

Derbyshire County Council

Petersham Community Team (DCC Homecare Service)

Inspection report

The Petersham Centre
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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?	Requires Improvement ●

Summary of findings

Overall summary

We inspected this service on 25 January 2017. This was an announced inspection and we gave the provider two days' notice in order to arrange for staff to meet with us and to visit people in their own home. The service provides a domiciliary care service for adults with a learning disability in two houses in or near to Long Eaton. We call this type of service a 'supported living' service. People's accommodation was provided by a separate landlord, usually on a rental or lease arrangement. The service was solely responsible for the provision of the support service and not for the provision of the premises. The offices for the agency are located at the Petersham Community Centre. At the time of the inspection four people were being supported by the service.

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.

It was last inspected 29 April 2016 and we found that the provider was not always considering people's capacity to make decisions for themselves. At this inspection we found that improvements had been made and people's capacity had been assessed to make decisions. If they were not able to make their own decisions then they were made with people who were important to them in their best interest.

Quality systems were not always completed to ensure that the homes were well run. Some staff did not have the opportunity to attend team meetings to ensure they were providing a consistent approach to care.

People were kept safe by staff who understood their responsibilities to protect them. They were supported to make choices about their care and what they wanted to achieve. They planned their week to make sure they pursued their interests and did the activities that they liked. They had care plans in place to support this and they were involved in reviewing these regularly.

We saw that there were enough staff to support people and that those staff had been recruited following procedures to check that they were safe to work with people. They received training and support to ensure that they could support people well. We saw that they had positive relationships with people and that they used specialist equipment to assist people to make choices about their care. People were supported to make their own decisions about their care and support.

Risks to people's health and wellbeing were assessed and actions were put in place to reduce them so that people could lead as independent lives as possible. Medicines were given to people safely and records were well maintained and managed. Staff supported people to maintain their health and to participate in managing their own wellbeing. We saw that people chose their own food and drink and were supported to have a balanced diet.

The manager was approachable and listened to people. This included responding to complaints and implementing actions from them.

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 by staff who understood their responsibilities. Risks to their health and wellbeing were assessed and managed to support people to live independent lives. There were enough staff to meet people's needs. Medicines were managed and administered safely.

Is the service effective?

Good ●

The service was effective
People were supported to make their own decisions about their care and to access health care when required. Staff were trained and supervised to be able to meet people's needs. People were supported to choose and prepare their meal and to maintain a balanced diet.

Is the service caring?

Good ●

The service was caring
People were supported in a kind, patient and respectful manner. They were supported to communicate their choices about the care they received and their privacy, dignity and independence were promoted.

Is the service responsive?

Good ●

The service was responsive
People were included in planning and reviewing their care. They were supported to pursue interests and engage in social activities. People were supported to raise any concerns and there was a complaints procedure in place.

Is the service well-led?

Requires Improvement ●

The service was not consistently well led
Systems were not always in place to assess and monitor the service to improve the quality of care and support for people. Staff shared values which ensured that people were listened to.

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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 25 January 2017 and was announced. The provider was given two days' notice because the location provides a supported living service and we wanted to arrange to visit people in their home and to make sure staff were available to speak with us. The inspection was carried out by one inspector.

We checked the information we held about the service and the provider. This included notifications the provider had sent to us about significant events at the service and information we had received from the public.

We did not send the provider a Provider Information Return (PIR) prior to this inspection. 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. However, we gave the manager the opportunity to provide us with information they wished to be considered during our inspection.

We used a range of different methods to help us understand people's experiences. We visited two people in their homes where we spoke with them and observed their interaction with the staff who supported them. We spoke with two care staff and the registered manager. We looked at care records for four people to see if their records were accurate and up to date. We also looked at records relating to the management of the

service including quality checks.

Is the service safe?

Our findings

People were kept safe in their homes and protected from abuse. One person we spoke with said, "I feel safe here and the staff look after me". One member of staff told us, "We regularly sit with the people we support and check that everything is ok. One of the things we ask them is whether they are being bullied anywhere". Staff understood what the signs of abuse could be and described how they would report any concerns to their managers and the local safeguarding authority. They were aware of the actions that had been put in place to protect people after safeguarding investigations and ensured they were followed to keep them safe.

Risks to people's health and welfare had been assessed and action had been taken to minimise the risk whilst maintaining people's independence. For example, one person had support to manage their finances. They had decided that although they needed this assistance for budgeting and paying bills they wanted to be completely responsible for some of their own money each week. This was assessed with them and some agreements were made so that they had some personal spending money that they didn't have to explain to anyone else what they spent it on. We saw that other risks had been assessed and there were plans in place to ensure that staff could follow them to keep people safe. For example, there were plans in place to help some people to move safely and to protect some people's skin from harm. Staff we spoke with could describe the plans in detail and tell us how they implemented them on a daily basis.

Medicines were managed safely so that people received them as prescribed. One person we spoke with said, "The staff support me to take my tablets in the morning and evening. I do my creams myself and know when I need to use them". Some people took medicine which was prescribed to take 'when required', or PRN. There was guidance in place to support staff to know when people should take the PRN medicines. They were specific to individual need and communication style. For example, one person's described how staff should monitor facial expressions to understand the person's pain. One member of staff we spoke with explained the circumstances around one person's health which meant that they had taken some PRN medicines. When we reviewed their records we saw that the action that they had taken was in line with the plans which were in place. A medicines administration record was kept and we saw that staff signed when medicine had been given or if not, the reason why.

There were enough staff to meet people's needs and one member of staff we spoke with said, "There is some flexibility so that we can support people when needed such as a doctor's appointment". There were systems in place to ensure that people were supported when they should be. For example, there was a daily phone call from managers which checked that staff were at the property and whether there were any concerns. We saw that there were sleep-in arrangements at each property to ensure that people could be supported at night if needed. There were also arrangements to ensure that staff who were lone working were safe to do so; these included risk assessments and ensuring staff had mobile phones and knew the on call arrangements for out of office hours support.

The provider checked staff's suitability to work with people before they started work. One member of staff told us, "I did my DBS and got references before I started work". The DBS is a national agency that keeps

records of criminal convictions.

Is the service effective?

Our findings

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 least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

At our last inspection we found that the provider required improvement to meet the requirements of the MCA. At this inspection we saw that improvements had been made. Staff we spoke with described to us how people's capacity had been assessed to ensure that they were included in making decisions about their care or when decisions were made in their best interest. For example, one person had been supported with their finances to purchase a new vehicle. Capacity assessments had been completed for another person to consider their ability to consent to medical treatment and a decision was made in their best interest with medical professional's advice and guidance. We spoke with the manager and they confirmed that systems were in place to consider people's capacity and to record decisions. They also told us that they had applied for legal authorisation to deprive one person of their liberty in their best interest and were awaiting an assessment. This demonstrated to us that the provider was working within the guidance of the MCA.

Staff had the skills and training to meet people's needs and promote their wellbeing and independence. One person told us, "The staff are really good at their jobs and look after us well". Staff we spoke with told us that they received training to assist them to do their job. One member of staff said, "We are provided with a lot of training and can also request any that we think would benefit us. I will be doing some bereavement support training soon which will really help me to assist some of the people we support who have lost close family members". Another said, "I have worked here for several years and will still have a training plan for the year including refreshers".

People were supported to maintain a balanced diet. One person we spoke with told us, "I have lost a lot of weight and I am helped to think about what is good for me. I watch my sugar and take sweeteners instead. I have also done exercise and more walking". A member of staff added, "They have done so well that their medical condition is now much more controlled". We saw that when people required specialist food or drinks that they received it in the way that it was recommended. People were involved in choosing their meals and also in shopping for the week.

People were also supported to maintain their health and to attend appointments with healthcare professionals. One member of staff told us, "Each person has at least one protected day at home when they are supported to attend appointments when necessary". Staff told us, and records that we looked at confirmed, that people were supported to maintain their health. Advice and guidance from professionals was followed to support people.

Is the service caring?

Our findings

People had positive, caring relationships with the staff that supported them. One person said, "The staff are all kind". Staff we spoke with talked about people in a respectful manner and that staff knew them very well. One member of staff described how one person's body language could demonstrate what mood they were in and what things they liked which could make them feel happier; for example, going for a drive. One member of staff said, "We have a regular staff team who all know the people we support very well and it feels like a family. Even the person who comes to do the garden knows the people who live here well and looks out for them".

People were supported to make decisions and choices about their care. One person we spoke with said, "I wanted to have my own pet and we talked about it and thought about what it would mean and now I am getting one". The member of staff added, "We had to talk to the landlord and the person that [name] shares their home with and they understood that made it a bit more complicated. We got there though and now we are busy buying things ready for the arrival of the pet". Another member of staff said, "Some of the people we support are not able to tell us their choices and so we spend time observing them to understand; for example' one person doesn't like going for a walk where there are hills and also prefers a restaurant which has lots of space".

People had previously had support from independent advocates to assist them to express their wishes and the member of staff told us, "One person used an advocate to help them to express where they wanted to spend Christmas". An advocate is a person who is independent of the home and who supports a person to share their views and wishes. This demonstrated to us that people were actively supported to express their views about the care and support they received and how they lived their lives.

People's dignity and privacy were respected. We saw that staff always asked permission to share information or show us records from the person they belonged to. People were encouraged to maintain their independence. One person we spoke with said, "I am building up my confidence to go out on my own again". The member of staff told us, "We have planned some time when [name] is not supported by staff. They used to be more independent and we have been building trust and making sure they feel safe to do this again".

People were supported to see their families when they wanted to. One member of staff told us, "We know how important it is for [name] to see their family, especially on important occasions. We communicate regularly and they are involved in lots of aspects of their life".

Is the service responsive?

Our findings

Care was planned around people's needs and staff knew people's preferences well. One person we spoke with told us, "We plan for the week ahead and on my days off I have some jobs to do and some things that I choose; I might go for a meal today". Staff we spoke with described how people preferred their care to be given. One member of staff said, "We have plans in place for people but we are flexible as well if things change. For example, today one person wasn't feeling great so we have altered the day so that they can have some rest and some quiet time. This is the agreed approach if they are unwell or distressed".

People's views about their home and the support they received were taken into account when planning their care. One person told us about the arrangements that were made when they were deciding whether they wanted to move to their new home. They said, "I came and had tea with the other person who lives here a few times to check that we liked each other and that we would get on. Once we both thought it was ok I stayed over as well just to make sure. We are lucky because we do get on and we both like a quiet life". Care was planned to ensure that people had individual time so that they could be supported to complete jobs such as banking and develop their independence.

People had care plans were in place which identified their needs and preferences. One person we spoke with said, "I have a care plan in place and also one for my health in case I need to go to the doctors or to hospital. It has all been explained to me and I filled it in with staff; for example, how I wanted to be helped". One member of staff we spoke with said, "There is lots of information available to assist us and we know how important it is to keep them up to date. We often work on our own so it is essential that the next member of staff has a record to refer to of what has happened for people". We saw that people were involved in the planning and they were signed by people when they were able to.

Care was reviewed and amended to meet people's needs. One person told us, "I have recently had a review with the staff and my social worker and set some goals. I am going to try some new clubs to be more independent and meet some more people". We saw that there were daily records kept so that staff were kept updated of any changes in people's needs. One member of staff said, "The first thing we do is come in and check for appointments and read handovers".

People told us that they were supported to pursue their interests and take part in social activities. One person said, "I go to the day centre and also to clubs at the leisure centre. I also enjoy going to the cinema and out for meals. We plan holidays and days out as well". A member of staff we spoke with described how one other person was supported. They said, "They have stopped going to the day centre as much as they didn't seem to enjoy it as much anymore. They prefer quieter environments and being in small groups and this is what we plan".

We saw that people were given information about how to complain. When we spoke with the manager they explained how they investigated complaints within the provider's procedures. We saw that any complaints received were being investigated and actions were being put in place to avoid repetition; for example, putting some staff training in place. This showed the provider addressed any concerns that were raised with

them and used the feedback to reflect and try to improve.

Is the service well-led?

Our findings

Audits and quality checks were not always completed on a regular basis to ensure that the care people received was current and up to date. We were told by the registered manager that quality checks and audits on the community homes were completed quarterly. When we looked at records we saw that one audit had not been completed for one year and the audit for the other home were not available. This meant that the registered manager could not be assured that all of the provider's policies and procedures were being adhered to. When we looked at people's records in their home we saw that some assessments were due for review and that some records were difficult to find in the files. The manager was not aware that the assessments to manage risks for people were out of date. This process is important to ensure that people are safe especially as there was not a manager regularly in the homes to review the systems. It meant that there was no overview of potential risks to people because audits and quality reviews were not regularly completed.

Staff did not always have regular team meetings to discuss issues which arose in the home or any quality improvement initiatives. In one home that we visited one member of staff said, "We don't meet regularly as a team; we complete handover notes and that's how we know what's going on". In the other home we went to a staff member told us, "We have regular meetings as a small team here and that is helpful to catch up with colleagues and ensure our approach is consistent". When we spoke with the registered manager they said, "One team have chosen to use their hours flexibly to meet but the other team did not want to do that". This meant that some staff did not have the opportunity to meet with their staff team to drive continuous improvement in the home.

There was a shared set of values which underpinned the service and everyone we spoke with told us that people were at the centre of it and that it was their home. We saw that people were consulted and involved in every decision about their care. Staff we spoke with were confident that if they raised any concerns through whistleblowing that they would be listened to and action would be taken. Whistle blowing is the procedure which allows staff to raise confidential concerns about poor practice. One member of staff said, "The managers will listen and they do respond. I am certain any concerns would be listened to".

There was a registered manager in post who understood the responsibilities of their registration with us. They had reported significant information and events in accordance with the requirements of the registration. We saw that the rating from the last inspection was displayed within the home in line with our requirements.