

Central Bedfordshire Council

Frogmore Road

Inspection report

23 Frogmore Road
Houghton Regis
Bedfordshire
LU5 5FX

Tel: 07756175206

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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

We carried out an announced inspection on 3 March 2016. The service provides care and support to people living in their own homes within a supported living housing scheme. At the time of the inspection, 16 people living in two blocks of flats were being supported by the service. The majority of people had a diagnosis of learning disabilities and/or autistic spectrum conditions.

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.

There were risk assessments in place that gave guidance to staff on how risks to people could be minimised. There were systems in place to safeguard people from risk of possible harm and suitable equipment was in place so that people were supported safely.

The provider had effective recruitment processes in place and there was sufficient numbers of staff to support people safely. Staff were regularly supported and had been trained to meet people's individual needs.

Staff understood their roles and responsibilities to seek people's consent prior to care being provided. Where people did not have capacity to consent to their care, this was provided in line with the requirements of the Mental Capacity Act 2005 (MCA).

People were supported by caring, friendly and respectful staff. They were supported to access other health and social care services when required.

People's needs had been assessed, and care plans took account of their individual needs, preferences, and choices. They enjoyed happy and fulfilled lives because they had been given opportunities to pursue their hobbies and interests.

The provider had a formal process for handling complaints and concerns. They encouraged feedback from people and acted on the comments received to improve the quality of the service.

The registered manager promoted a caring culture within the service. However, some staff did not feel well supported and enabled to contribute towards the development of the service. The provider's quality monitoring processes had been used effectively to drive continuous improvements. They worked in partnership with the housing provider to ensure that people's homes were safe and met their individual needs.

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.

There was sufficient staff to support people safely.

There were systems in place to safeguard people from the risk of harm.

People's medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

People's consent was sought before any care or support was provided and staff understood their roles and responsibilities to provide care in line with the requirements of the Mental Capacity Act 2005 (MCA).

People were supported by staff who had been trained to meet their individual needs.

People were supported to access other health and social care services when required.

Is the service caring?

Good ●

The service was caring.

People were supported by staff that were kind, caring and friendly.

Staff understood people's individual needs and they respected their choices.

Staff respected and protected people's privacy and dignity, and promoted their independence.

Is the service responsive?

Good ●

The service was responsive.

People's needs had been assessed and appropriate care plans were in place to meet their individual needs.

People were encouraged and supported to pursue their hobbies and interests.

The provider had an effective system to handle complaints.

Is the service well-led?

Good ●

The service was well-led.

The registered manager promoted a caring culture within the service. However, some staff did not feel well supported and enabled to contribute towards the development of the service.

People who used the service and their relatives had been enabled to routinely share their experiences of the service and their comments had been acted on.

Quality monitoring audits had been completed regularly and these were used effectively to drive continuous improvements. The provider worked in partnership with the housing provider to ensure that people's homes were safe and met their individual needs.

Frogmore Road

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 3 March 2016. We contacted the service on the morning of the inspection because we needed to be sure that there would be someone in the office. The inspection was carried out by an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we held about the service, including the previous inspection report and notifications they had sent us. A notification is information about important events which the provider is required to send to us.

During the inspection, we spoke with eight people who used the service, the relatives of three people, five care staff, the assistant manager and the registered manager. We looked at the care records for six people, the recruitment and supervision records for three care staff and the training records for all the staff employed by the service. We reviewed information on how medicines and complaints were being managed, and how the provider assessed and monitored the quality of the service provided.

Is the service safe?

Our findings

People told us that they felt safe and they were happy with how staff supported them. One person said, "Yes, I am safe. I have no worries and I am happy here." They further told us that they would speak with the assistant manager if they had any concerns. Another person said, "I am very safe and I have all my things around me. I know what abuse is and I would sort it out with [Assistant Manager]. I love living here." A third person told us, "I am safe and I like the support as it makes me feel safe." A relative of another person said, "My [relative] is safe and I have no concerns whatsoever." We saw that each person had been given a document titled 'Keep Safe', which is a guide to maintaining their personal safety. In addition to advice about how to stay safe in different situations, this also included useful numbers they could contact in an emergency.

The provider had up to date safeguarding and whistleblowing policies guidance to staff on how to identify and report concerns they might have about people's safety. Whistleblowing is a way in which staff can report concerns within their workplace. We saw that information about safeguarding people and whistleblowing was displayed in the care office and this included guidance on how to report concerns. Also, it had contact details of the relevant agencies where concerns could be reported to. Staff had received training in safeguarding people and this was up to date. Staff we spoke with demonstrated good understanding of safeguarding processes and they knew what to do if they had concerns about people's safety. A member of staff said, "I have never been concerned that people are not safe or not being looked after properly. They are supported really well by all of us." Another member of staff said, "People are definitely safe. Most of them will tell someone if they were worried about something."

People's care and support had been planned and delivered in a way that ensured their safety and welfare. The care records showed that assessments of potential risks to people's health and wellbeing had been completed and there were personalised risk assessments in place for each person that gave guidance to staff on how specific risks to people could be minimised. The provider used a risk assessment document called 'Positively promoting social inclusion through effective risk management' and this enabled them to assess each person's level of risk. For example, one person had risk assessments for keeping their money safe, medicines, meal preparation and use of a microwave, ironing their clothes, and accessing the community. Where required, there were risk management plans in place to help people deal with challenging relationships they might have with other people who used the service. We saw that people's risk assessments had been reviewed and updated regularly or when their needs had changed. We also noted that the provider kept a record of all accidents and incidents, with evidence that action had been taken to reduce the risk of them happening again.

We looked at the recruitment records for three staff and we saw that the provider had effective staff recruitment systems in place so that they could complete all the relevant pre-employment checks. These included obtaining references from previous employers, checking each applicant's employment history and identity, and requesting Disclosure and Barring Service (DBS) reports for all the staff. DBS helps employers make safer recruitment decisions and prevents unsuitable people from being employed.

People said that there was enough staff to support them safely and at their preferred times. Everyone told us that they always received the support they needed and they had never been concerned that they might not be enough staff to support them. A relative of one person said, "There are always plenty of staff." Staff told us that the provider's ongoing recruitment programme had meant that they now had enough staff and had reduced the number of hours covered by agency staff. A member of staff said, "We are now almost fully staffed, which is good." We also saw evidence that there were planned interviews on the Monday following our inspection and the assistant manager told us that they hoped to fill their remaining vacancies from this group of applicants.

People who were being supported to take their medicines told us that this had been done safely. We saw that people's medicines had been managed safely and administered by staff who had been trained to do so. Some people managed their own medicines and we saw that there were plans in place to support others to manage their own medicines in the future. One person said, "I manage my own medication and the support I get is brilliant." The medicine administration records (MAR) we saw had been completed correctly, with no unexplained gaps and where necessary, the medicines were stored securely within people's homes.

Is the service effective?

Our findings

People told us that staff supported them appropriately and in a way that met their individual needs. One person told us, "Carers are good and I am happy with them. They know my needs." Another person said, "Staff are trained well as I trained them in autism. I am a trainer and staff here are very good." A relative of one person said, "Staff are trained and I am very happy that they have learned her needs and ways."

We saw that staff had received a range of training so that they had the right skills and knowledge to support people appropriately. Some of the staff were complimentary about the provider's induction programme and training. They told us that they had been able to further develop their skills and knowledge by doing additional training relevant to their roles. For example, we saw that a person who used the service trained staff in autistic spectrum conditions and helped them to understand how they could support them and others to live happy and fulfilled lives. A member of staff said, "The training is very good and I have done quite a lot." Another member of staff said, "Development opportunities are there, and staff can book their own training." Although two members of staff said they could do with more focused training that will help them to fully understand people's learning disabilities and autistic spectrum conditions, we noted that they might not yet have had the opportunity to do some of the additional training offered by the provider because they had not worked at the service for long. We noted that staff's training was monitored to enable them to update their skills and knowledge in a timely manner.

Staff told us they had regular supervision meetings and we saw evidence of this in the records we looked at. A member of staff said, "I get regular supervision, at least every four weeks. The managers are supportive and easy to talk to if you have issues. They give you the time you need." Another member of staff said, "We get regular supervision, but the support from the managers could be improved." This was echoed by another member of staff who said that the work of the support coordinators was made more difficult by insufficient managerial support. They said that although they were able to approach managers if they had concerns or issues to discuss, they did not feel that the managers were proactive at checking if members of staff were alright.

Staff ensured that people gave consent before any care or support was provided. We saw that some people had signed forms to show that they consented to being supported with their care, including support to take their medicines, and for their care information to be shared with other professionals and family members. They had also consented to staff keeping a spare key to their flat so that they had an extra key if they lost one and staff could gain access in an emergency. One person said, "I am listened to, my voice is heard." A member of staff said, "We always make sure we have people's permission before we provide support." There was evidence that where a person did not have capacity to make decisions about some aspects of their care, mental capacity assessments had been completed and decisions were made to provide care in line with the requirements of the Mental Capacity Act 2015 (MCA). For example, mental capacity assessments had been completed prior to people being supported to manage their money. The 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.

Where necessary, the provider had also taken appropriate steps to refer people for assessment if the way care was provided to them could result in their liberty being restricted. 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, hospitals and in some cases, in supported living services are called the Deprivation of Liberty Safeguards (DoLS). However, authorisations in supported living services can only be made through the Court of Protection.

Some of the people who used the service were being supported to ensure that they had regular and nutritiously balanced meals. The degree of this support varied according to people's level of skills and independence. People we spoke with said that this had been done with care and respect for their food preferences. One person said, "I get help with my shopping and cooking. I try to do some things myself and the carers help me if I have problems." Staff told us that they regularly supported people with their shopping and preparing meals. They had no concerns about people not eating or drinking enough and they said that they would report any concerns so that appropriate action could be taken to support the person. The assistant manager told us how they ensured that they used the least restrictive practices when supporting a person at risk of eating raw meat by helping them to do their food shopping daily. This meant that the person had unrestricted access to safe foods because staff did not need to lock the fridge or food cupboards. In order to ensure that people only ate food that was still safe to eat, staff had a protocol for supporting people to check their fridges and cupboards so that they discarded food that was out of date.

People told us that they were appropriately supported to access other health and social care services, such as GPs, dentists and opticians. We saw that staff accompanied and supported people with their appointments. A relative of one person said, "The staff arrange all the health appointments and I don't have to worry about a thing." There was evidence that the provider worked in collaboration with other professionals in order to provide effective care and treatment to people who used the service. For example, a person with limited verbal communication skills had been supported by a speech and language therapist to improve their communication. Also, occupational therapists had been asked to assess people if they required assistive equipment necessary to help with their mobility. A member of staff who had previous experience of assessing people's mobility was happy that they had been able to use their skills to ensure that people had the equipment they required. They said, "My input has meant that people we support have got their equipment quicker than if they had been referred via the GP first. We can do a small thing, but it changes someone's life." We saw that where required, some people also received mental health support from community learning disabilities teams, which were made up of psychiatrists and learning disabilities nurses.

Is the service caring?

Our findings

People told us that staff were caring and provided care in a compassionate manner. One person said, "Staff are very caring and support me." Another person said, "Carers are good." A third person said, "Staff are kind." Staff spoke passionately about people they supported. A member of staff said, "I find it very rewarding to work with the people we support." Another member of staff said, "We get on really well with the people we support."

When we visited people in their flats with a member of staff, we observed pleasant and respectful interactions between the person and the member of staff. It was evident that staff knew people they supported really well because they always had something relevant to talk about with each person. People told us that they had been involved in making decisions about their care and support needs. Most of them said that they had been involved in planning their care and that staff took account of their individual choices and preferences.

A member of staff told us that the service could do more to further increase people's independence and overall satisfaction with how they managed their lives. They gave us an example of how they could support people more to take control of ordering and collecting their own medicines from a local pharmacy adding, "We could empower people to do more for themselves. I don't see why we couldn't walk with people to collect their medicines from pharmacy." Other staff said that it was important that they supported people in a way that allowed them to remain as independent as possible and that they were already doing a lot to achieve this. A member of staff said, "I really like this type of service because living in their own flats gives people we support much more independence." This view was supported by a person who said, "I am very independent here, but I get enough support if I need it." Another person told us, "I am very independent now. I wasn't when I came, but the support I have had has helped me to be independent and I am really happy." A third person told us that they were happy that their life had changed a lot since being supported by the service. They added, "If I could have opened a window in time to see what I have now, I would have never believed it." A relative of one person said, "It's a great quality of life for [relative]. It's brilliant [relative] is settled and living in their own flat. I am very pleased with everything."

People told us that staff treated them with respect and promoted their dignity. One person said, "They show me respect and dignity." Staff demonstrated that they understood the importance of promoting people's privacy, dignity and human rights. A member of staff said, "I believe every staff member here treats people with respect. We have to treat people the way we would like to be treated too." Staff were also able to tell us how they maintained confidentiality by not discussing about people outside of work or with agencies not directly involved in their care. We saw that copies of people's care records were held securely within the provider's office.

Most of the information given to people was in 'easy read' format so that they could understand it in order to make informed choices and decisions. When they started using the service, everyone had been given a 'service user guide' which included details about services provided and where they could find other information, such as the complaints procedure. Some of the people's relatives or social workers acted as

their advocates to ensure that they understood the information given to them and that they received the care they needed. If required, there was information about an independent advocacy service that people could contact if they needed additional support.

Is the service responsive?

Our findings

People's needs had been assessed prior to them using the service, and appropriate care plans were in place so that they received the care they required and that met their individual needs. Each person had a personal profile titled 'This is me', which detailed their life history, hobbies and interests, how they communicated with others, their preferences, wishes and choices and we saw that all these had been taken into account in planning their care. People told us that they received individualised care and that staff were able to adjust this when their needs changed. One person said, "I have care plans and I do them with staff." Another person said, "Staff spend time and help me a lot, I am happy with that." A relative of another person told us that their relative was well supported and they had never been concerned about their care. They added, "The support is brilliant and I couldn't ask for more." Another relative told us that they were invited to review meetings and that staff contacted them if there were issues to discuss with them. Staff told us that people's care was planned in a way that ensured they received person-centred care whenever it suited them.

As much as possible, people were being supported to pursue their hobbies and interests within the local community. Also, some people enjoyed day trips or went on holidays in other areas of the country or abroad. A number of people regularly attended local day centres in order to socialise or learn new skills. Others had opportunities to learn work skills by doing voluntary work. For example, we saw that one person worked in the kitchen of a local football club. Staff had done a lot to support the person to get to a point where they really enjoyed the work. People were keen to tell us about all the recreational activities they enjoyed and it was evident that the majority of them had busy social lives. One person said, "I go to the cinema, pub lunch, bowling and theatre. Staff understand what I like." Another person's records showed that they enjoyed watching football. A relative of another person told us, "My [relative] is kept busy and active."

The provider had a complaints procedure in place so that people had the information necessary for them to raise any complaints they might have about the service. Everyone we spoke was happy about the service and they told us that they have never complained. One person said, "Carers sort out things if I have any problems." A relative of another person said, "The support is brilliant and there are no problems at all." We noted that there had been one recorded complaint in the 12 months prior to the inspection and this had been dealt with appropriately.

Is the service well-led?

Our findings

The service had a registered manager who was supported by an assistant manager and support coordinators. People knew who the manager of the service was and they were happy with how the service was being managed. People's comments about the quality of the service were very positive. One person said, "Wow, wow, I can't think of anything better than it is. I love it." Another person said, "I think it's lovely here." A relative of another person said, "The service is well led and communication is very good."

Although staff told us that the service was well managed, a member of staff said that the support from managers was not always adequate for less experienced staff. They also said that staff's views were not always taken on board. However, others did not agree with this view. Another member of staff said, "The team works really well and the managers are supportive." A third member of staff said, "It's a lovely place to work. The manager is very good and supportive." They said that one thing that needed to be improved was communication between managers and staff. They added, "Feedback to staff is at times delayed and managers do not put in the time to listen to staff." However, all staff said that this had no impact in how they supported people, but changes would make them feel more supported and valued members of the team.

There were mixed views about whether staff liked the rota planning system being used at the time of the inspection. Three of the five staff we spoke with felt that the 'runs or run cards' system should be reviewed as they felt that it did not give staff flexibility to change the time they spent with each person in response to their needs for that day. They said unless it was an emergency, they were not always able to support a person flexibly if, for example, they needed support to do a household task that would take longer. A member of staff said, "The change will enable us to provide a much more person-centred service." However, the three staff said that they felt able to discuss this with their managers and they hoped that their views would be considered. Additionally, the nature of the service meant that people were only supported at specific times of the day and it was evident that some staff confused this with a care home, where 24 hour care was provided. We discussed this with the manager and they told us that they will hold meetings with staff to discuss the best way of planning the rotas in the future.

Regular staff meetings and separate meetings for support coordinators had been held so that they could discuss issues relevant to their roles. This also enabled the manager to relay necessary information to all staff so that they provided appropriate care to people they supported. A member of staff told us that they found the meetings useful for sharing information and ideas to improve the service. There were copies of the provider's dignity charter, statement of purpose, standards of practice for staff working in adult social care, and the aims of the service displayed on notice boards in the office. This meant that staff could easily access this information in order for them to understand the service's values and objectives. Staff we spoke with demonstrated that they were familiar with the aims of the service and we saw that one of them was to 'encourage people to achieve their goals and ambitions'.

There was evidence that the provider sought feedback from people who used the service and their relatives so that they could continually improve the service. We saw the results of the questionnaires completed by people who used the service and their relatives in March 2015 which showed that they were happy about the

quality of the service provided. Any suggestions for improvements from the surveys would normally be included in the service's improvement plan for that year. Staff from an external advocacy service had also spoken with people who used the service to get their views. We saw the latest report which also showed that people were happy with how their care was being managed. We also saw a compliment from a health professional in February 2016 who had been impressed by how well staff had supported a person with complex needs.

The provider had effective processes in place to assess and monitor the quality of the service provided. The manager and the deputy manager completed monthly audits including checking people's care records to ensure that they contained the information necessary to provide safe and effective care. Also, medicine administration records (MAR) and staff files were checked regularly to ensure that they had been completed accurately and they contained up to date and relevant information. Information from the monthly audits was used to complete an annual report and an action plan was developed from this. Compliance audits were also completed by the provider's team and they also worked with an external organisation to carry out some audits. The provider's quality framework's aim was to promote co-production with people who use the service in order to continuously improve the service.

We saw that the provider worked in partnership with the housing provider to ensure that people's homes were safe and met their individual needs. For example, there was a system to report maintenance issues so that prompt action was taken to complete any required repairs. The housing provider had also given people a complaints procedure so that they knew how to contact them if they had any housing concerns. A member of staff told us how they supported people to ensure that adaptations had been made to their homes if this was necessary to improve safety or their independence. They said that the housing provider was responsive to people's needs and they completed the required work as quickly as possible. They gave us an example of when a person's bathroom was adapted to a wet room because they were not able to get in the bath.