised to meet their own specific needs and wishes. They told us that they were able to choose what they wanted to do, both in terms of their short term activities and their long term goals. People explained that they were involved in planning their care, as well as regularly reviewing it, to ensure the care plan was still relevant. Staff told us that, when people first moved into the service, an initial assessment was developed, to ensure the service was able to meet the person's needs. This was used to draw up an initial care plan, however as staff got to know people, the plan was updated to ensure it was an accurate reflection of their needs and wishes. We looked at care plans and saw that the initial assessment was used as a foundation for the future, specific care plans.

Staff told us that it was important that people had comprehensive person-centred care plans in place. One staff member told us, "Care plans need to tell us about the person, they need to be accurate and tell us what the person wants and needs." Staff went on to explain that they referred to care plans to help guide them how they should support people to do the things they wanted to do. They told us that they contained information regarding how to communicate with people in the way they needed, as well as how to deal with risks or activities that people were exposed to. We looked at care plans and saw that they contained a wide range of information regarding people's needs and wishes. They contained information regarding people's specific communication needs, as well as a detailed breakdown of how they were affected by their autism. This gave the staff the information they needed to provide care for people, in the way they needed.

People told us that they were supported to meet their own individual goals. They explained that staff worked with them to set goals and that the targets they had were reflective of what they wanted to do. They also told us that staff helped to suggest goals, for example, one person had an interest in a specific series of comic books. Staff members suggested they visited a museum for this, which is in another country. They now have a goal in place to visit the museum and there are steps in place to help them achieve this. Staff also explained that care plans were used to set achievable goals with people. These were specific targets that people had and included short-term goals, such as learning a new skill or preparing a new meal, such

as moving to an independent living service. They explained that this helped people to focus on their goals and break them down into manageable smaller goals, to help maintain their progress and development. We looked at the goals that were set in people's care plans. We saw that they were reviewed on a regular basis with the person. This ensured that they still had this goal and to measure their progress against it. New goals were set regularly, however the registered manager explained that the service were mindful to not push people too far, and to ensure they were still comfortable with the new skills they had gained.

People told us that they were able to choose the activities they did, and the way that they spent their social time. One person said, "I'm having a wonderful time, I have regular trips and activities, and get to meet with my friends." They explained that they worked with staff to put planners in place, to help give them structure and ensure they were able to do what they wanted to do. They explained that staff would regularly join them on trips out. This wasn't because they needed the staff support, but because they wanted it and enjoyed the company of the members of staff. During our inspection we saw staff talking to people about what they wanted to do with their day. They were respectful of what people wanted to do, and ensured the carried out the tasks required to ensure this could happen. Records showed that people's activity plans were completed on a regular basis and were reflective of the goals the interests, recorded in their care plans.

The feedback of people, their families and associated professionals, such as social workers was sought by the service. People told us that they were always able to provide staff or the service management with feedback about the service they received. They also told us that they were often asked to complete a survey to give the service feedback. We saw records of satisfaction surveys which had been carried out. The service had analysed the information they received and used it to produce an action plan of future changes and improvements to the service.

People told us that they were able to give the registered manager feedback whenever they needed to, including formal complaints if required. One person said, "I haven't had to make a formal complaint, but I have given them feedback." People told us that if they felt they had to make a complaint, it would be handled appropriately by the registered manager. We looked at complaints records, which showed that on the few occasions where complaints

## Is the service responsive?

had been made, the registered manager had looked into them and responded to the complainant. There were systems in place to make sure that they were logged and investigated in full.

# Is the service well-led?

## Our findings

There was a positive and open culture at the service. People benefitted from receiving person-centred care and were able to make their own choices and decisions, about what they did and what direction their life took. Staff were motivated to perform their roles and to ensure people were able to meet their goals and develop their independence. People told us they were happy with the care that they received at the service, and felt they had progressed since living there.

People were positive about the staff that cared for them. They explained that some members of the team had been recently recruited, but they had settled in well and provided them with support in the way they wanted. Staff told us that they had been welcomed into the team and that there was a positive atmosphere within the team. One staff member told us, “We have a very good team; we all work together very well.” Staff went on to say that the good atmosphere within the team, helped them to generate a positive environment for the people living at the service.

There was effective leadership and management at the service. There was a registered manager in post, in accordance with the service’s legal requirements. In addition, there were systems in place to ensure the service met with other legal and regulatory requirements, such as sending the Care Quality Commission (CQC) notifications of certain incidents, such as safeguarding concerns. We looked at records which showed that the registered manager had sent such notifications, and had taken appropriate action to investigate and resolve concerns when they were raised.

People were aware of who the registered manager was and told us that they could approach them at any time for a chat. Staff felt well supported by the registered manager to perform their roles. Staff told us that they manager is at the service a lot and often helps out with direct care tasks. They also told us that there was an on-call system in place to ensure that when the registered manager was off-site, staff could have the support of a manager if required. They told us that they were encouraged to use their initiative and empowered to make decisions about people’s care with them, rather than always deferring to the registered manager. This meant that, when changes were needed or if a decision had to be made quickly, this could happen in a timely manner. This empowerment also allowed staff to develop in their roles and provided them with the skills and abilities they needed.

There were appropriate quality assurance procedures in place. The registered manager explained to us that they conducted regular audits to ensure key areas of the service delivery were effective. These included areas such as medication, people’s care files and health and safety checks. These audits were completed in conjunction with the provider’s quality assurance team, who also carried out regular visits to the service to conduct checks. The registered manager also sent reports through to the provider, such as a monthly incident report. Appropriate actions were taken as a result of the checks and audits to ensure that service delivery was improved and lessons were learned.