

The Papworth Trust Vange Place

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

The inspection took place on 29 October 2015 and was announced. The inspection was announced as this domiciliary care agency supports people in supported living settings and we wanted to make sure that someone would be available when we visited.

Vange Place supports people with a Learning disability and this support includes support with personal care, shopping, domestic and social activities. On the day of our visit there were five people using the domiciliary service in two settings.

There was a registered manager in post at the time of the inspection. 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.

Summary of findings

People told us they felt safe in their home. Staff understood the need to protect people from harm and were clear about the whistleblowing and safeguarding processes.

Risks were identified and steps taken to minimise the impact on individuals. People were involved in decision making about risks and there were clear arrangements in place for emergencies.

People told us they received support from a stable staff team who knew them well. They were clear about how and when they were supported and we saw that when people's needs changed there were processes in place to review the levels of support. Recruitment processes were thorough and offered protection to people.

New staff received an induction for the role and ongoing training was in place to further develop staff's knowledge and skills. Staff told us they were well supported through supervision and staff meetings.

Staff had a good understanding of consent and the principles of the Mental Capacity Act (MCA) 2005. People

were supported to cook and eat a balanced diet. Information was maintained about people's health care needs, and people were supported to access ongoing support.

People were comfortable when staff were present and interactions were caring and respectful. Independence was promoted and people were provided with information in a way that they could understand.

Care plans identified people's preferences and care was delivered in a person centred way. People were encouraged to maintain relationships with friends and family and follow a range of interests.

There was a positive culture, people told us that they were happy and had a say in how the service was run. Staff were well motivated and were encouraged to reflect on how care was provided and contribute to the service development. The provider had a quality assurance system in place 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 been trained and knew how to respond to concerns.

Risks were identified and clear plans put into place to minimise the risks to individuals and keep them safe.

Staffing allocations were regularly reviewed to ensure that they met people's needs. Recruitment systems were robust.

Good



Is the service effective?

The service was effective.

People received care from staff who had received induction and training for their role.

Staff had a good awareness of the principles of consent and the underpinning legislation.

People were supported with meal preparation and to access health care support.

Good



Is the service caring?

The service was caring.

People were supported by staff who promoted their independence and respected their dignity.

People's views were listened to and acted on.

Good



Is the service responsive?

The service was responsive.

People's needs were assessed and support plans provided staff with the guidance on how to meet their needs.

People were supported to access the community.

Complaints procedures were in place.

Good



Is the service well-led?

The service was well Led.

A registered manager was in post and was visible.

Staff morale was good and they were supported in carrying out their duties.

Quality assurance systems were in place to drive improvement.

Good



Vange Place

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 the 29 October 2015 and was announced. The provider was given 48 hours' notice because this was a supported living service and we needed to be sure that someone would be in.

The inspection team consisted of one inspector.

Prior to our inspection we reviewed information we held about the service, in particular notifications about incidents, accidents and safeguarding information. A notification is information about important events which the service is required to send us by law.

We spoke with four people who used the service and two relatives. We interviewed five staff, the manager and the previous manager who was visiting the service.

We reviewed three support plans, recruitment files, and records relating to the quality and safety monitoring of the service.

Is the service safe?

Our findings

People told us they felt safe living in the service. One person said, “I feel safe”, another person told us that they, “Get on with staff.” A relative said, “(my relative) is safe here, they are well looked after.”

There were systems in place to protect people from abuse and potential harm. Staff were clear about what was abuse and understood the need to report concerns. They were aware of the safeguarding and whistleblowing policies and told us that they had undertaken training in these areas. Staff knew who the safeguarding lead was and the role of the local authority. They told us that they were encouraged to raise concerns and expressed confidence that they would be addressed. We saw that the manager was aware of the process and had raised alerts when they had concerns.

People were supported to take informed risks and risk assessments had been produced for a range of situations, including bathing and being unsupported. We saw that steps had been taken to manage risks including the fitting of an alarm system for one individual.

Health and safety checklists were in place and staff spoken with were able to tell us what actions they would take in the event of a medical emergency. They told us that there were clear arrangements in place for emergencies and a member of the management team was on call to provide support for them if this was required. They told us that the arrangements worked well and the individual on call responded quickly if they needed assistance.

People told us that staff were available when they needed them. One person said, “There is enough staff to support me.” A relative told us, “There is a stable staff team, which means they know (my relative.)” As part of the admission process, individual needs were assessed and staffing hours agreed. The manager told us that when people’s needs change a review is undertaken and if required a request made for additional level of support. Staffing rotas were planned ahead and staff said that this was well organised. All individuals received a weekly staffing rota which was pictorial and showed what staff were working when. Staff were clear as to the staffing allocations and what was one to one time with individuals. There were systems in place to ensure effective handover of information which included face to face meetings and handover sheets

The provider’s recruitment procedures demonstrated that they operated a safe and effective recruitment system. This included completion of an application form, a formal interview and previous employer references. Disclosure and Barring checks and references were obtained prior to individuals commencing employment. Concerns identified during the process were followed up and documented which demonstrated that checks were made to find suitable staff.

The manager told us that they were not currently providing support with medicines, and individuals were responsible for taking their own medicines. However there were procedures in place and staff had undertaken training should people’s needs change in the future.

Is the service effective?

Our findings

People who used the service and their relatives said that staff had the knowledge needed to meet people's needs. A relative told us that the, "Staff know what they are doing, they are brilliant, (my relative hasn't looked back since being here.)"

People received their care from staff who had been appropriately trained and supported. Newly appointed staff had been provided with a five day induction training course as well as opportunities to shadow other more experienced staff. Staff told us that the induction was appropriately paced and additional support such as further shadowing opportunities were available if needed to build staff skills. The new care certificate had been introduced for new staff. This is a national initiative to develop staff and demonstrate they have key skills, knowledge and behaviours.

Staff were working through workbooks to evidence their learning. Longer serving staff were supported with refresher training as part of the provider's ongoing staff development programme. The manager showed us the providers system which flagged up when staff were due to attend refresher training and told us how this was monitored. The training included areas such as mental capacity act, moving and handling, medication and food hygiene. Staff were positive about the training and told us that it was well organised and booked well in advance.

Staff told us that they were well supported, and there were records available to show that staff received regular supervision. The manager told us that they had recently undertaken training on, "Effective supervision" as part of continual professional development and the aim was to encourage more reflection and focus on quality.

There was no formal system of spot checks where the manager undertakes formal checks on the care delivery. However the manager told us that they visit the premises unannounced, staff spoken with confirmed this.

People told us that they were supported to make decisions about their care. We saw that the principles of consent and choice were embedded in care plans and they addressed how best to give individuals options and choices in a way that supports decision making. An example of this was, one

person's care notes recorded that the dentist had recommended that the staff support them by cleaning their teeth but the individual notes stated, "I do not wish this to happen" was recorded. We observed staff asking people for consent and offering choices as part of providing support. Staff told us that they had undertaken training were aware of the importance of consent. Staff were clear that people had the right to make decisions independently and were clear about what were unwise decisions. The manager was aware of their responsibilities under the Mental Capacity Act (MCA)2005 and Deprivation of Liberty Safeguards(DoLS).

People were supported with their healthcare needs. Care and support plans included details of planning to support people to maintain their health and wellbeing. For example, people diagnosed with epilepsy had support plans to guide staff in how to respond to people to keep them safe.

Daily notes recorded the outcome of any recommended treatment or when follow up was required. Health plans documented people's healthcare needs and important personal information to guide staff in supporting people appropriately. One person's records stated that the individual had seen a physiotherapist and we saw that they had been contacted again for further advice. Records were maintained of when people had been supported to access healthcare professionals and attend appointments including those, with their GP or dentist. Relative's told us they were kept informed of any changes in the person's health and wellbeing.

People were supported to eat and drink according to their dietary needs, choices, and preferences. People told us that they were supported to maintain as much independence as possible in food preparation and cooking. We saw risk assessments in place which looked at what individuals needed help with and how best to support them. For example transferring hot pans between the hob and oven. We observed an individual and a member of staff going shopping and returning with food items. One person told us that they, "Cook by myself," but eat with the other people living in the service. Dietary requirements were noted within people's support plans and staff spoke about how they encouraged people to choose healthy options.

Is the service caring?

Our findings

We received positive feedback about the service. People who used the service and their relatives said they were happy with the support the service provided. They told us that they had good relationships with staff and that, “They get on with them.” Another person said, “We have a laugh, there is always someone to talk to.” Staff were described as, “Patient.”

People told us they had a keyworkers. These were members of staff assigned to each person, who coordinated their care and liaised with family members. People told us that they enjoyed spending time with their key workers and doing activities such having a day out.

Staff spoke warmly about the individuals they supported, they knew the individuals well, how they communicated and their likes and dislikes. A consistent team of staff worked with individuals and the approach of the staff we spoke with was person centred. We observed that staff were enthusiastic about their role and interacted with people in a kind and caring way. One member of staff said, “I love (the people using the service), they make me laugh and they make me cry.” Another member of staff said, “This is a fabulous job.”

People told us that they were able to express their views and make decisions about how they were supported. We saw that staff supported the decision making process by giving people information in a way that people could

understand. The manager gave us an example of where they had worked with advocates to support an individual. Advocates are people independent of the service who help people make or express their views and make sure their voice is heard.

People using the service had monthly meetings. Records were maintained and people were supported to give their views on the service and the care they received. People told us that that they had recently helped to make decisions on the refurbishment of the property.

Surveys ascertaining people’s views were last undertaken in 2014, the findings had been collated and the manager confirmed that actions had been taken to address the areas identified. The manager told us that new surveys were in the process of being drawn up and people using the service had contributed to this process. It was planned that surveys would be sent out in the near future.

People’s privacy and dignity was promoted. One person said, “Staff respect my privacy, they knock before they come into my room.” We saw that people were able to see visitors privately and maintain relationships with friends and family. The arrangements in place were all different and reflected individuals’ wishes. People told us that they were supported to be independent and access the local community. We saw records which showed that people were accessing facilities in the local community on a regular basis. Staff were aware of issues around privacy and confidentiality and records were securely stored.

Is the service responsive?

Our findings

People told us that they liked living in the service; family members we spoke with were positive about the care and told us that the staff communicated well with them. Staff spoken with knew the needs of individuals they supported and their families. They were able to outline what areas individuals needed assistance with and what they enjoyed doing. Staff told us that they had recently supported one of the customers to move properties and were proud of what they had achieved, in supporting this individual to live well independently.

Care and support plans documented the support people needed and how they wished it to be provided. Plans were informative and very detailed and it was evident that they were written with people who used the service. They included information about how people communicated their preferences and aspirations. We saw that the information was amended as people's needs changed and that the plans were reviewed on a regular basis. Information was however not always easy to locate but the manager told us that they were aiming to develop the planning tools to ensure that they were more accessible and outcome focused.

People told us they were involved in planning their own care, one person said, "I am helped to be independent." Another person told us, "I go out to work." One person told us that they had requested that they change one of their work placements and they were being supported to do this. We saw that people choose what activities they wanted to be involved in, which included what and where they ate and where they went on holiday. We saw that people were supported to follow their interests; one person told us that they liked to go out to a local coffee shop and told us that staff supported them to do this, Another person went to yoga classes. We saw that staff provided some transport but people were also supported to use a range of transport options.

People told us that they had no reason to raise concerns One person said if there was a problem they would tell staff, "Who would sort it out." Family members told us that they had a good working relationship with the service and felt able to raise concerns. They told us that any comments which were made were addressed. Complaints procedures were in place including an easy to read version We looked at the complaints records and saw that no complaints had been made since the last inspection.

Is the service well-led?

Our findings

People and family members we spoke with told us that the service was well led and they had confidence in the management team. Observations of how staff interacted with each other and the management of the service demonstrated to us that there was a positive culture.

Staff spoken with were clear about their roles and responsibilities as well as the structure of the organisation and who they would go to for support if needed. Staff told us the management team were supportive and approachable should they have any concerns. One member of staff told us that the management team were understanding and, “They get things sorted, they really do.” There were clear communication systems in place such as handover meetings, and communication books to ensure that staff were up to date with any changes. Staff told us they were encouraged to question practice and make suggestions for improvements. They told us issues were openly discussed at staff meetings and the focus was on the people who used the service. One member of staff said, “We want to be the best we can be for the customer, it is not about being mundane but about being better.”

The manager understood their responsibilities as a manager and told us that as they were not based in the service they had a service supervisor who managed the team on a daily basis. Staff told us that despite this, the

manager was visible and regularly visited the service. We saw that there was documentation to evidence that they had oversight of areas such as incidents and accidents. Outside working hours there were on call arrangements and staff told us that these worked effectively.

The manager was supported by colleagues in human resources, and training as well as senior management team. We saw that poor practice was challenged and there were systems to support staff and monitor performance such as supervision and staff meetings.

The manager told us that there was an emphasis on striving towards continuous improvement of the service. The provider was working on new documentation and all policies were in the process of being reviewed. The aim was to drive up standards and focus the documentation on outcomes for people. The provider arranges a number of different forums where staff could meet up with other staff across the organisation to reflect on practice and look at how processes and systems could be improved. A similar system was in place for people using the service although none of the current customers were involved.

The provider has its own quality assurance framework which included audits of care and support, safeguarding and the environment. We saw that a recent audit had been undertaken; where areas were identified actions were identified to be taken forward.