

Prospects for People with Learning Disabilities

Prospects Domiciliary Care Service

Inspection report

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Ratings

Overall rating for this service	Good ●
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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 unannounced inspection took place on 4 July 2016. Prospects Domiciliary Care Service is a small agency that provides personal care and support for people with a learning disability who live in their own homes. The service is run by Prospects for People with Learning Disabilities, a Christian based organisation, and predominantly provides support for individuals who are practising their faith. At the time of the inspection two people were receiving support from Prospects Domiciliary Care Service. We told the provider one day before our visit that we would be coming to ensure the people we needed to talk to would be available.

Prospects Domiciliary Care Service has a registered manager. 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 domiciliary care service is managed by a registered manager who also manages a care home for people with learning disabilities run by Prospects for People with Learning Disabilities. Staff from the home also work for the domiciliary care service and all staff are subject to the same recruitment, training and supervision as those employed within the home. The service also operated under the same policies and procedures as the care home. Both of the people who used the agency were familiar with the care home and also the day services programme that operated at the same site as the care home but from a different building. This meant they knew the staff that supported them and staff had a good knowledge of each person and their needs.

People were safeguarded because staff had been trained in the protection of adults and knew what they needed to do in the event of a safeguarding concern. Medicines were managed safely to make sure people received their medicines as prescribed.

There were sufficient staff available to meet people's needs. The registered manager was aware of each person's routines and needs and planned the rota to meet this. In addition, there was an on-call telephone service that people could use to speak to staff if they needed assistance.

Staff told us they felt supported and could gain informal advice or guidance whenever they needed to. Staff were trained to make sure they were able to meet the individual needs of people living at the home.

Where people were able to make their own decisions staff sought their consent before they supported them. Where people may have lacked capacity to make a specific decision staff were acting in accordance with the Mental Capacity Act 2005.

People were treated with kindness and compassion in their day-to-day care. Staff knew the people they were caring for and supporting, including their preferences and personal histories.

People had support plans that reflected their personal history, individual preferences and interests. Staff had read people's support plans and used the information to make sure they helped the individual in the way they wanted or needed to be supported.

People had a keyworker. A keyworker is a named member of staff that was responsible for ensuring people's care needs were met. This included supporting them with activities and spending time with them.

The service had a positive, open, person-centred culture. Staff said they felt able to raise any concerns with the registered manager and were confident that these would be addressed. They were also aware of how to raise concerns and whistleblow with external agencies such as the Care Quality Commission.

The manager regularly worked alongside staff, which gave them an insight into how their staff cared for and supported people. It also enabled them to share good practice and assess staff's abilities.

Quality assurance systems, developed by the provider, had been implemented within the service. This meant that there were satisfactory arrangements in place to monitor the quality and safety of the service provided.

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 safeguarded because staff recognised signs of abuse and understood the action they needed to take.

People's medicines were managed safely.

Risks to people were assessed and plans put in place that protected people whilst enabling them to participate in their daily activities.

Is the service effective?

Good ●

The service was effective.

Staff were supported to understand their role, and how best to support people. All the staff we spoke with said they felt they had the right knowledge and skills to support people effectively.

People were supported to access healthcare professionals when they needed to.

People's rights were protected because staff were acting in accordance with the Mental Capacity Act 2005

Is the service caring?

Good ●

The service was caring.

Staff were caring in their approach. People had good relationships with staff and freely approached them to ask for support, or to spend time with them.

People's care plans described who and what was important to the individual and also contained information about people's life story. This meant that staff were able to learn about people in order to better support them.

Is the service responsive?

Good ●

The service was responsive.

People had care plans that provided staff with detailed guidance on how they wanted or needed to be supported.

People participated in a range of activities that they enjoyed. The registered manager planned the staff rotas to ensure people's needs could be responded to in a flexible way

Is the service well-led?

Good ●

The service was well led.

People's feedback was sought and acted upon.

There were effective quality assurance systems in place to check the service for safety and quality.

Prospects Domiciliary Care Service

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 4 July 2016 and was announced. We told the provider one day before our visit that we would be coming to ensure that the people we needed to talk to would be available. One inspector carried out the inspection.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we held about the service; this included incidents they had notified us about. Additionally, we contacted various health and social care professionals who had contact with the service. We also looked at information about incidents the provider had notified us of and requested information from the local authority.

We spoke with one of the people who received support to find out about their viewpoint of the service and contacted the relatives. We also observed staff interactions with people to assess the quality of service the people received. We spoke with three staff, in addition to the manager and an area manager of the organisation.

We sampled specific care records for both people, with their permission. We also looked at records relating to the management of the service including staffing rotas, three staff recruitment, appraisal and training records, accident and incident records, premises maintenance records, staff meeting minutes and medicine administration records.

Is the service safe?

Our findings

People said they felt safe, and their relatives told us their family member was cared for safely. One relative told us, "Staff support my son with safe travel, handling of money and safe food preparation and diet, safeguarding and communicating with me when my support or involvement would help."

A health professional told us, "I have no concerns under [the registered manager's] management. If something were to fail (e.g. equipment need replacement/repair), [the registered manager] would know who to contact and what to say. I have no evidence of any staff conducting unsafe practice, but I know if this were to arise, it would be dealt with swiftly and appropriately by their management."

Staff had received training on the protection of adults. All the staff we spoke with were aware of how to respond to, and report, concerns about abuse. Satisfactory policies and procedures were also available for staff to refer to.

Risks to people's personal safety had been assessed and plans were in place to minimise these risks. Risk assessments included areas such as accessing the community, using public transport and participation in activities. These were written in a way that protected people whilst enabling them to undertake everyday activities and recognising their strengths and abilities.

The staffing rota showed that staff were allocated to provide support at the agreed times and for the agreed period of time. The registered manager was aware of any appointments or activities that people had scheduled that may have affected the routine schedule and had plans in place to ensure that people still received the care and support they required. There was also an on call system to ensure people and staff could access support whenever it was required. People told us they were able to do the things they wished to do and felt supported by staff to do this.

The service followed safe recruitment practices. Staff files included application forms, records of interview, proof of identity and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure that people were protected as far as possible from individuals who were known to be unsuitable to work in the care industry.

Medicines were managed safely. Medication administration records (MAR) were well maintained with no gaps. Allergies and a photo of the individual concerned were kept with people's MAR charts so that staff could identify people correctly and make sure they were not given any medicine to which they could have an adverse reaction. One person was prescribed 'as required' medicines to manage pain. Plans were in place to indicate the circumstances when such medicines should be administered and staff had a clear understanding of this. Unused medicines were returned to the pharmacy for disposal and a record was kept. Staff had been trained in administering medicines and there was a system in place to check their competence.

Is the service effective?

Our findings

One person's relative told us that the staff were very good at keeping them up to date with how the person was and always contacted them whenever there were concerns. One person told us that staff helped them to do the things they wanted to do and supported them to cook meals that they liked.

Staff told us they had the training and skills they needed to meet people's needs. Training topics included understanding learning disabilities, dementia awareness, food hygiene, infection control, fire safety and moving and handling. New staff were supported to complete the care certificate which was recently introduced by Skills for Care. Skills for Care is a national organisation that sets the standards people working in adult social care need to meet before they can safely work unsupervised.

Staff said they received effective support which included regular supervision. They said they could ask for informal support or guidance whenever they needed to. The manager had implemented a system of annual appraisals for staff, which was a review of their work and an opportunity to plan for further training or career development.

Consent to care and treatment was sought in line with legislation and guidance where people had capacity to make their own decisions. 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 MCA 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.

Staff had a good understanding of how people liked to live their lives and the help they required to do this. During the inspection the registered manager told us about various events that people had taken part in with support from staff and how they monitored one person's particular health concerns. Our observation confirmed people's consent was sought before any care or support was provided. For example, one of the people was feeling unwell. Staff spent time talking with them and also consulted care plans and protocols about how to help the person feel better. Having listened to the person and also consulting the registered manager, staff offered pain relief to the person who accepted this. Records also confirmed people had consented to their care or support where they had capacity to do so.

People's rights were protected because the staff acted in accordance with the MCA. People and their relatives told us staff provided the care and support they needed and that their wishes regarding their care were respected. Care plans and records had been updated to reflect MCA principles. Care plans contained consent forms and these had been signed by the people receiving care or the person they had nominated to do this for them. The registered manager had ensured that where someone lacked capacity to make a specific decision, a best interest assessment was carried out.

The manager told us they helped people to eat healthily. Staff also supported people to shop for any items that were needed from their menu plans. People were supported to make their own meals or to contribute

to making a meal. One person had a number of allergies and told us that staff always made sure that they did not eat the wrong things.

People's support plans included information about how to help people to stay healthy. Staff had received training in emergency first aid and knew how to respond in the event of a medical emergency. They had also received training in relation to specific health needs that people had which required specialised emergency care. Staff responded to people's healthcare needs promptly. For example, one person had a medical condition that meant they needed numerous appointments with hospital consultants. The person usually went to these appointments with a relative but records showed that staff had also attended meetings and any changes to the person's needs were quickly communicated to the staff and included in support and care plans.

Is the service caring?

Our findings

People seemed happy and contented. People told us that staff were kind and caring. They readily sought out staff to talk to or spend time with them. Staff had a relaxed, unhurried approach and were interested in the person and spending quality time with the person.

A relative told us, "The team [of staff] are close knit and usually stable, so my son knows the staff well and is usually clear about who will be supporting him to do what.
I believe that [person's name] is well cared for and valued."

People told us their privacy was respected and staff described how they upheld people's privacy and dignity by knocking on the door of the person's accommodation and ensuring that curtains were drawn and bedroom or bathroom doors were shut whilst providing any personal care.

People were given the information and explanations they needed, at the time they needed them. One of the people who received a service from the agency also attended a day service at the location that the agency was run from and with some of the same staff. Staff spent time with the person and listened to what they wanted to do. This meant that people were supported to be independent and make decisions about their day-to-day choices. Staff told us they were able to do this because they knew the people they worked with very well. They also said that individuals' support plans enabled them to understand people's preferences. People's plans described who and what was important to the individual such as family birthdays or likes and dislikes. Support plans also contained information about people's life story. This enabled staff to better understand the person as an individual and know about the important things that had happened in their life.

People's needs in respect of their age, disability, gender and religion were understood by the staff and met in a caring way. For example, some people had specific religious beliefs and staff understood what they needed to do to support them in accordance with their religion.

Is the service responsive?

Our findings

A family member told us, "Communication with my son and myself is very good. My requests are always listened to, open to be discussed and are acted upon/accommodated as appropriate. I feel involved, included and valued whilst my son's independence and rights are respected."

Staff were supported to understand people's method of communicating because there was clear guidance in people's support plans. Staff confirmed they understood people's individual communication skills, abilities and preferences and this enabled them to respond to their needs promptly. Staff were skilled at communicating in a variety of methods to make sure they understood what people wanted or needed and were able to make sure people felt as though their voice mattered.

People or their relatives were involved in developing their support plans. Plans were personalised, detailed and created an individual picture of each person, their likes, dislikes, the help and support they required and how they preferred to receive this support. They were written from a position of the person's strengths, for example describing to staff what the person was good at, and how staff could further promote their independence. Staff clearly knew both people well and were able to describe to us what help or support they needed. Plans were regularly reviewed and amended as necessary to ensure that an up to date view of each person and their needs was available.

People's plans included guidance for staff on specific health conditions. This helped staff to understand what the person's medical condition meant for them and be better able to care for or support the individual.

People had a keyworker. A keyworker is a named member of staff that was responsible for ensuring people's care needs were met. This included supporting them with activities and spending time with them. Everyone also had a monthly meeting with their key worker where they could discuss what they felt was going well for them, any changes they wanted to the way they were supported and any concerns that they may have. The meetings were also to plan ahead and to set goals for things they would like to achieve. Keyworkers kept detailed notes of these meetings and then made individual plans of any additional resources such as transport, staffing or other special arrangements that would have to be addressed in order for people to meet their goals.

Information on making a complaint was included in the file that each person had from the agency. It was written in a format that made it easy for the person to understand. The manager told us they had not received any complaints since the last inspection. Family members told us they understood how to make a complaint.

Is the service well-led?

Our findings

All of the people, relatives and staff we talked with during the inspection spoke positively about the registered manager and the way the service was managed. People and relatives told us that the registered manager was always available to them if they had queries or concerns and that other staff were also very helpful. They added that they knew that they would be listened to and that action would be taken when they raised any issues.

The service had a positive, open, person-centred culture. Staff said they felt able to raise any concerns with the registered manager and were confident that they would be addressed. They were also aware of how to raise concerns and whistleblow with external agencies such as the Care Quality Commission (CQC). They told us they had regular reminders about safeguarding and whistleblowing during meetings and in supervision sessions and training.

People and their relatives were asked to feedback their views of the service through quality assurance questionnaires. We reviewed these and found people felt safe and were happy with the support they received from staff. The registered manager had used the feedback they had received to develop an action plan and make improvements.

The registered manager regularly worked alongside staff, which gave them an insight into how their staff cared for and supported people. It also enabled them to share good practice and assess staff's abilities and the quality of care and support that was being provided.

The registered manager told us they kept up to date with current guidance, good practice and legislation by attending provider forums, external workshops, conferences, local authority meetings and regularly reviewing guidance material that was published.

There were satisfactory arrangements in place to monitor the quality and safety of the service provided. Quality assurance systems, developed by the provider, had been implemented within the service. Audits were undertaken by staff and management within the service and also by staff from head office. There were weekly, monthly, quarterly and annual audits of various areas including medicines, accidents and incidents, and health and safety. Where issues were identified a plan had been put in place to prevent any reoccurrences and the effectiveness of these actions had been checked.

The registered manager had notified CQC about significant events. We use this information to monitor the service and ensure they respond appropriately to keep people safe.