

The Papworth Trust

The Papworth Trust Centre

Waveney

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

The Papworth Trust Centre Waveney is a domiciliary care agency. It provides personal care to people who live in their own houses or flats. Support is provided to adults with autism and other learning difficulties. People's care and housing were provided under separate contractual agreements. At the time of our inspection support was being provided to 12 people.

At our last inspection we rated the service as Good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

The service has been developed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. By following these principles, services can support people with learning disabilities and autism to live a fulfilled and meaningful life.

Systems were in place to help safeguard people from abuse. Staff knew how to identify signs of abuse and what action to take to protect people they supported. Risk assessments had been completed to show how people should be supported with everyday tasks, while promoting their independence. Recruitment checks had been carried out to ensure staff were suitable to work with vulnerable people. People were looked after by small teams of staff who were committed to providing support in a person-centred and caring way.

Staff had undergone training to ensure they had the knowledge and skills to support people safely. All staff received regular supervision. This gave them the opportunity to discuss their work, reflect on what was working well for the person they supported and plan any changes that were needed.

Medicines were managed safely. Staff had undergone training and received regular competency checks. Regular audits were carried out to ensure medicines were being administered correctly.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff worked with health and social care professionals to ensure people were supported to maintain good health and remain as independent as possible. People's support plans contained detailed information about their preferred routines, likes and dislikes and how they wished to be supported. People and their families and advocates, where appropriate, were involved with planning and reviewing their care. This ensured it was tailored to meet their needs.

The service was well-managed. The manager provided good leadership of the service and was committed to maintaining and improving standards. Audits and quality checks were undertaken on a regular basis and any issues or concerns addressed with appropriate actions. The manager had also developed an action plan to support improvement.

Further information is in the detailed findings below

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 remains Good.	Good ●
Is the service effective? The service remains Good.	Good ●
Is the service caring? The service remains Good.	Good ●
Is the service responsive? The service remains Good.	Good ●
Is the service well-led? The service remains Good.	Good ●

The Papworth Trust Centre Waveney

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 announced comprehensive inspection on 15 and 17 August 2018, was carried out by one inspector. The provider was given 48 hours' notice because it is a small service and we wanted to be certain the registered manager and key staff would be available during our inspection. We also wanted to give them sufficient time to make arrangements with people so that we could visit them in their homes to find out about their experience of the service.

As part of our inspection planning, we requested that the provider complete 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. This was received from the provider. We also reviewed information we held about the service including feedback sent to us from other stakeholders, for example the local authority and members of the public. Providers are required to notify the Care Quality Commission (CQC) about events and incidents that occur including unexpected deaths, injuries to people receiving care and safeguarding matters. We reviewed the notifications the provider had sent us.

The inspector visited the office location on 15 August 2018. We looked at records relating to the management of the service, staff recruitment and training, and systems for monitoring the quality of the service.

On 17 June 2018, with their permission, we visited two people in their home and spoke to one relative. We reviewed people's care plans which were kept in their home. We also spoke with two support workers. Some people had complex needs, which meant they could not always tell us about their experiences. They

communicated with us in different ways, such as facial expressions, signs and gestures. We observed the way people interacted with the management team and support workers.

Since the inspection we have received electronic communication from one support worker.

Is the service safe?

Our findings

Our previous inspection in October 2015 had rated The Papworth Trust Centre Waveney as Good in the Safe key question. At this inspection we found the service continued to be Good.

People we visited were not able to tell us if they felt safe when receiving care and support. However, we observed people interacting with staff and saw they were comfortable and relaxed.

Staff had received safeguarding training and were aware of the different types of abuse. They had also received a practice based supervision session relevant to safeguarding. Safeguarding was also a standing agenda item at all team meetings. This supported staff in their understanding of their responsibilities to keep people safe from the risk of abuse or harm. Staff knew where to report any suspicions of abuse and how to whistle blow if they had any concerns about the quality of care being provided. The provider's policies on safeguarding vulnerable adults and whistleblowing gave staff guidance on how to report any concerns.

Care plans contained risk assessments to protect people from harm whilst also maximising their independence when in their homes and when accessing the local community. Risk assessments were personalised and contained clear actions and outcomes to guide staff on how to keep the person safe. For example, one person enjoyed swimming, there was clear guidance for staff on how to keep the person safe whilst they enjoyed this activity.

There were processes in place to enable the registered manager to monitor accidents, adverse incidents or near misses. This helped ensure that any themes or trends could be identified and investigated further. It also meant that any potential learning from such incidents could be identified and cascaded to the staff team, resulting in continual improvements in safety.

The manager told us that retaining sufficient good quality staff was difficult with a locally challenging recruitment environment. They told us that when they had begun managing the service in March 2018 there were a high number of vacancies which had resulted in the use of agency staff on a regular basis. They explained that they had worked with the provider's Human Resources Department and reduced the number of vacancies by half. They still used agency staff but worked with only one agency to ensure people received support from regular staff. Staff we spoke with also raised concerns about high staff turnover and the impact this may have on people who benefited from receiving care and support from a consistent staff team. The manager had taken action to retain staff. This included regular staff meetings, publishing staff rota's four weeks in advance and raising the profile of the management team with care staff.

Recruitment procedures continued to ensure that staff were suitable to work with the service client group. These included checks with the disclosure and barring service (DBS) which checks if applicants have a criminal record or if they are barred from working with vulnerable people.

Medicines were managed, administered and stored safely. Staff told us they had training in medicines administration. This included how to complete a medicines administration record (MAR) and recording when a medicine had been refused. The manager gave us an example of when the service checks had found that a person had been discharged from hospital with an incorrect prescription. The service's prompt action had ensured the person received the correct medicine.

For people who were prescribed medicines 'as and when required' there was clear guidance in place when these should be administered, for example, what behaviours a person displayed if they required pain relief. This gave staff information to assist them in their decision making about when such medicines could be used. Safe systems were in place and followed by staff to support people who required topical creams.

Staff demonstrated a good understanding of infection prevention and control procedures. All staff had received training in infection control and had ready access to personal protective equipment, such as disposable gloves and aprons.

Is the service effective?

Our findings

Our previous inspection in October 2015 had rated The Papworth Trust Centre Waveney as Good in the Effective key question. At this inspection we found the service continued to be Good.

People's needs were assessed prior to accessing the supported living service. The manager displayed an awareness of the importance of giving people time to adjust to their new environment when moving from other healthcare settings. Individual needs were assessed and reviewed annually or when there were any changes. People, family members and advocates were involved in assessment and review as much as they were able. Support plans were person centred and included a pro-active support plan which detailed how to support the person to avoid anything which may trigger behaviours which may challenge and any early signs that the person was becoming anxious.

Staff were knowledgeable about the people they were supporting and were competent in their roles. New staff undertook an induction before providing care and support. The manager told us that this included training in subjects such as moving and handling, medicines administration and safeguarding. They told us that new staff shadowed experienced staff until assessed as being competent by a senior member of staff to work independently. New staff were also allocated time to complete the Care Certificate. The Care Certificate is a recognised qualification that ensures that staff have the fundamental knowledge and skills required to work in a care. The manager also told us that if staff were required to support a person they had not supported before they would carry out a shadow shift with a member of staff who regularly supported that person.

Staff we spoke with told us they received regular supervision and support from senior staff and that they were encouraged and supported to take further qualifications in care. Supervision forms demonstrated that one to one supervisions included an element of reflective practice and discussions centred on the person the member of staff supported. This encouraged staff to look at their performance and improve the care they provided.

People were supported to eat and drink and maintain a balanced diet. The relative of one person said, "They guide [family member] to eat healthier, although they [family member] will not always listen." Care plans contained information on people's food preferences. They also demonstrated that, where applicable, the service had worked with the speech and language team to ensure people received their nutrition safely and appropriately.

The staff we spoke with told us they worked with professionals such as learning disabilities nurses and occupational therapists to deliver effective care to meet people's needs. People had full access to medical professionals when this was required. Each person had a personalised health action plan which recorded their healthcare support needs. The manager told us that they were planning to develop this further with people to ensure it fully reflected people's on-going health needs and management of long-term conditions.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA.

People and their relatives, where appropriate, were involved in planning their care as much as they were able. Records showed assessments had been carried out to assess people's capacity to make decisions for themselves. People using the service at the time of our inspection did not have the capacity to consent to all aspects of the care and support provided by the service. Where people had not been able to consent best interest decisions had been made involving relatives and health care professionals. Where people did not have family members the manager told us that advocates were involved. We discussed with the registered manager the how they ensured each decision was individual to the person and the decision to be made. The service was aware which people had a power of attorney or where a decision had been made by the Court of Protection. This ensured that decisions were made by those with the authority to take them.

Staff demonstrated an understanding of consent and respected people's decisions. During the inspection we observed staff discussing with one person where they wished to go in the afternoon. The member of staff knew the person's preferences but was checking that this was still what they wished to do.

Is the service caring?

Our findings

Our previous inspection in October 2015 had rated The Papworth Trust Waveney as Good in the Caring key question. At this inspection we found the service continued to be Good.

A relative we spoke with was complimentary about the care and support their family member received. They said, "I am very impressed with the care. [Family member] has not received better care." They went on to give examples of where staff had been particularly caring towards their relative.

Staff were aware of peoples preferences and supported these where appropriate. For example one person we visited had a soft blanket and pillow with them. The person told us how they liked having a soft blanket to cover them. We spoke with staff about the blanket and they explained that they changed the weight of the blanket in winter and summer to ensure the person was comfortable. Staff had also noticed that the name of one member of care staff upset one person. In the presence of that person the member of staff now uses a different name. The manager told us that the person was much more comfortable receiving care and support from the staff member now they were using a different name.

Staff were familiar with how people communicated. One person we visited did not communicate verbally but made different sounds. We observed that staff knew what each sound meant and reacted in the appropriate way. The care plan recorded what sounds and actions the person may exhibit and how these should be met.

The family member we spoke with told us that they were involved in regular reviews of their relatives care plan. They went on to say, "I have suggested different strategies and they have listened." Each person had a key worker. This was a member of staff who provided care and support on a regular basis and knew the person and their needs in depth. This key worker attended medical appointments with the person and was involved when the care plan is reviewed. One member of staff told us that having this depth of knowledge of the person helped them support the person express their views when the care plan was reviewed.

During our home visits on the second day of the inspection, we observed that staff had time to provide care and support in a compassionate and personal way. Care staff were working with one person's relatives to decorate a sensory room in their home to provide additional stimulation.

People's privacy and dignity were respected and people were supported to be as independent as possible. In the home of one person we visited we saw that staff encouraged them to participate in chores in the home and with preparing food. Staff gave us examples of how they protected people's dignity while providing personal care.

Is the service responsive?

Our findings

Our previous inspection in October 2015 had rated The Papworth Trust Centre Waveney as Good in the Responsive key question. At this inspection we found the service continued to be Good.

All staff we spoke with were knowledgeable about people's needs. Each person had a care file which contained information on how their care was delivered. There was information about the person's likes and dislikes, their physical and emotional health and their communication needs. This provided a detailed picture of the person and how their care and support needs were met. The service core team supporting each person met every three months. The person receiving support, relatives and the person's key worker attended the meeting along with a senior member of staff. This meeting reviewed the care and support each person was receiving and if it was still meeting their needs. This included any concerns regarding the individual's care and support, if care could be improved for example with improved use of visual aids and if there were any concerns or improvements to be made with regard to medicines.

Care plans contained detailed information on how people received their care and support. For example, one care plan described situations that made a person anxious and the steps staff should take to alleviate their distress. Another person had a care plan about a particular medical condition, which described signs and symptoms staff should be aware of and what they should do in an emergency.

People were supported to participate in activities which reflected their interests and preferences. For example, one person we visited was wearing the shirt of the football team they supported. Staff we spoke with knew that the person liked watching football and told us how they were exploring options for taking the person to football matches. Another person we visited was playing a particular type of music on their music system. The person told us how they liked that style of musician and showed us other CD's they owned. Staff we spoke with displayed a knowledge of the person's musical taste. This person was supported to maintain a family relationship as staff regularly took them to visit a close relative in a local care home.

People had structured weekly programmes with meaningful activities, which reduced social isolation and encouraged integration in their local community. Activities included swimming and going out for coffee. This promoted confidence and independence. However, we observed that the programme was flexible and staff asked people if they wanted to do that activity or if they wanted to spend their time doing something else. For example, one person we visited wanted to go to a local seaside town in the afternoon and the member of staff was confirming with them that this was what they wanted to do as the previous day they had visited a coffee shop.

The service had a complaints policy and all people who used the service were given information about how to make a complaint. This was provided in an easy-read format if required. No formal complaints had been received by the service in the previous 12 months.

Is the service well-led?

Our findings

Our previous inspection in October 2015 had rated The Papworth Trust Centre Waveney as Good in the Well-led key question. At this inspection we found the service continued to be Good.

The manager worked with the managers of the providers other similar services and with the service deputy manager. This supported them to provide a knowledgeable and committed leadership of the service. Our discussions with the manager demonstrated that they were keen to work with families and other services, such as the local authority safeguarding team and health and social care professionals, to support people's care needs and share information where needed. Staff told us they had confidence in the management team. One staff member said, "I feel that if I speak things will be done. If someone comes in with new ideas they will be taken on board."

The manager was aware of the culture within the service. They told us, and discussions with staff confirmed, that since they had taken up their role staff morale had improved. The action plan clearly demonstrated how this had been achieved along with plans for further improvement.

The service did not have a registered manager in place. The manager had been in place since March 2018 and had applied to become registered. 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.

The manager told us that they were supported by the provider's wider organisation having regular contact with the Chief Executive. They also received support from the provider's head office with human resource issues. The provider also carried out quality assurance visits where people were visited in their homes, care files checked and feedback sought. Any issues identified were addressed by way of an action plan.

There were systems in place to monitor the quality of the service. The registered manager completed a monthly audit which looked at different aspects of the service, such as medication and support plans and daily care records. Where the audit identified shortfalls action such as further staff training or improving risk assessments was taken. People's daily records, which were written by the support staff and described their day to day care, were audited every month. The registered manager used this audit to check that staff were mindful of equality and diversity when writing them.

The service continually worked to improve. The manager held weekly supervisors' meetings where all aspects of the service were discussed. This included a review of the rota, any medication errors and any accidents or incidents. Any updates or changes to best practice guidance such as that from the National Institute for Clinical Excellence were discussed at this meeting.

The managers action plan addressed maintaining and developing links with external forums and networks to learn from peers and learn about best practice beyond their own organisation. Actions included attending a local managers network. The provider supported managers to take part in external forums and networks.