

The Papworth Trust

Bartram Court - Bedford

Inspection report

Flat 4, Bartram Court
123 High Street
Kempston
Bedford
MK42 7BP
Tel: Tel: 01234 857664
Website: www.papworth.org.uk

Date of inspection visit: 20 October 2015
Date of publication: 16/12/2015

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 20 October 2015 and was unannounced.

Bartram Court, Bedford, is a supported housing service for people with learning disabilities. At the time of our inspection there were seven people receiving support.

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

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 felt safe living at the service. Staff were aware of what they considered to be abuse and how to report this.

Risks to people's safety had been assessed and were detailed in people's support plans. Staff used these to assist people to be as independent as possible.

Summary of findings

There were sufficient staff, with the correct skill mix, on duty to support people with their needs. Staff had been recruited using a robust recruitment process.

Medicines were stored, administered and handled safely.

Staff were knowledgeable about the needs of individual people they supported. People were supported to make choices around their care and daily lives.

Staff had attended a variety of training to keep their skills up to date and were supported with regular supervision by the registered manager.

There were policies and procedures in place in relation to the Mental Capacity Act and Deprivation of Liberty Safeguards. Staff knew how to use them to protect people who were unable to make decisions for themselves.

People could make choices about their food and drink and were provided with support when required to prepare meals.

Each person had a 'Health Passport' and access to health care professionals to ensure they received effective care or treatment.

Staff treated people with kindness and compassion, and knew people well.

People and their relatives were involved in making decisions and planning their care, and their views were listened to and acted upon.

People had the privacy they required and were treated with respect at all times.

People's support plans were person centred and reflected how they wished to receive support.

Staff supported people to follow their interests and social activities.

There was an effective complaints procedure in place.

Regular meetings were held for staff to enable everyone to be involved in the development of the service.

We saw that effective quality monitoring systems were in place. A variety of audits were carried out and used to drive improvement.

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 had received safeguarding training and knew how to put this into practice. Staff had a good understanding of the different types of abuse and how they would report it.

Risks to people's safety had been assessed and were in people's support plans.

There were enough trained staff to support people with their needs. Staff had been recruited using a robust recruitment process.

Systems were in place for the safe management of medicines.

Good



Is the service effective?

The service was effective.

Staff had attended a variety of training to keep their skills up to date and were supported with regular supervision by the registered manager or supervisor.

People could make choices about their food and drink and were provided with support when required.

People had access to health care professionals to ensure they received effective care or treatment.

Good



Is the service caring?

The service was caring.

People were able to make decisions about their daily life.

Staff treated people with kindness and compassion.

People were treated with dignity and respect, and had the privacy they required.

Good



Is the service responsive?

The service was responsive.

Support plans were personalised and reflected people's individual requirements.

People and their relatives were involved in decisions regarding their care and support needs, and were supported to follow their interests and social activities.

People were encouraged to provide feedback.

Good



Is the service well-led?

The service was well led.

The service had a registered manager who was supported by a staff team and the provider.

A variety of meetings had been held including residents and staff, to keep people informed of any changes.

Good



Summary of findings

There were internal quality audit systems in place.	
---	--

Bartram Court - Bedford

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 20 October 2015 and was unannounced.

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 checked the information we held about this service and the service provider. We also contacted the Local Authority. No concerns had been raised and the service met the regulations we inspected against at the last inspection which took place in October 2013.

During our inspection we observed how staff interacted with people who used the service.

We spoke with two people who used the service. We also spoke with the supervisor in charge on the day, another supervisor and three staff.

We reviewed four care records, four staff files and records relating to the management of the service, such as quality audits.

Is the service safe?

Our findings

People told us they felt safe, one person said, “I know I am safe here, I feel safe.” Another said, “I can just press my button if I do not feel safe.”

Staff had a good understanding of the different types of abuse and how they would report it. One staff member said, “I would report it immediately.” They told us about the safeguarding training they had received and how they put it into practice and were able to tell us what they would report and how they would do so. They were aware of the company’s policies and procedures and felt that they would be supported to follow them. Notices of what and how to report safeguarding’s were displayed in staff areas.

Staff also told us they were aware of the provider’s whistleblowing policy and would feel confident in using it.

Risks to people’s safety had been assessed and were in people’s care plans. These included risks associated with handling money, being out in the community and eating and drinking. Staff told us that these had been developed with the person themselves. Risk assessments were used to enable people to take risks safely, keeping and developing their independence. Evidence of up to date risk assessments were seen within people’s support plans.

Staff told us they have the contact numbers for staff on call and the registered manager. This enabled all staff to be able to contact the appropriate person in an emergency. On the notice board was a list of emergency contacts which included the provider, utility suppliers and landlords.

The supervisor told us that all accidents and incidents were reported. We saw evidence of correct reporting. There had only been one recorded accident since the last inspection. These were reviewed as part of the quality monitoring process.

Staff told us that rotas were flexible if people’s needs changed for any reason. One staff member said, “Sometimes people want to go somewhere different, so we move the hours around to enable them to do it.” One person using the service said, “I know who is coming to support me.” They went on to tell us that they did different things with different staff, for example shopping with one staff member. Another was able to tell us which staff visited on which day and at what times. Rotas were planned in advance to enable the correct amount of hours to be allocated to each person using the service, and at the time they required the support. We saw the rotas for the past two weeks and the following month.

Staff told us that when they had been recruited they had gone through a thorough recruitment process. This included supplying references, proof of identity and Disclosure and Barring Service (DBS) check, and an interview. The checks had been received before they had started to work. Records we saw confirmed these checks had taken place.

The provider had a disciplinary process. Documentation we saw confirmed the process had been followed correctly when required.

The manager told us that a few people had medicines which staff needed to administer. Medication Administration Records (MAR) were completed each time. The people we visited told us they administered their own medication and did not need staff support. The supervisor told us that staff received training and competency assessments in medicines administration and handling. Staff we spoke with, and documentation we saw, confirmed this.

Is the service effective?

Our findings

People told us that they felt the care they received was good and was from well trained staff. One person said, “I have the same staff to help me.” This assisted with continuity of care.

The supervisor told us that they tried to keep the same staff working in each of the supported living services as they built up a good rapport with people and aided continuity of support. One person with quite complex support needs had a small team of particular staff who provided their support.

The provider had an induction programme which all new staff were required to complete. We were also told that the provider had introduced the new care certificate for new staff to complete as their induction.

Staff told us they received training on a variety of subjects. This included; health and safety, infection control and safeguarding. There was also more specific training for the people they provided support for, for example; Buccal diazepam and conflict management. One staff member said, “There is a lot of good training available.” We saw the training matrix which listed all of the staff and training delivered, it included date of last training received and date when next needed and what is booked.

Staff told us they received support from the manager and senior staff including regular supervisions, which they said they found useful. One staff member said, “We have supervisions every month.” Another said, “I have supervisions, they are with my supervisor.” Documentation we saw confirmed this.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS) and to report on what we find. We saw that there were policies and procedures in relation to the MCA and DoLS to ensure that people who could make decisions for themselves were protected. Staff we spoke with told us they had attended training and showed a good understanding of MCA and DoLS.

We saw evidence within people’s support plans that mental capacity assessments had been carried out, along with best interest meetings, when required. This ensured people were supported appropriately with decisions they needed to make.

People told us staff always asked for consent before assisting them. One person said, “Yes, they always ask.” The supervisor told us that people signed their contracts, and support plans, they were giving consent for the support to be provided. This was explained to them at the time, but staff would always check before every activity. We observed this during our inspection. This showed people were given the choice to decline or accept support. Staff told us that if anyone declined support, they would accept that decision after first checking the person was fine and then possibly making further arrangements.

People told us they were supported with buying and cooking food. One person said, “The staff go shopping with me but I choose what I want.” They then went on to tell us they had problems in the past with eating but with the support of the staff they now had a better diet and had put weight on. Staff told us they supported people with the preparation and cooking of meals. One person had it written in their support plan that they did not wish to plan their meals in advance as they preferred to decide at the time what they wanted. When we spoke with the person they confirmed that staff assisted with this.

Within people’s support plans we saw evidence of contact with other healthcare professionals. For example, hospital appointment, opticians and dentists. The supervisor told us that either staff or people’s families accompanied people on healthcare appointments when required. Some people who used the service had health passports. Staff explained that these contained all documentation regarding the person’s health with contact numbers and information. The person took this with them to every health appointment and if they had to go into hospital. Evidence showed people had been involved in the development of these.

Is the service caring?

Our findings

People told us that staff were very kind. People made comments regarding the kind and caring approach of the staff. One person said, "They [the staff] are good to me and look after me very well." Another said, "They are all great."

Staff were able to tell us about the people they supported. They were able to discuss how individuals were cared for and their differences. It was obvious from the conversations that they knew the people well and had a good rapport with them. We observed positive interactions between staff, the supervisor and people who used the service. Staff were seen talking with people about things of interest to them.

People told us they had been involved in the planning of their care. One person said, "Staff talk with me about the support I need and it gets written down." Another said, "I have a support plan, you can look at it if you want."

Support plans we viewed showed full involvement of the person and relative if appropriate.

The supervisor told us that people were supported to express their views, along with their family or representatives, and they could speak to staff or the registered manager at any time. People we spoke with confirmed this.

The supervisor told us that they have the use of advocacy services when required. She told us that some people came to them with an advocate already in place. Support plans we looked at showed that advocacy services had been used accordingly.

People told us they were treated with privacy and respect by the staff. One person said, "When I need help the staff help, but they let me do what I can." This showed dignity and respect, but was also assisting with keeping people's independence. We observed staff treating people with respect. Staff knocked on doors and asked for permission to enter and staff asked people if we could look at their support plans.

The supervisor told us that staff were provided with training on how to promote people's privacy and dignity and their practices were regularly observed to ensure this was being carried out effectively.

One staff member said, "No matter how much I got paid, I would still do it for the people."

Is the service responsive?

Our findings

People told us they were involved in their support plan if they wanted to be. One person said, "I know I have a support plan, The staff talk to me about it and tell me what is in it."

There were systems in place for people to have their individual needs regularly assessed and reviewed. One staff member said, "Support plans are reviewed every month, but can be done anytime anything changes." Another said, "We keep support plans up to date."

The supervisor told us that staff were very good at reporting back if a person's care needs had changed. This would then trigger a review and a re-assessment of their needs would be undertaken.

It was obvious from our observations that people were given as much control over their own lives as possible. This sometimes needed staff support or assistance. For example; one person wanted to go bowling, they asked if a staff member would join them. They had their own vehicle and staff took them.

People's support plans were comprehensive and were written in a person centred way. They included; pre assessment paper work, essential contacts, risk assessments, information on medication and a full up to date plan of care. Staff kept daily notes for each person which were added to the main care plan. It was obvious through the documentation that the person or their representative had been involved and had signed the care plan.

The supervisor told us that before anyone was offered a place, she or another supervisor would always visit the person and their family or representatives to carry out an

assessment. This was to ensure that the service was able to meet the person's needs at that time and in anticipation of expected future needs. This information would be used to start to write a care plan for the person. We saw documentation which confirmed this.

People were encouraged to follow their own interests. We saw evidence in people's support plans of a variety of different activities. These included; bowling, gardening, and attending a local day centre. Within people's support plans was a weekly programme of individual's activities, this stated what they were, where they were held and the times of attendance if appropriate. Staff told us they supported people to attend activities of their choice, sometimes two or three people would go out together.

People we spoke with knew how to make a complaint. One person said, "I do know." Another said, "I would speak to [staff member's name]." There was a complaints policy and procedure in place. This was also available in an easy read format to assist people with making a complaint. We saw documentation which showed complaints had been dealt with in the correct way and had been concluded in a way which was satisfactory to both parties.

The supervisor told us that questionnaires had not been sent out so far this year. A new series of questionnaires were being introduced which would be sent out to people who used the service, their families/representatives and professionals. In addition there were quarterly service user forums. Anything brought forward to these were then fed back to the board and senior management team. There was also a service user representative on the board of trustees. We saw information setting out the new form which will be used to gather feedback from family and professionals.

Is the service well-led?

Our findings

Staff told us that they had been included in many decisions regarding the service. Staff said that there was an open culture, they could speak with the supervisor or provider about anything and they would be listened to. They also said they could contact them and ask for a meeting if they wanted and they would meet with them as soon as possible.

It was obvious at our inspection that there was an open and transparent culture at the service. Everyone was comfortable speaking with us and forthcoming with information.

There were strong links with the community. People were given the support they needed to shop and access social and leisure activities local to them.

Staff confirmed meetings were held regularly. They said, “We can put forward our opinions and suggestions and we are listened to.” Minutes seen showed that suggestions made by staff had been listened to and acted on.

Staff and the supervisor told us that accidents and incidents were reported and recorded and would be analysed to identify any trends. Accident/incident report records were seen. They had been completed in accordance with the provider’s procedure.

There was a manager in post who was registered with CQC. She was supported by supervisors and support staff. There was management support from the provider. People we spoke with knew who she was and told us they saw her often.

Information held by CQC showed that we had received all required notifications. A notification is information about important events which the service is required to send us by law in a timely way, and copies of these records had been kept.

The supervisor told us there were processes in place to monitor the quality of the service. This included; audits of support plans, medication records and fire protection. They told us that the office building was maintained by the contracting service, and they would report any issues to the landlord. Other quality checks carried out by support staff on a daily basis included checking people’s finances and people’s skin integrity, and weekly checks of hoists and moving and handling equipment. These were recorded and passed on at handover when completing the handover form.

We saw evidence of information regarding staff disciplinary procedures. These had been carried out correctly following the provider’s policy. The supervisor told us they were usually carried out by the registered manager with input from the HR department.

The supervisor told us the provider had introduced the new care certificate for all new staff to complete. The supervisors had been trained to carry out the observations for this.