The Disabilities Trust

Disabilities Trust - 29 Briants Avenue

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

This inspection took place on 2 and 3 August 2016 and was announced. This is a small service and we gave one day's notice so we could be sure someone would be in.

Disabilities Trust - 29 Briants Avenue is a care home without nursing that provides a service for up to three people with learning disabilities and/or autistic spectrum disorder. At the time of our inspection there were three people living at the service.

The service did not have a registered manager as required. The previous registered manager left in March 2016. The service had an acting manager and plans were underway to recruit a new manager. A registered manager is a person who has registered with the CQC 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 acting manager was present and assisted us during this inspection.

Staff were professional and skilful when working with people, it was obvious they knew them well and people were treated with care and kindness. Staff were aware of people's abilities and encouraged them to be as independent as possible.

People received support that was individualised to their personal preferences and needs. People said staff knew what they liked and how they preferred to be supported.

People received appropriate health care support. People's health and well-being was assessed and measures put in place to ensure people's needs were met in an individualised way. Medicines were stored and administered safely.

People were protected from the risks of abuse and from risks associated with their health and care provision. They were protected by recruitment processes and people could be confident that staff were checked for suitability before being allowed to work with them. There were sufficient numbers of staff on each shift to make sure people's needs were met. People benefitted from staff who were well supervised and received training to ensure they could carry out their work safely and effectively

Risks related to the premises were assessed and monitored. Checks were in place and action taken, where necessary, to address any identified risks.

People's rights to make their own decisions were protected. Managers and staff had a good understanding of the Mental Capacity Act 2005. They were aware of their responsibilities related to the Act and ensured that any decisions made on behalf of people were made within the law and in their best interests.

People knew how to raise concerns and felt they were listened to and taken seriously if they did. Staff

recognised early signs of concern or anxiety from people living at the service and took prompt and appropriate action to reassure people when needed.

People benefitted from living at a service that had an open and friendly culture. People felt staff were happy working at the service. People's wellbeing was protected and all interactions observed between staff and people living at the service were caring, friendly and respectful. People's rights to confidentiality were upheld and staff treated them with respect and dignity.

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. People were protected from abuse because staff knew how to recognise signs of abuse and knew what action to take when necessary. Risks were identified and managed effectively to protect people from avoidable harm.

People were protected because recruitment processes ensured staff employed were suitable to work with people who use the service. There were sufficient numbers of staff and medicines were stored and handled correctly.

Is the service effective?

Good

The service was effective. People benefitted from a staff team that was well trained and supervised. Staff had the skills and support needed to deliver care to a good standard.

Staff promoted people's rights to consent to their care and to make their own decisions. The management had a good understanding of their responsibilities under the Mental Capacity Act 2005. The manager was aware of the requirements of the Deprivation of Liberty Safeguards (DoLS) and DoLS applications had been made where required.

People were supported to eat and drink enough. Staff made sure actions were taken to ensure their health and social care needs were met.

Is the service caring?

Good

The service was caring. People benefitted from a staff team that was caring and respectful. Staff worked well with people, encouraging their independence and supporting them in what they could do.

People's dignity and privacy were respected and staff encouraged people to live as full a life as possible.

Is the service responsive?

Good

The service was responsive. People received care and support that was personalised to meet their individual needs.

People led a busy life, based on their known likes and preferences. Staff knew them well and were quick to respond to people's changing needs.

People knew how to raise concerns and confirmed they were listened to and taken seriously if they did.

Is the service well-led?

Good

The service was well led. People were relaxed and happy and there was an open and inclusive atmosphere.

Staff were happy working at the service and there was a good team spirit. They felt supported by the management and felt the support they received helped them to do their job well.

Social care professionals felt the service worked well with them and kept them informed of things they should.

Disabilities Trust - 29 Briants Avenue

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 inspection was carried out by one inspector and took place on 2 and 3 August 2016. This is a small service and we gave one day's notice so we could be sure someone would be in.

We looked at all the information we had collected about the service. This included previous inspection reports and information received from social care professionals. We also looked at notifications the service had sent us. A notification is information about important events which the service is required to tell us about by law.

During the inspection we spoke with two of the three people who use the service. The third person was away with relatives on holiday. We spoke with the acting manager, the assistant manager, the team leader and two support workers. We observed interactions between people who use the service and staff during the two days of our inspection. After the inspection we sought feedback from three local authorities who were funding people at the service. We received feedback from two.

We looked at two people's care plans, associated documentation and medication records. We looked at the staff training log, staff supervision log and the recruitment files for two members of staff employed since our last inspection. Medicines storage and handling were checked. We reviewed a number of documents relating to the management of the service. For example, the utility service certificates, fire risk assessment, legionella risk assessment, food safety checks and the complaints and incidents records.

Good

Is the service safe?

Our findings

People were protected from the risks of abuse. Staff knew how to recognise the signs of abuse and knew what actions to take if they felt people were at risk. Staff were confident they would be taken seriously if they raised concerns with the management and were aware of the provider's whistle blowing procedure. People told us they felt safe at the service.

People were protected from risks associated with their health and care provision. Staff assessed such risks, and care plans included measures to reduce or prevent potential risks to individuals. For example, risks associated with financial understanding, anxiety and behavioural issues. During our observations we saw staff were aware of the risk reduction measures in place and were carrying out activities in a way that protected people from harm.

The staff monitored general risks, health and safety and maintenance needs as part of their daily work. Other premises checks were carried out. For example, legionella risk assessments, annual gas appliance servicing and annual portable electrical equipment checks. Any issues identified were dealt with and remedial actions taken were documented in the records. Monthly checks of hot water temperatures were carried out and documented. Thermostatic mixer valves were in place on the bath hot water outlets to reduce the risk of scalding. Staff said any maintenance issues were dealt with quickly when identified.

The provider carried out an annual fire risk assessment. The latest one had been completed 18 July 2016. One of the findings of that risk assessment had been that the fire escape doors were kept locked, with only the staff having access to the keys. Keeping the external doors locked was the practice at the service as one person needed to be accompanied in the community for their safety and was known to leave the service without telling staff if doors were not locked. However, this practice potentially placed people, staff and visitors at risk in the event of a fire. The recent fire risk assessment pointed out that escape route doors should not be locked with a key and instructed that the service should look for alternatives. Following our inspection we were advised by the assistant manager that they were carrying out assessments for all three people at the service on the risks to them of doors being locked in the event of a fire. We were also advised that the assistant manager had contacted one of the Berkshire Fire and Rescue Service fire safety officers and received advice. Staff carried out weekly fire equipment checks and all people living at the service were involved in testing fire safety equipment such as smoke alarms.

Emergency plans were in place, such as emergency evacuation plans. Accidents and incidents were recorded in people's care plans and reported to the Care Quality Commission as required. Steps were taken and recorded to reduce the risk of a recurrence of incidents wherever possible.

People were protected by the provider's recruitment processes. People could be confident that staff were checked for suitability before being allowed to work with them. Staff files included the recruitment information required by the regulations. For example, proof of identity and criminal record checks. Gaps in employment histories had been explored and evidence of applicant's conduct in previous employment had been sought where they had worked with vulnerable adults.

There had been a number of changes to the staff team since our last inspection. The previous registered manager and team leader had left, along with some support workers leaving also. However, the provider had recruited new staff, some of whom had worked for the service previously and who knew, and were known by the people using the service. At the time of our inspection the staff team was complete, with the exception of a new manager. The acting manager continued to oversee the service whilst a decision on the new manager was made at provider level.

Daytime staffing was usually one or two support workers, depending on the needs of the people using the service and their specific planned activities for that day. Overnight there was one support worker sleeping on the premises with on call managers available via the telephone if needed. We saw staff were available when people needed them and they did not need to wait. People told us they could get help and support from staff when they wanted, they just had to ask. Staff told us there were usually enough staff on duty at all times and commented that the managers helped when needed. Sickness and annual leave cover was usually provided by bank staff, with minimal use of agency workers. The team had recently introduced male workers to the previously all female staff team, which enabled the service to offer support to people from both male and female staff. People living at the service had been consulted and agreed to the male staff being employed and all people had been involved in the recruitment and deciding which applicants were suitable. One person told us it was nice to have a male member of staff to talk with and go out with.

People's medicines were stored and administered safely. Hot weather measures were in place to make sure the staff were always able to keep medicine storage lower than 25°c, as required of guidance from drug companies. Training records showed that only staff trained in administering medicines and assessed as competent were allowed to do so. Medicines administration records were up to date and had been completed by the staff administering the medicines. We saw that staff carried out appropriate checks to make sure the right person received the right dosage of the right drug at the right time.

Good

Is the service effective?

Our findings

People received effective care and support from staff who were well trained and knew how people liked things done. People told us staff knew what they were doing when they provided support.

The care staff team was made up of the acting manager, the assistant manager, one team leader, three support workers and two bank support workers. Care staff and people living at the service worked together on meal preparation, cleaning, laundry and some gardening. In addition there was a maintenance person who worked across a number of the local services.

New staff were provided with induction training specific to the service. Where staff were new to care the provider had developed new induction training which followed the Skills for Care new care certificate. Ongoing staff training was overseen by the acting and assistant managers and the team leader. The provider had a number of mandatory training topics updated on a regular basis. For example, training in fire safety, first aid, food hygiene and safeguarding adults training. Other mandatory training included medicine administration, infection control and health and safety. Additional training was provided relating to the specific needs of the people living at the service. For example, training in working with people autism, epilepsy and diabetes. Training records showed staff were up to date with their training and refresher training was booked when updates were due. Practical competencies were assessed for topics such as administering medicines before staff were judged to be competent and allowed to carry out those tasks unsupervised.

Five of the six care staff held a National Vocational Qualification in care at level 2, 3 or 4. Staff we spoke with felt they had the training they needed to deliver quality care and support to the people living at the service. One member of staff said of the service, "They are very hot on training."

People benefitted from staff who were well supervised. Staff told us regular one to one meetings (supervision) took place every four to six weeks with their line manager. Staff were able to discuss their work performance, career development and training requirements during those meetings. Staff also confirmed they had yearly performance appraisals of their work carried out with the assistant manager.

People's rights to make their own decisions, where possible, were protected. Staff received training in the Mental Capacity Act 2005 (MCA). 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.

People can only be deprived of their liberty so that they can 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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person

of their liberty were being met. We found the staff were working within the MCA and the requirements of the DoLS were being met. Staff made sure they enabled and supported people to make their own decisions whenever possible. The service had made appropriate DoLS applications to people's funding authorities (the supervisory body) as and when necessary to ensure people were not being deprived of their liberty unlawfully.

People were able to choose their meals, which they planned with staff support. There were always alternatives available on the day if people did not want what had been planned. Snacks and drinks were also available and people were free to decide what and when they ate. Staff made referrals to the GP where there was a concern that someone was losing weight, or was putting on too much weight. People told us they enjoyed the food at the service and said they always had a choice on what to eat.

People received effective health care support from their GP and via GP referrals for other professional services, such as community specialist nurses and occupational therapists. Health Action Plans were in place describing the support people needed to maintain their health. Records showed any health concerns were addressed promptly and referrals sought from appropriate professionals when needed. Any existing medical conditions people had were monitored and managed in line with advice from their GP and other health professionals. Any advice given was incorporated into people's support plans. There were two local assistant psychologists employed by the provider who worked across a number of local services. They worked closely with the people and staff at the service and developed and oversaw any behavioural support plans that were in place. Also employed by the provider and available to the service was a speech and language therapist. They were involved in providing support and guidance to the service where applicable. The speech and language therapist and the assistant psychologists attended and contributed towards the annual reviews of care and care plans and were available for staff to contact if they required additional advice.

Good

Is the service caring?

Our findings

People were treated with care and kindness. People told us staff were caring and knew how they liked things done. One person told us, "Staff are nice to us." One relative recently complimented the service saying they were really happy with how their family member was being supported and the amount of time and energy staff put into their care.

Staff showed skill when working with people and it was obvious they knew them well. We saw staff had good knowledge of what was important to each person living at the service. People were comfortable with staff and were confident in their dealings with them. We saw people approach staff if they wanted any help or support, which was always given with skill and respect. Throughout our inspection it was obvious staff and people living at the service got on well together as they went about their daytime activities.

People's care plans were geared towards what people could do and how staff could help them to maintain or increase their independence safely and wherever possible. People's abilities were kept under review and any change in independence was noted and investigated, with changes made to their care plan as necessary. The care plans were drawn up with people, using input from their relatives, health and social care professionals and from the staff members' knowledge from working with them in the service. Each care plan detailed how the person had been involved, which was confirmed by people we spoke with.

People's wellbeing was protected and all interactions observed between staff and people living at the service were caring, friendly and respectful. Staff listened and acted on what people said. Staff were knowledgeable about each person, their needs and what they liked to do. Formal reviews were held annually. People were fully involved in the process and their relatives, care managers from their funding authority and other professionals were invited to participate where appropriate. People told us staff knew how they liked things done and confirmed staff treated them with respect and protected their dignity.

People's right to confidentiality was protected. All personal records were kept locked away and were not left in public areas of the service. Visits from health and social care professionals were carried out in private. We observed staff protected people's rights to privacy and dignity as they supported them during the day. All staff were very respectful of people's personal space and belongings, no-one entered people's bedrooms without knocking on the door and waiting for permission to enter.

Throughout our inspection staff showed concern for people's wellbeing in a caring and meaningful way. Staff were knowledgeable about things people found difficult and how changes in daily routines affected them. People were given the information and explanations they needed, at the time they needed them. For example, information regarding our inspection and the reasons we were in their home, how long we would be there and what we would be doing. Although only given a day's notice, we found staff had prepared people living at the service so that they were expecting us and were comfortable with our presence. The information the staff provided to them, and the thoughtful support staff had given them, enabled people to feel comfortable enough to help us with our inspection and tell us their views on the service.

Good

Is the service responsive?

Our findings

People received support that was individualised to their personal preferences and needs. People's likes, dislikes and how they liked things done were explored and incorporated into their care plans. Each care plan was based on a full assessment of needs. People were fully involved in developing their care and support plans and setting their short and long term goals. We saw that people were actively supported to attain their goals and then set new ones. For example, one person had recently achieved two of their goals. They had played their violin in a local talent contest and played the piano for their local church congregation. Another person was working on, and succeeding, in their goal to increase their activity levels and spoke about how they enjoyed going to a local gym.

Care plans were detailed and very person centred. They included things that were most important to the person in their life. All care plans had been reviewed within the previous six months and were up to date, ensuring staff had access to the most recent information in order to provide consistent care and support. People told us they had a keyworker. A key worker is a named member of staff, responsible for ensuring people's care needs were met. This included supporting them with activities and spending time with them. People met monthly with their keyworkers and were able to discuss how things were going, what they were happy with and what they were not so happy with. Handover between staff at the start of each shift ensured that important information was shared, acted upon where necessary and recorded to ensure people's progress was monitored.

Each person had their own individual activity plan, incorporating different activities that they were interested in. People kept busy with pre-arranged activities and decided what they wanted to do, either inside their home or outside in the community. Some people also had jobs and others attended college. People could choose what they wanted to do and were also able to try out new activities when identified. People were encouraged to learn new skills. For example, in January all people had taken part in a certificated basic first aid course. One person told me about their job at a local charity shop and how much they enjoyed their work. Another person spoke about enjoying their new pastime at the local golf driving range. Activities were discussed during the monthly residents meetings as well as individually in their monthly keyworker meetings. Records showed the activity schedules were flexible and that people changed what they were doing each day if they wanted to. People were involved in the local community and visited local shops, clubs, pubs, restaurants, church and other venues. People had access to and used public transport. The service also had access to a vehicle when needed.

People knew what to do and who they would talk to if they had any concerns. They told us they were taken seriously if they spoke with staff about things they were worried about and said staff always acted to resolve any issues. We looked at the compliments folder and found compliments and thank you letters from family members of two of the three people living at the service. There had been no formal complaints in the last 12 months.

People were supported to maintain relationships with their family and friends. Feedback from social care professionals was limited as no-one had an allocated care manager, but we were told that the service

always contacted them when needed, they were invited to reviews and they were kept informed of things they needed to know. One local authority said they had no concerns about the service provided to their client and another said there were no issues.

Good

Is the service well-led?

Our findings

It is a condition of registration with the Care Quality Commission (CQC) that the service has a registered manager in place. At the time of our inspection the service was without a registered manager. The previous registered manager left in March 2016 and plans were underway to recruit a new manager. In the interim, the service had an acting manager, who was responsible for managing this service and four other services. Supporting the acting manager was an assistant manager, who divided their working week between four services, including this one. The full time team leader was based in the service and spent their contracted hours working at this service alone. A number of management responsibilities were delegated to the team leader to carry out and oversee. Staff were clear on the management systems in place and all staff felt the team leader and managers were approachable and easy to contact.

In March 2015 the service signed up to the "Social Care Commitment". The Social Care Commitment is a Department of Health initiative. It is the adult social care sector's promise to provide people who need care and support with high quality services. It is made up of seven "I will" statements, with associated tasks. Each commitment focuses on the minimum standards required when working in care. The commitment aims to increase public confidence in the care sector and raise workforce quality in adult social care. Up to the date of our inspection, individual staff members had not signed up to the commitment. However, the majority of the staff were new and either still in their induction period, or just completed it.

People benefitted from living at a service that had an open and friendly culture. People felt the staff were happy working at the service and that there was a good atmosphere. One person commented, "The house is very nice. I am happy here." Staff told us they got on well together and that management worked with them as a team. All interactions observed between staff and people living at the service were positive, friendly and respectful.

Staff told us managers were open with them and communicated what was happening at the service and with the people living there. The service had a small staff team and staff had opportunities to meet and talk with their colleagues each week at the shift handovers. Information was also shared in the monthly staff meetings and via a communication book and diary. People living at the service had monthly residents meetings where they could discuss things that were important to them and find out what was happening. Suggestions and requests made by people during the meetings were passed to the management to take forward if possible.

Recently the service had produced their first newsletter. The staff and people living at the service worked on this together. The newsletter contained updates on what had been happening and what was planned for the premises, the service and for the people living there. The newsletter was distributed to families and friends with plans to produce a new one every three months.

The provider carried out an annual survey of people who use the service, relatives and external health and social care professionals. The survey for 2016 was due to be carried out at the time of our inspection.

Quality assurance systems were in place to monitor the quality of the service being delivered and the running of the service. The systems included three monthly audits of support plans and monthly audits of medications and nutrition. Health and safety audits were carried out yearly by the provider's health and safety manager, who also undertook yearly fire risk assessments. Any issues identified in separate audits were added to an action plan with clear details of remedial action needed and timescales for completion. We noted that there were a few examples where discrepancies in weekly health and safety checks within the service had not been acted upon. For example, some instances where the fridge temperatures had been higher than the provider's policy dictated. There was no evidence that staff had taken action. The acting manager explained that there were plans to reintroduce a monthly audit review at the service The audit would include checking that routine health and safety checks were being carried out and that staff had taken remedial action if results were not as expected.

With the exception of not having a registered manager, all other registration requirements were met. The acting manager ensured that notifications were sent to us when required. Notifications are events that the registered person is required by law to inform us of. Records were up to date, fully completed and kept confidential where required.

People benefitted from a staff team that were happy in their work. Staff told us they enjoyed working at the service and felt it was well-managed. They felt supported by the management and their colleagues when working at the service and said they felt they were provided with training that helped them provide care and support to a high standard. Comments received from staff included, "I'm happy here.", "I enjoy working here." and "I love it here."