Royal Mencap Society

Selby Domiciliary Care Agency

Inspection report

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Website: www.mencap.org.uk

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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 over two days on 8 and 10 November 2016. We gave the registered manager notice of our visit so that people would be available to speak with us.

We last inspected Selby Domiciliary Care Agency on 29 July 2014 as part of the new inspection process introduced by the Care Quality Commission (CQC), which looked at the overall quality of the service. At that inspection Selby Domiciliary Care Agency was meeting all of the legal requirements. We found the overall rating for this service to be good.

Selby Domiciliary Care Agency is registered to provide personal care to adults with a learning disability. People are supported by staff to live individually in their own homes or in small groups in independent supported living schemes. Different levels of support are provided over the 24 hour period according to people's individual requirements. Before our visit the registered manager told us there were 19 people who were in receipt of personal care from the service.

There was 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.

People told us they felt safe. Thorough recruitment processes were followed before staff started work. This reduced the risk of unsuitable people being employed.

People were supported by well trained, skilled staff.

We found that people were encouraged to exercise choice and control in every aspect of their lives. Relatives were involved in best interests meetings for people who required additional support with decision making. Any risks were identified and action was taken to minimise these and to reduce the potential risk of harm to people whilst protecting their rights and freedoms.

People had food and drink to meet their needs. People were supported to access their health care appointments to make sure they received appropriate care and treatment.

We observed good relationships existed between people who used the service, relatives and staff. Staff were knowledgeable about the people they supported. This was confirmed in feedback we received about the service.

People had comprehensive care and support plans in place. These guided staff on people's preferred approach to meet their care needs. One example of this was how one person liked to take their medicines independently.

People told us they were actively involved in the community and this was helping to improve their access to local services and raise awareness. We were told that members of the police and the fire service had met with people who had specific care needs. This was an important factor in making sure that people did not experience any discrimination and unequal treatment which may result in their needs not being recognised or met in an emergency.

A complaints procedure was in place. People confirmed they knew who to speak to if they had any worries or if they were upset. Relatives said they had not raised a complaint but said they knew how to if needed. They felt they would be listened to and managers would act upon any concerns raised with them.

The provider undertook a range of audits to check on the quality of care provided. People were asked for their views and their comments were used to celebrate success and identify improvements. One example was the reflection days where people could discuss what was working well and what they would like to change. This was a positive way for people to pause and take stock annually, to discuss future goals and aspirations and how they were going to achieve these.

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.

Management processes and systems promoted people's safety and welfare. The registered manager knew about local safeguarding protocols in place and staff were trained in the use of these.

Robust recruitment checks were followed before new staff began work. Staffing was provided in line with the contractual arrangements in place for each person.

People were supported to take their medicines safely and in the way they preferred.

Is the service effective?

Good

The service was effective.

Staff were trained to meet people's needs, choices and preferences. They were knowledgeable about people's care and support needs.

People's rights were protected because the provider involved them in decisions made about their care. Where people could not consent best interests meetings were held to ensure their view was taken into account.

People received food and drink to meet their needs.

People were supported to access health care to make sure their care and treatment needs were met.

Is the service caring?

Good

The service was caring.

People spoke positively about staff and said they were kind.

Relatives were complimentary about the care and support provided. They said people's independence was promoted.

People's rights to privacy and dignity were respected. We observed positive relationships existed between people using the service and staff.

Is the service responsive?

Good

The service was responsive.

People's care and support needs were assessed. Care and support plans were kept under review and updated, to meet people's changing care needs.

People had a wide range of pursuits they participated in to raise awareness in the local community and improve people's access to services.

People knew who to speak to if they were worried or upset. Relatives said they were listened to. They were confident that action would be taken if they raised a complaint.

Is the service well-led?

Good

The service was well-led.

There was a registered manager. The registered manager and wider management team demonstrated an open, person centred culture.

People were actively engaged at local and national level to promote the rights of people with a learning disability.

Effective management systems promoted people's safety and wellbeing.

The quality of the service was monitored to ensure that shortfalls were identified and action taken to drive forward continuous improvement and provide high quality care.

Selby Domiciliary Care Agency

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 8 and 10 November 2016. It was carried out by one adult social care inspector. We gave the registered manager notice the week before our visit to give them time to ask people who used the service if they would be available to meet with us.

Before the inspection, we had received a completed Provider Information Return (PIR). The PIR 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 as part of our inspection. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send CQC. We sent questionnaires to 17 staff and to four community professionals. We contacted commissioners from the local authorities who contracted people's care and two health care professionals. We used this information to plan the inspection.

On the first day of the inspection the inspector visited the agency office to look at records and speak with people who used the service and staff. On the second day of the inspection the inspector visited one house to speak with people who lived there and the staff who supported them. As part of the inspection we spoke with12 people who used the service either individually or in small groups. We spoke with staff including three support workers, two service managers and the registered manager. We had general conversations with another two assistant service managers and three support workers. We reviewed a sample of electronic records relating to the management of the service such as the quality assurance, recruitment and staff training. We reviewed care plans and medicine records for three people. Not all of the people we met on the second day of our visit could tell us directly about their care. We observed the interaction between people

who used the service and staff to gain an impression of their care experience. Following our visit we spoke by telephone with three relatives.

Good

Is the service safe?

Our findings

People told us that they felt safe and had good support from their staff team. Comments included, "I like my home," "I have no worries" and, "[Name of staff] helps me if I get worried, I do sometimes." Relatives and professionals we spoke with were in agreement with this. Comments included, "Any problems are dealt with straightaway" and, "I am very happy at how settled [Name] is."

At the last inspection on 29 July 2014 we found that there were systems in place to protect people from the risk of harm.

At this inspection we found that the service had maintained this standard and the service was safe. The registered manager told us that they had not raised any safeguarding alerts since the last inspection. There was a system in place to log and investigate safeguarding concerns. The registered manager understood their role and responsibilities with regard to safeguarding and their responsibility to submit statutory notifications to CQC.

Staff told us they would report any concerns to their manager in each service or to the registered manager. We saw this happened when a person who used the service mentioned an issue that had worried them during a group conversation. The member of staff involved in our discussions reported this matter immediately to the registered manager to seek a response and appropriate resolution for the person.

People participated in planning their individual care and treatment in relation to the management of risks. Assessments were used to identify any risks to the person using the service whilst minimising any restrictions placed upon them. These included environmental risks and any risks due to the health and support needs of the person such as mobilising outside, falls and epilepsy. Risk assessments included information about when people might become anxious or distressed and guidance on the correct staff approach on these occasions to help calm the situation and reduce the distress.

We found staff safeguarded people from experiencing any discrimination or unequal treatment, which could result in their needs not being recognised or met. External agencies were involved as appropriate to give staff in other agencies an understanding of people's care needs and additional support they might require. Examples included the involvement of members of the fire service and the police who had visited and met with individuals in one of the houses. This helped to reduce the potential risk of harm in the event of an emergency.

We reviewed the recruitment processes and found that there was a robust recruitment system that staff followed. All the required checks were completed before staff began their induction process and began work. These included references and checks with the Disclosure and Barring Service (DBS). This service helps employers make safer recruitment decisions and prevent unsuitable people being appointed.

We found there were sufficient numbers of staff available to keep people safe. Staffing levels were

determined by the number of people using the service and their assessed care needs. One of the service managers told us that staff levels were kept under constant review. These were adjusted as people's care needs changed in consultation with the commissioners. This included supporting people admitted for hospital treatment as needed.

Some people had 24 hour staff support because of their complex care needs. Other people told us that they had access to an external care call system at night. One person said they could also contact a service manager if they needed advice or help. The service manager said they saw this as an essential part of their role. They explained it helped to build people's confidence and they expected that the amount of evening and night calls would reduce once the person became more confident in the automated system.

We saw people had personal emergency evacuation plan (PEEP) in their files. PEEPS were kept to ensure guidance was available if the house needed to be evacuated in an emergency. They took into account people's mobility and care needs.

Staff were aware of the reporting process for any accidents or incidents so that appropriate action could be taken. Appropriate systems were in place to audit incidents and accidents to ensure action was taken to help protect people. The registered manager told us they analysed this information for any trends and themes so that action could be taken to reduce the likelihood of them recurring.

Systems were in place to ensure a safe environment for people and these included weekly health and safety environmental checks. For example, on hoists, wheelchairs and fire safety equipment.

We reviewed medicines handling to check that people received their medicines in a safe way. People's preferences in how they liked to take their medicines were included in their care plan. For example, one person's care plan stated, "I like my tablets to be placed in front of me on a black plate, so that I can arrange them in the order that I wish to take them." This encouraged medicines compliance and promoted the person's independence.

We saw that medicines were appropriately stored and secured in the house we visited. Medicines records were accurate and supported the safe administration of medicines. Medicines handling formed part of the training that the organisation deemed as essential training. This included competency checks. Compliance with this training was monitored at senior management level and at head office. Staff told us that they carried out a medicine check when they came on shift.

Good

Is the service effective?

Our findings

People were positive about the knowledge and skills of the staff. Comments from relatives included, "Staff are very knowledgeable" and, "They [The staff] do a great job."

At our last inspection on 29 July 2014 we found people were supported by sufficient numbers of qualified, skilled and experienced staff.

At this inspection we found that the service had maintained this standard and the service was effective. In their feedback, staff told us they received the training they needed to enable them to meet people's needs, choices and preferences. All staff completed the Care Certificate in health and social care as part of their training, which covered a range of topics including autism, epilepsy awareness and acquired brain injury. The Care Certificate is a set of standards that social care and health workers stick to in their daily working lives. It is the minimum standards that should be covered as part of induction training for new staff. Staff told us that they were encouraged to put forward ideas for training opportunities and these were supported. Training requests were forwarded to the learning and development team who then developed or commissioned external training.

The registered manager told us they delivered part of the training on the induction programme, which all staff completed. This enabled them to get to know new staff before they started work. New staff shadowed more experienced staff and the 12 week induction programme included competency checks from senior managers. This ensured newly appointed staff were confident and competent before they worked alone.

Staff confirmed they received regular supervision and appraisal to enhance their skills and learning and this was confirmed in the records we reviewed. They said that they were well supported to fulfil their roles.

We observed that people's needs were discussed when new staff came on duty. This ensured that essential information was passed between staff. A service manager said that communication was an important factor to ensure consistency of care and promote people's wellbeing. This was confirmed by a healthcare professional who said, "The service is very good at communication and liaising with others." Relatives also reported good levels of communication. One relative said, "They always keep me informed." Another relative told us, "They always let me know if anything untoward happens." We saw people's care records contained signed consent forms, and that care plans and contracts were signed by them or their representatives to keep them involved.

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 people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and be the least restrictive 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. The registered manager and staff were aware of the processes to follow where it was felt a person's normal freedoms and rights were being significantly restricted. MCA was included in team meetings, to ensure staff knowledge was up to date and firmly embedded in the teams.

In a supported living setting the Court of Protection was responsible for any decisions made to restrict a person's freedoms. In these cases relatives said they were kept informed and involved in the decision making process and involved in best interests meetings. Examples included decision making around people's healthcare and finances. A healthcare professional told us that they felt the service was excellent with communication particularly advocating for those people who may not have capacity to speak for themselves.

We checked how the service met people's nutritional needs. People's care records included nutrition care plans and identified actions such as the need for a modified diet. People told us they required different levels of support and we saw this was recorded in their care records. Some people required minimal support with their nutritional requirements whereas others required full assistance with all their meals and drinks, to ensure their safety. We saw that speech and language therapists (SALT) had been consulted to provide individual guidance and support as required.

People confirmed staff supported them to have their healthcare needs met. Records showed people had access to a range of healthcare professionals such as GPs, SALT and epilepsy nurses. A healthcare professional commented all staff were professional in their approach. They said, "Staff have an excellent knowledge of the people they support. They are very perceptive and quickly pick up on any problems or issues that require action." They went on to say, "The service always attend the consultant psychiatrist learning disabilities outpatient clinics and provide good up to date information regarding the current presentation of the service user and bring the appropriate documentation with them." In their feedback, healthcare professionals confirmed that the service always followed any professional advice given.

Good

Is the service caring?

Our findings

People were positive about the staff and said they were kind. Peoples' comments included, "The staff are beautiful," "The staff are very good to me" and, "Staff are kind." Relatives, health care professionals and social care professionals were also positive. Comments we received from professionals included, "People are always dressed tidily and appropriately" and, "Staff are always very professional in their approach." One relative who singled out a service manager for particular mention said of all the staff team, "I can't praise them [Staff] all enough. [Name] has blossomed since being in their care" Another relative said, "The service has been very good on the whole."

At our last inspection on 29 July 2014 we found staff spoke in a caring and empathetic manner. People who used the service told us staff respected their privacy and dignity.

At this inspection we found that the service had maintained this standard and the service was caring. We found positive relationships existed between people using the service and staff. This was confirmed in the feedback from healthcare and social care professionals and from our observations of people's interactions with each other and with the staff.

Throughout our visit there was a welcoming, friendly atmosphere. We observed people looked comfortable and at ease with the staff who supported them. Staff were patient giving people time to respond to questions and gently intervening to help if people looked to them for support. In these cases we saw that staff always checked their understanding with the person first before responding. Staff were knowledgeable about people's support needs and this was clearly detailed in their care plans.

We heard of examples where staff had gone over and above what their job role required of them. This was acknowledged by awards some staff told us they had received from the organisation commending their performance. One professional told us, "In my opinion, people receive the required level of support and sometimes over and above the required level of support, due to the commitment of the support team in their own time." For example, one person was on a weight reducing diet. A service manager told us that a member of staff had supported the person over a period of 12 weeks including on their days off to ensure the person did not miss their weekly 'weigh in'. This showed us that the staff were very committed to ensuring people met their goals and aspirations.

We observed staff respected people's privacy and dignity. We were told people were encouraged to be independent and to maintain control in their day to day living. One relative told us, "[Staff] let [Name] do what they can, which promotes their dignity and self-respect." Another relative said, "[Staff] always treat [Name] with dignity and respect, and they promote independence." One person told us staff had supported them with their request to the local council to improve wheelchair access on pavements. They said this meant once the work was completed they would become able to use their wheelchair independently when out and about.

People were involved in all aspects of the service including staff recruitment and were asked for feedback on

their observations of new staff to ensure they were working in a caring way. Staff attitude and values formed part of the recruitment process. Managers visited the individual houses regularly on an unannounced basis and observed staff approach and care practice. This was to monitor staff to make sure they were providing personal care with dignity and encouraging the individual to maintain as much independence as possible. Managers told us that monitoring checks allowed any emerging issues to be quickly identified and addressed with the individual staff member to improve their practice.

People confirmed that staff listened to their views and acted upon what they said. Relatives we spoke with also confirmed that their views were valued and listened to. One relative said to us, "I am really impressed. They have been supportive to us as a family as well as being supportive to [Name]." Written information was made available in accessible formats, to promote people's participation and understanding. Examples included the use of pictures or symbols if people did not read or use verbal communication. We saw evidence of this within the complaints procedure and the information pack people received when they started to use the service.

Good

Is the service responsive?

Our findings

People told us that staff worked flexibly so that people could follow their individual interests and pursuits and lead a fulfilling life. One relative who spoke with us reported seeing a visible improvement in their family member's wellbeing since they moved into their supported housing service. They told us they believed this was because staff encouraged the person to exercise choice and control of every aspect of their life. They described it thus, "They [Staff] are always trying to think of any little thing that might improve [Name's] life. [Name] has bloomed since moving there."

At our last inspection on 29 July 2014 we found the service was responsive towards people's needs and supported their relationships with their family and friends.

At this inspection we found that the service had maintained this standard and the service was responsive.

Records showed that people's care needs were assessed before they began using the service. Reference was also made to other significant people such as relatives to gather information. This ensured staff had as much information as possible about each person to enable them to deliver a quality service. We saw that records were comprehensive and included information about people's health and dietary requirements, together with their likes and dislikes and preferred lifestyle. This information was used to develop support plans, which specified clearly how these needs were to be met. For example, with regard to personal care, mobility and staff support and supervision requirements. Staff were knowledgeable about the people they supported and knew about people's life choices and care preferences. This enabled them to provide a more personalised service.

We observed that staff responded promptly to people's changing needs to ensure they continued to receive an effective and responsive service. For example, when we visited one person was unexpectedly taken unwell and had been admitted to hospital. Staff had rallied round to ensure the person had the appropriate support whilst also maintaining staffing in the house. Another person told us they had lost significant funding, which reduced staff support available to them each week. This had impacted adversely on their ability to mix socially as they needed such support to go out. They told us that staff had worked with them to find a voluntary worker to ensure they did not miss out and could still follow their interests and pursuits.

People confirmed that meetings were held to review their care and support needs. Relatives and professionals we spoke with were in agreement with this. A relative told us, "They look at things to make life lovely for [Name]. Nothing is too much trouble for them." They said the person's needs were assessed to ensure that staff could meet their needs and the service had considered any necessary equipment or adaptations that might be needed. One example was the adaptation to restrict access to a staircase for the person who was assessed at high risk of falls.

People told us they followed a varied and structured range of activities, which included the development of local groups to improve services. One example people told us about was a group, which campaigned on local issues. This had included participation events with the local police to improve access for people with a

learning disability to police services whilst also improving police understanding and awareness. A friendship group was in place to help people look at how to make friends and the barriers to friendship.

We checked the file for one person and saw that they had a copy of the complaints procedure in their file. People told us they knew who to speak with if they had any concerns and said they would speak with family or with staff if they were worried or upset. Relatives said they had not needed to complain, but were confident that any issues raised would be dealt with promptly and action taken. A healthcare professional told us, "I consider that my relationship with the service is very positive and I would have no problem approaching them with any concerns." The registered manager told us that they had received no complaints in the past year. They outlined the process that would be followed in the case of complaint, which included head office scrutiny and oversight of any complaint investigations.

Good

Is the service well-led?

Our findings

At our last inspection on 29 July 2014 we found the provider had a system to monitor and assess the quality of service provision. This gave people the opportunity to have their say. The provider was using the information they gathered to make improvements.

At this inspection we found that the service had maintained this standard and the service was well led.

The organisation had created a five year strategy, starting in 2015 with five priority areas. These were:
- Raising awareness and changing attitudes
- Making a difference to the lives of people with a learning disability here and now
- Supporting friendships and relationships
- Improving health for people with a learning disability
- Giving children the best start in life

People told us how they were getting involved with the five year strategy. Examples included one person who had lobbied MPs locally and nationally to raise awareness about funding issues. We also heard of other examples where people were taking the strategy forward in a positive way. For example, by speaking with statutory agencies to improve local access to service and break down barriers; and by the development of campaign groups. Reflection events were used to enable staff to develop a clearer understanding of what individuals were satisfied with, and what they would like to do differently. This showed us that people using the service were placed at the heart of their care, were listened to and were involved in transforming services.

The registered provider is required to have a registered manager in post and on the day of the inspection there was a registered manager in post. The registered manager was fully aware of the need to ensure any required notifications were notified under the Care Quality Commission (Registration) Regulations 2009.

People confirmed that the management team was open and approachable. Relatives were positive about both the registered manager and the wider management team. One relative said, "The leadership is right and that is so important." Another relative said, "They always act upon what we say and I am confident they listen." We saw information was provided to help staff support those people who found it more difficult to have their voice heard in the way they would like. This included watching people's body language and non-verbal cues to allow staff to determine what the individual wanted. Our observations and discussions with staff showed us that each person was encouraged to retain control of their life and be actively involved in any decisions.

We observed staff and managers communicated freely with each other at all levels of the organisation. In their feedback to us staff confirmed they were well-supported. Examples locally included regular staff meetings, supervision and appraisals. Newsletters were distributed from head office to update staff about the current news and to alert them to organisational events. During our visit one person reminded staff to let head office know about the Christmas Ball and ask one of the managers to attend if possible. This showed

us that people knew senior managers and were confident they would respond positively to them.

Audits were used to monitor service provision and to ensure the safety of people who used the service. Where staff supported people with their medicines and finances they completed monitoring checks daily. Further audits were undertaken weekly, monthly, quarterly and annually. These covered the environment, medicines and care documentation. Information was entered into a continuous compliance tool (CCT) for quality assurance purposes each month and the registered manager confirmed they analysed this monthly. In addition, they completed random checks in services and met with the service managers monthly. The registered manager told us that any themes or trends identified would result in an action plan, to include timescales for action and the progress monitored.

The provider collated information they received from stakeholder surveys annually. They used information received through these, together with people's comments from their reflection meetings, compliments and complaints to look at improvements to service provision.