The Disabilities Trust

Disabilities Trust - 49 Stolford Rise

Inspection report

Tattenhoe
Milton Keynes
Buckinghamshire
MK4 3DW

Tel: 01908505626

Date of inspection visit:
07 November 2017

Date of publication:
21 December 2017

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

49 Stolford Rise provides 24 hour care and support for a maximum of three younger adults with a high functioning autistic spectrum disorder. The house is located in a residential area in Milton Keynes. At the time of our inspection there were three people using the service.

At the last inspection on 19 November 2015 the service was rated Good.

At this inspection on 07 November 2017 we found the service remained Good.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People continued to feel safe. Staff understood their roles and responsibilities to safeguard people from the risk of harm and risks to people were assessed and monitored regularly. The premises were appropriately maintained to support people to stay safe. Staff understood how to prevent and manage behaviours that the service may find challenging.

Staffing levels ensured that people's care and support needs were safely met and safe recruitment processes were in place. Medicines were managed safely. The processes in place ensured that the administration and handling of medicines was suitable for the people who used the service. Systems were in place to ensure the premises was kept clean and hygienic so that people were protected by the prevention and control of infection. There were arrangements in place for the service to make sure that action was taken and lessons learned when things went wrong, to improve safety across the service

People's needs and choices were assessed and their care provided in line with up to date guidance and best practice. They received care from staff that had received training and support to carry out their roles. People were encouraged to prepare their own meals and make health choices to maintain their health and well-being. Staff supported people to book and attend appointments with healthcare professionals, and supported them to maintain a healthy lifestyle. The service worked with other organisations to ensure that people received coordinated and person-centred care and support.

People's diverse needs were met by the adaptation, design and decoration of premises and they were involved in decisions about the environment. Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA) and they gained people's consent before providing personal care.

Staff were caring and compassionate and meaningful relationships had developed between people and staff. People were treated with dignity and respect and staff ensured their privacy was maintained. People were encouraged to make decisions about how their care was provided staff had a good understanding of

people's needs and preferences.

People were listened to, their views were acknowledged and acted upon and care and support was delivered in the way that people chose and preferred. Care plans were person centred and reflected how people's needs were to be met. Records showed that people and their relatives were involved in the assessment process and the on-going reviews of their care. They were supported to take part in activities which they wanted to do, within the service and the local community. There was a complaints procedure in place to enable people to raise complaints about the service.

The service had an open culture which encouraged communication and learning. People, relatives and staff were encouraged to provide feedback about the service and it was used to drive continuous improvement. Staff were motivated to perform their roles and worked to empower people to be as independent as possible. The provider had quality assurance systems to review the quality of the service to help drive improvement.

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

Disabilities Trust - 49 Stolford Rise

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 checked 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 comprehensive inspection took place on 07 November 2017 and was announced. The provider was given 48 hours' notice because we needed to be sure that someone would be in.

The inspection was carried out by one 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.

During this inspection we spoke with three people using the service and one of their relatives. We spoke with three members of staff on the day of our visit and another the following day. They included the registered manager, the team leader and two care and support staff. We observed the interactions between people who used the service and staff.

We reviewed the care records of two people that used the service which included their care plans, health and medication records, risk assessments and daily care records. We also looked at the recruitment records for two members of staff to see how the provider operated their recruitment procedures. Other records we examined related to the management of the service and included staff rotas, training and supervision records, quality audits and service user feedback, in order to ensure that robust quality monitoring systems were in place.

Good

Is the service safe?

Our findings

People continued to feel safe with the support they were receiving. One person told us, "I do feel safe here, there is a calmer atmosphere over the past two years and staff do listen to me." A relative informed us, "I'm the most relaxed I've ever been. I do feel [name of relative] is safe and liked." Staff told us, and records showed they had received appropriate training with regards to safeguarding and protecting people. One staff member told us, "I would tell the manager who would report it to the local authority safeguarding." Staff knew how to raise whistleblowing concerns and one commented, "If you suspect someone at work is doing something wrong, you must report it." We saw that incidents had been reported to the relevant authorities as required.

Risk assessments were in place to reduce the likelihood of injury or harm to people. These included accessing the community, working with tools, working in the kitchen and using public transport. They were completed in a way that allowed people as much freedom as possible, and promoted people's independence. In all instances, these had been reviewed on a monthly basis to make sure they remained up to date and reflected changes to people's circumstances.
Staff understood how to prevent and manage behaviours that the service may find challenging. They told us, and records confirmed they regularly completed training in Autism Awareness and Positive Behaviour Support (PBS). This is training on how to manage behaviours that could challenge the service. This meant that staff knowledge was up to date and followed the most recent best practice guidance. We observed that two people using the service did not always have the same the opinion on a subject. This could lead to friction and confrontation. However we saw that staff used specific strategies to distract them and engage in other activities. This helped to reduce the number of incidents of behaviours that challenged the service and helped to make people feel safe.

The building was appropriately maintained. There were certificates to confirm it complied with gas and electrical safety standards. Appropriate measures were in place to safeguard people from the risk of fire. Staff had been trained in fire safety awareness and first aid to be able to respond appropriately. We found the service was managing a situation with the boiler. The registered manager explained that one person was interested in how the boiler worked but had put them self at risk when they tried to adjust it. They told us, "We keep the boiler cupboard locked for safety. We are going to change the door so that [name of person] can see through it so they can see it working." This showed that the service managed risks to people to keep them safe.

There were enough staff to support people safely. A relative told us, "Yes there are enough staff to look after [name of relative]. They are such good staff at the moment." Staff said they felt there were sufficient staff to meet people's needs and the registered manager commented, "No agency staff are used unless the service was really struggling. Agency will not work for our guys; they need to know them (staff)." We observed sufficient numbers of staff on shift to support people and rotas showed that staffing was consistent. We saw that the service carried out safe and robust recruitment procedures to ensure that all staff were suitable to be working at the service.

People felt they received the support they needed to take their medication as prescribed. A relative informed us, "[Name of relative] does need medication. I am happy with how [name of relative's] medicines are managed." We saw that people had a 'medication profile record' which listed their medicines, side effects and the times they were to be given. Records showed that people had regular reviews of their medicines to ensure they remained appropriate to meet their needs. Staff told us and records confirmed they were trained to administer medicines safely. We saw that the service had moved to a new electronic system of medication administration. One staff member said, "The computerised sheets are much better. The system won't let you give a medicine at the wrong time. It flags up any anomalies. It's a much safer system." In addition staff carried out medication stock checks each day to ensure that medicines were secure and accounted for.

People were protected by the prevention and control of infection. The premises were kept clean by both staff and the people using the service, who were able to choose the household tasks they wanted to contribute towards. Regular monthly audits were completed that included hand washing, infection control procedures, COSHH, legionella and water checks. We saw that where areas required attention, actions were put into place and records confirmed this. Staff had completed training in infection control and food hygiene.

Staff understood their responsibilities to raise concerns in relation to health and safety and near misses. The organisation had recently implemented monthly Governance Meetings. These looked at incident and accident data, outcome of audits and changes in legislation in order to learn from any areas of practice that had gone well or not so well. Information from these meetings was shared with the providers other services.

Good

Is the service effective?

Our findings

People's care was effectively assessed to identify the support they required. The assessment covered people's physical, mental health and social care preferences to enable the service to meet their diverse needs. We were informed that the autism and disability service within the Disabilities Trust had employed a dedicated clinical team to ensure people were assessed holistically and their care planned to meet their needs. The team consisted of a range of healthcare professionals such as a speech and language therapist, psychologist and PBS Practitioners. The team were led by a consultant psychologist in Autism and PBS. This meant that people could be assured their care, treatment and support would be delivered in line with up to date legislation, standards and best practice.

Staff had the knowledge and skills to carry out their roles and responsibilities. A relative told us, "The staff are very good. This is the best it's been so far. The staff have developed a very good way of working and there have not been any incidents for a while. I feel positive about the staff's skills to look after [name of relative]. I feel very relaxed about it; probably for the first time." Staff were provided with appropriate support and training to enable them to carry out their roles appropriately. One staff member said, "My induction was good. I worked alongside an experienced staff member until I felt confident to work alone." A second member of staff commented, "The training gives us everything we need." Within the staff files we saw that staff had been provided with induction and on-going training.

Staff told us that they were provided with regular supervision and felt well supported. One staff member said, "I find supervision useful and we can talk about anything really." We saw records that showed staff received regular supervision and an annual appraisal of their work.

People were supported to maintain a healthy and balanced diet. One person told us, "The food is perfectly fine. There is fresh fruit to eat." Where it had been identified that someone may be at risk of not eating or drinking enough, appropriate steps had been taken to help them maintain their health and well-being. Staff told us that where possible they encouraged people to be involved with the preparation of their meals and to make healthy choices. Within the support plans we saw there was guidance for staff in relation to people's dietary needs and the support they required with shopping and purchasing food items.

People were supported by staff to use and access a wide variety of other services and social care professionals. The staff had a good knowledge of other services available to people and we saw these had been involved with supporting people using the service. For example we saw that the police had provided the service with support and advice for one person who sometimes placed themselves in a vulnerable position when out in the local community. We also found that regular reviews were held with a multidisciplinary team including peoples GP, psychologist and other relevant health care professionals. This helped to promote good communications resulting in consistent, timely and coordinated care for people. We saw that input from other services and professionals was documented clearly in people's files, as well as any health and medical information.

People told us staff supported them in a timely manner with their healthcare needs. One person said, "I

don't need to see a GP but I do see [name of health care professional] they're nice." .A relative commented, "I don't have any concerns about [name of relative] being able to attend health appointments. If there is a problem the staff will let me know." Records showed each person had a health care plan that set out their medical history and current health needs. These were available in pictorial format and included instructions for staff on what to do to support people to stay as healthy as possible.

People's diverse needs were met by the adaptation, design and decoration of premises. For example, we saw that each person had their own lounge as well as a communal lounge. This was because some relations could be unpredictable between people using the service. This allowed them to have their own space but ensured they could socialise with others if the wished. One person told us, "The house is going to be redecorated. I have decided I don't want my bedroom and lounge decorated." The registered manager told us, "The house is due to be decorated. We are aware that [name of person], has said they do not wish to have their room decorated and this will be respected. Only if it's a health and safety issue will be go against a person's wishes about this." Another person told us they had been involved in choosing the colour schemes for redecoration and the registered manager and minutes from discussions confirmed this.

The Mental Capacity Act 2005 (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 less restrictive as possible. 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. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager and staff understood their roles in assessing people's capacity to make decisions and people told us they were always asked about consent to care and treatment.

Good

Is the service caring?

Our findings

People continued to receive good care from staff who knew them well. They had developed positive relationships over time as they saw the same staff on a regular basis. One person said, "The staff speak nicely to me." Another told us, "The staff eat meals with us. I like this approach; everyone around the table and everyone equal." A relative told us they. "I couldn't be more pleased. I'm especially impressed with [name of staff member]. They are pretty damn good." We observed one staff member working and speaking with all three people who used the service. They spoke in a respectful tone and did not rush their speech, giving people time to respond. The staff member had a good rapport with people and knew all about their likes and dislikes when speaking with them.

We found that people using this service had varying degrees of ability and we saw that some could challenge the service. The staff approach and ethos of the service was focused on people's strengths, gifts, and talents. People were treated as individuals and had outcome focused care plans which they were involved in completing and reviewing on a monthly basis. They included information about people's areas of strength, special interests and how they made choices. We saw that people's goals had been agreed with them and their choices respected. We also saw that people could have access to an advocate if they felt they were being discriminated against under the Equality Act, when making care and support decisions.

Staff told us that they always tried their best for the people they supported, as they wanted them to receive good quality care. One staff member said, "It's not like a job. You have to enjoy it. I want to make sure I give 100%." Another member of staff said, "We know how to respond to people in a way that respects them as individuals. We become a bit like family." We saw that staff responded to people in a proactive way that enabled them to predict people's mood and behaviours and reduce the likelihood of any behaviour that may challenge the service. The registered manager informed us that having staff with the right values and skills was essential and during the interview process questions and tasks were designed to highlight individuals values and attitudes to ensure they matched the values that were at the heart of the service.

People told us that they were encouraged to express their own wishes and opinions regarding their care. They explained that the registered manager and the staff listened to what they had to say and ensured their care reflected this. One person told us, "I have a care plan. I have written in it the things I wanted." There was a statement of involvement that described how each person had contributed to their care plan and also agreed the contents. This was signed by people using the service. We saw that one person had requested an up to date assessment of their cognitive functioning and the service had facilitated this.

Staff were knowledgeable about the people they supported and what was important to them, such as family members and any hobbies or interests they had. Staff spoke with us about people in a dignified and professional manner throughout the course of our visit. They were able to explain to us about the care and support people needed. Staff actively involved people in making decisions and asked them what they would like. Staff knew people's individual communication skills, abilities and preferences. There was a range of ways used to make sure people were able to say how they felt about the caring approach of the service. People were able to comment about their care and the support they received through regular reviews,

informal discussions and surveys sent out by the provider.

The privacy and dignity of each person was respected by all staff and people we spoke with confirmed this. We saw that staff knocked on people's doors before entering, and that care plans outlined how people should receive care in a dignified manner. Relatives also said they thought the staff provided dignified care. One relative told us, "They do speak respectfully to [name of relative]. They have the balance just right." Staff we spoke with understood about confidentiality. They told us they would never discuss anything about a person with others, only staff, but in a private area so they would not be overheard. Files were kept in a locked cabinet in the office.

Good

Is the service responsive?

Our findings

People's needs were fully assessed prior to admission so that a comprehensive care plan could be developed which met their diverse needs. As part of the pre-admission process, people and their relatives were involved to ensure that staff had a good insight into people's personal history, their individual preferences, interests and aspirations. From this information a tailored plan of care and support could be designed ensuring the person was at the centre of their care.

Care plans were person centred and comprehensive, identifying people's background, preferences, communication and support needs. Staff told us each plan was tailored to address any identified areas of need and to play to each person's strengths, ensuring optimum progress to reach their goals and achieve positive outcomes. For example, one staff member said, "[Name of person] is scared of [medical procedure]. We are working with [name of person] to understand the process." The same person wanted to learn certain life skills and we saw these goals had been achieved.

People and their relatives were continuously involved in the assessment and planning of their care through regular review meetings. Throughout our inspection we observed that staff supported people in accordance with their care plans.

People were supported to follow their interests and take part in social activities. One person said, "Staff support me to go to church. I don't get up very early in the mornings, but on a Sunday I get up to go to church. I went to see my football team with my family and I have joined a walking group which is healthy." Another person told us, "I go out for walks in the woods. I go to the cinema. I like to watch TV." We saw that this person had a large television in their individual lounge. Each person had an activity plan that included support with life skills and leisure and recreational activities. On the day of our visit two people were engaged in different activities.

Staff were actively involved in supporting people to engage, promote and build key relationships with family and friends outside of the service. One person told us, "My family come to visit me. The staff are very nice to my family. The church people come to visit me too. My pastor is my friend." A relative commented, "I'm always made to feel welcome. There are no restrictions to me visiting."

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.

People we spoke with knew how to report any concerns. There was a complaints procedure in place and this was available in pictorial form if required. A relative told us, "I have complained before. It was resolved and dealt with quickly." One staff member told us, "We are a very small service so things get sorted on a day to day basis and don't have time to grow into something bigger." Everyone we spoke with told us they had not had cause to complain but would do so if they thought it necessary. The complaints log showed that

two complaints had been received in the last year. There were procedures in place to deal with complaints effectively and records were fully completed with a lessons learned section so that the service could use the outcome of the complaint to make improvements at the service.

Good

Is the service well-led?

Our findings

The service had a registered manager who was responsible for four locations. They were supported by an assistant manager and a team leader, was based at each location on a full time basis. All managers and team leaders had experience in supporting individuals with complex needs and were trained and qualified in leadership and management. We received positive feedback about how they managed the service. One person told us, "I would recommend living here as it is better than some of the places I have lived." A relative said, "The manager is very good as is the team leader. They are approachable and you feel they listen."

The service had an open culture where staff had the opportunities to share information; this culture encouraged good communication and learning. The registered manager told us, "We continually learn from incidents, we reflect on how we could do things differently and we always share this with the staff." Staff told us that the registered manager and senior staff were approachable. One member of staff said, "There is mutual respect. It's a really good place to work. You do feel listened to."

Staff were supported through regular supervision and received appropriate training to meet the needs of people they cared for. Staff understood about people's needs and feedback from people and relatives was positive and showed good standards of care were provided for people. Staff felt able to voice any concerns or issues and said they had a voice and were listened to. We saw that team meetings were held which covered a range of subjects, and offered a forum for discussion and learning. We saw minutes of meetings held, and staff we spoke with confirmed they took place.

The quality of care was regularly monitored and continuous improvements made to ensure sustainability. Audits were carried out and included infection control practices, medication, environmental checks, care plans and daily records and health and safety. We saw that a quality assurance regional manager had undertaken a quality check on all areas of the service and people and their families were invited to take part in this. Where areas required attention actions had been taken. For example we saw the flooring was in need of replacement. This had already been identified through an environmental audit and new flooring was being sourced.

Records were well maintained at the service and those we asked to see were located promptly. Staff had access to general operating policies and procedures on areas of practice such as duty of candour, missing persons, accidents and fire safety.

Surveys were also sent out to relatives and people who lived at the service. In addition we saw that the provider had implemented a new strategy which was called, Bright Ideas, Big Ambitions. This was for staff, people using the service and visitors to give ideas to the service and the trust to promote and improve services. Staff also told us about an innovative idea to have discussions with people using the service. We were told that if people were informed there was a meeting they would become anxious and worried. So instead the service had implemented a dinner time discussion. This was where staff sat with people and shared a meal. Over dinner, different topics would be discussed on an informal basis making people more relaxed and open to discussion. This would also include updates about any changes to the service.

We saw that people were invited to raise questions for potential staff during their interview. These were written down and staff asked the question on behalf of the person. Answers were then fed back to people so a judgement could be made about the suitability of the applicant.

There were internal systems in place to report accidents and incidents and the manager and staff investigated and reviewed incidents and accidents. Care plans were reviewed to reflect any changes in the way people were supported and supervised. The manager was aware of the need to report certain incidents, such as alleged abuse or serious injuries, to the Care Quality Commission (CQC), and had systems in place to do so should they arise.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed their rating at the service and on their website.