

Mr Kenneth Saggs

Park View Domiciliary Care

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection was carried out on 24 and 25 November 2016 and was announced with short notice.

Park View Domiciliary Care agency provides care and support services to people with a learning disability living in their own homes. The service is based in an office in one of the buildings that houses people's flats. The office is open during office hours and an on call system is in place outside of these times. The service currently provides personal care to seven people in Deal, who share different houses and some people live in a flat.

The 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 service had a person centred culture where people were supported to have the lifestyle they chose. Individual meetings were held with people to plan their care and discuss their goals and aspirations, so that the service gave support to people in the way they wanted.

Each person had a support plan that they had been involved in writing and updating. Pictures and photographs were included to make the plans meaningful to people. Staff had a good understanding of how people preferred to communicate and adjusted their support to meet people's individual needs. Staff knew people very well and people told us they were comfortable in telling staff about any concerns or complaints they might have. People said that the staff would listen to them and act on their concerns.

People were supported to be as independent as possible and try new activities to develop their skills. Risk assessments were completed to make sure people were protected from unnecessary accidents. People were given the right support to take their medicines safely.

Active healthy lifestyles were encouraged and people were supported to prepare their meals and eat healthily. People were helped to manage any health conditions as well as they could. Health and social care professionals were involved and people were supported to attend healthcare appointments.

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. The service was supporting people to make decisions about their health and wellbeing. Staff respected when people made unwise decisions but made sure people had all the information they needed and involved other professionals.

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. In supported living services applications to deprive a person of their liberty must be made to the Court of Protection. The service was working within the principles of the MCA. The provider took advice and at this time no applications to deprive people of their liberty needed to be made.

People said they were well supported by the staff and registered manager. One person said they felt much better now than before they the service, commenting, "I get good food and my tablets every day and I feel safer here too."

Everyone using the service was supported with the lifestyle they chose. Some people liked going out and having an active lifestyle, some people preferred plans and structure and others liked to have a quieter more sedentary lifestyle. People kept in touch with families and friends, helped as needed by staff. There were links with the local and wider community and people had friends locally and knew their neighbours.

A health and social care professional involved with some of the people's support said, "This service will always go the extra mile for people."

Staff were trained and competent to carry out their roles. Staff were supervised and had yearly appraisals. All staff were checked before they started work at the service to make sure they were of good character and safe to work with people. There were enough staff to meet people's needs.

Staff knew about abuse and the signs to look for and how to report it. People had experienced difficulties in the past where they had been taken advantage of, for example, with their finances or medicines. The registered manager and staff had helped people resolve these issues and find ways to prevent them from happening again. A health and social care professional commented, "[The registered manager] and staff are passionate about supporting individuals' rights and strongly advocate for social justice for individuals who belong to groups who are marginalised in society."

People were fully involved in how the service supported them. The registered manager involved people in the development and shaping of the service and took all feedback from people, families and visiting health and social care professionals into account.

The registered manager was experienced in working with people with learning disabilities and providing person centred care. The CQC had been informed of any important events that occurred at the service, in line with current legislation.

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.

Staff understood how to keep people safe from abuse.

People were supported with their finances and protected from financial abuse.

Risks were managed so people were not restricted in any way.

There were enough staff available to support people's day to day lifestyle. Staff were checked before they started work at the service and people had a say about who was employed to support them.

Medicines were managed safely and people were supported to have as much control of their medicines as they wanted to.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who had the skills and knowledge to meet and understand their needs.

People were given the support they needed to make day to day decisions and important decisions about their lifestyle, health and wellbeing.

People were helped to have an active and healthy lifestyle and were encouraged to eat a healthy varied diet of home cooked food and drink.

Is the service caring?

Good ●

The service was caring.

The registered manager and staff were committed to providing individual personal support. People had positive relationships with staff that were based on respect and shared interests.

People were encouraged and supported to maintain contact

with friends, family and representatives who were important to them.

People were helped to make decisions about their lifestyle and were fully involved in planning their futures.

Staff promoted people's independence and encouraged them to do as much for themselves as they were able to.

Is the service responsive?

Good ●

The service was responsive.

People were involved in all aspects of their care and were supported to lead their lives in the way they wished to. The service was flexible and responded quickly to people's changing needs or wishes.

People took part in daily activities, including jobs, which they had chosen and wanted to participate in. People had opportunities to be part of the local community.

People could raise concerns and complaints and trusted that the staff would listen to them and they would work together to resolve them.

Is the service well-led?

Good ●

The service was well led.

The registered manager and staff were committed to providing person centred care.

The registered manager promoted an open and inclusive culture that encouraged continual feedback. Audits and checks were carried out to make sure the service was safe and effective.

People's views and interests were taken into account in the running of the service. All feedback was considered and acted on. The service worked effectively to create links in the local community.

Park View Domiciliary Care

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.

The inspection took place on 24 and 25 November 2016 and was announced. The provider was given 48 hours notice so that people using the service could be asked if they would like a visit from the inspector and the visits could be organised around each person's lifestyle. This inspection was carried out by one inspector.

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. Before the inspection we reviewed all the information we held about the service, we looked at the PIR and any notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law. We reviewed questionnaires that had been sent to people, their relatives and professionals involved in the agency.

We visited people in their homes and spoke with them about the care they received. We spoke with the provider, who is the registered manager and four care staff. We looked at four people's care folders containing care plans, risk assessments and health records. We looked at some of these records in electronic format on the computer. We looked at a range of other records including health and safety records, staff duty rota, training records and policies.

After the inspection, we received some feedback from a health and social care professional who was involved in the support of some people using the agency.

We last inspected the service on 13 December 2013. At this time the service was meeting the requirements of the regulations.

Is the service safe?

Our findings

People told us they felt safe and that staff had supported them to have awareness about personal safety. One person said, "I feel safe here. Didn't feel safe where I was before." People told us they were free to go out on their own but mostly they preferred to go out with staff and other people. One person explained that they got lost easily and another person said they were a bit unsteady on their feet at times. Staff had made sure that appropriate support was in place to protect people whilst maintaining and developing their independence. Other professionals were involved to help with people's education about risks and dangers and how to keep safe when out.

People looked comfortable with other people and staff. People said that if they were not happy with something they would report it to the registered manager or to the staff, who would listen to them and take action to protect them. The registered manager and staff were familiar with the process to follow if any abuse was suspected, had received training and knew about the local authority safeguarding protocols. Staff were aware of the whistle blowing policy and said they would not hesitate to report any concerns to the management or other agencies. There were systems in place to investigate and respond if any issues were raised and if any staff practice was questioned.

People were protected from the risk of financial abuse. There were clear systems in place to safeguard people's money and these were regularly audited and checked. People said they were happy with these arrangements and had access to their money when they needed it.

Staff supported people to take risks. No one was restricted from trying out new activities even if there were risks involved. The risks were discussed, recorded and managed so that people were enabled and supported. Risk assessments were completed with people's involvement and were reviewed regularly to make sure staff had the most up to date information to reduce, and where possible, eliminate any risks.

The registered manager made sure that there was always the right number of staff on duty to meet people's assessed needs and kept the staffing levels under review. Staffing was planned around people's preferred lifestyle, support needs, activities and appointments, so the staffing levels were adjusted depending on what people were doing and the hours of support they needed. The registered manager and senior staff were on call so that people could get in touch with them whenever they were needed. Staff said they received sufficient breaks and support. Staff said they worked as a team and stepped in at short notice to cover staff sickness or to provide extra support when needed.

Staff were recruited safely. All of the relevant checks had been completed before staff started work. This included completing an application form, evidence of a Disclosure and Barring Service (DBS) check having been undertaken, proof of the person's identity and evidence of their conduct in previous employments. The DBS checks a person's criminal background. People took part in recruiting staff and met prospective staff and were asked for their feedback before any new person was taken on permanently.

Accidents and incidents involving people were recorded. The registered manager reviewed accidents and

incidents to look for patterns and trends so that the care people received could be changed or advice sought to help reduce incidents.

People told us they received their medicines at the right time and that they were supported to take as much control of their medicines as possible. One person explained that the staff gave them their medicines and said, "I never remember which ones to take." People had been supported to know about the benefits and side effects of their medicines. Some of the information was in easy read and picture form to help people understand.

Staff had received training to administer medicines properly and their ongoing competency had been assessed. Protocols were in place for the administration of 'as needed' medicines (PRN) which gave staff clear directions. The service was responsive to people's individual health needs. One person had epilepsy so all the staff had training to administer emergency medicine and a protocol with guidelines for when to use this was in place. As the person had not had a seizure for a long time an updated protocol was in place.

Medicines were stored securely and medication administration records (MAR) charts showed that medicines had been administered in line with the prescriptions written by their doctor. Regular stock checks were completed and systems were in place for returning unused medicines to the pharmacy. Monthly audits checked that medicines continued to be stored and administered safely.

Emergency contingency arrangements were in place for people to be moved, if needed, to other services owned by the provider to keep people in a safe environment.

Is the service effective?

Our findings

Most of the staff in the team had worked for the service for many years and had got to know people very well. Staff were trained and supported to have the right skills, knowledge and qualifications necessary to give people the right support.

A variety of training was offered including training about people's specific needs and staff had a good understanding of people's varying needs and conditions. Staff had completed the care diploma to level two and three. This gave them a vocational qualification as well as completing essential training to make sure staff were working safely and supported people appropriately.

When new staff first started they were given training and time to get to know people to make sure they were confident in the role before they worked unsupervised. A new member of staff told us they were enjoying working for the service and were well supported by the registered manager and other staff. New staff shadowed experienced staff when they first started and there were longer periods of shadowing and training before they supported some of the people who had complex needs.

Each member of staff had an annual appraisal to look at their performance and development. Throughout the year there were regular one to one meetings with the registered manager and staff to talk about any training needs and interests.

Staff had a good understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards legislation. Staff talked about how they helped people to make informed decisions but also respected people when they made unwise decisions. They gave examples of people who had health conditions that meant that there were some restrictions with the types of food they could eat. Staff gave support and information about healthy eating and the risks of eating foods that they were advised against but if the person still chose to eat those foods then this was respected.

Most people were able to come and go independently. When people needed support to go out for an activity, they were not restricted as there were sufficient staff and enough flexibility to go out when they wanted.

People were encouraged to keep healthy and were supported to attend routine check ups and health screening. One person explained about a current health condition, their appointments with doctors and specialists and the possibility of an operation. The person had been involved in best interests meetings as part of this to help them understand the decisions that needed to be made around this.

People were supported as much as they needed at mealtimes to make sure they ate well. Some people were on special diets because of diabetes or swallowing difficulties. Staff had got to know people's needs very well and helped people to eat the right foods in the right consistency to manage their conditions. People had different routines that they had developed and some people who shared a kitchen said they liked to take turns to make food and clear up. One person talked about their love of cakes but that staff were helping

them to not eat too much because they had put weight on.

Staff spent time with people educating them about the dangers of ignoring conditions like diabetes and encouraging healthy eating. Staff acted quickly if people became unwell and worked closely with healthcare professionals to support people's health needs.

Is the service caring?

Our findings

People were complimentary about the staff and people behaved in a way that showed they had good relationships with the staff. Staff spoke with people, and each other, with kindness and patience. Some people had used the service for many years and had a special bond with some of the staff. A person commented, "I like all the staff." said all their names and then continued, "They are ever so lovely." A health and social care professional said, "When I go there it feels happy, warm, comfortable and...like a family." One person said, "[staff member] comes up with funny things...makes me laugh."

People were given the time to express themselves and staff listened. When people had communication difficulties the service supported them to get the help they needed including referrals and involvement with the learning disability team and speech and language therapists. People used pictures and photos and were supported to use sign language to make things easier and to help people communicate with people they knew less well. One person had hearing difficulties and these were investigated and the person was given the right aids, which afterwards greatly improved the clarity of their speech and understanding of other people.

The service gave flexible support and people were supported to maintain as much autonomy and independence as possible. Some people were able to carry out day to day tasks independently with staff overseeing and supporting particular tasks or parts of tasks and others needed 24 hour support. A person explained, "I can get myself up and dressed. Staff just check to make sure I'm alright and I've done everything." Staff took the time to get to know people well and find out their lifestyle preferences. A couple of people said they did not enjoy cooking but they did help in the kitchen and with the clearing up. Some people liked routines and some people liked to have planned activities like food shopping that they did together on particular days and then had coffee afterwards. Other people went out and shopped independently and staff supported as needed.

Staff were skilled at giving people the information and explanations they needed to make decisions. People were asked about things that were important to them and about their life experience before moving to use the service so that care and support was given in the way people wanted it. A person commented, "I love clutter and collecting everything." They explained that they were supported to sort out what they wanted when they moved in and to personalise their space with some of their belongings. They said, "This made me feel more secure and at home."

The registered manager made sure that people had an opportunity to get to know potential people moving into shared living services and checked that they would get on well before new people moved in. A person commented, "We get on really well." Advocacy services and independent mental capacity advocates (IMCA) were available to people if they wanted them to be involved. An advocate is someone who supports a person to make sure their views are heard and their rights upheld. They will sometimes support people to speak for themselves and sometimes speak on their behalf.

People's privacy and personal space were respected. Staff only supported people when they wanted

assistance and enabled people to maintain as much control as possible. People were supported with their personal care and appearance as much as they needed.

Staff were aware of the need for confidentiality and personal information was kept securely. Meetings where people's needs were discussed were carried out in private. The design of the care plans included pictures, photos and straightforward language. The information contained in the care and support plans was agreed with each person, so that they were meaningful and relevant to people's interests, needs and preferences.

Is the service responsive?

Our findings

The registered manager had a clear assessment process that included making sure that the service was appropriate to meet their needs and that people were compatible if they were going to be house sharing. People talked about their experiences choosing the service and moving in. People said they visited the homes a few times and spoke to staff. They were introduced to people already living there and got to know them a little before making the decision to move in. One person commented, "Everything has gone quite smoothly."

Each person had a support plan that was individual to them with photographs and specific information. People were supported to update their support plan on a regular basis at informal and more formal review meetings. People's individual communication needs were supported so that they could meaningfully contribute to the support plans. The support plans, health action plans and activity plans were accessible for people and staff to refer to. One person showed us their support plan folder and they were familiar with the contents. The support plans contained all the information needed to make sure each person was supported in the way they preferred. Each support plan gave the staff clear guidance about how to give the right support. Support plans were regularly reviewed to make sure they were up to date and relevant.

Contact with people's families and friends was encouraged and supported. People talked about their families and clubs and activities where they met their friends. Links that were important to people prior to using the service were maintained. One person talked about the church they attended and was helped to phone and visit their friends. Another person spoke about their plans to visit their family at Christmas. People talked about their friendships with each other and people in the local community. Some people said that they had known their neighbours and had friendly chats across the fence in fine weather.

People lived active, varied lifestyles and followed their own interests. People talked about recent cinema and theatre trips, plans for Christmas and how they generally spent their time. Some people liked to stay at home and explained they liked to "do arts and crafts, chat and sometimes watch TV." Some people said they liked to have routines of attending clubs, going for walks, set days when they went out food shopping and enjoyed going out for coffee in cafes. People talked about doing the household tasks and how they were supported by the staff. Staff explained that as much as possible they supervised in the background and enabled as much freedom as people were able to manage. People said they could contact staff when they needed them and did not have to wait long for them to arrive. Other people had staff support based in their homes. A person said, "I like it here. I can do what I want."

Complaints and comments about the service were encouraged as the manager felt they helped to make improvements to the service. People knew how to make a complaint and where the complaints procedure was if they needed to refer to it. There was a policy asking visitors to give any feedback about the service including any comments, compliments or complaints.

Regular care review meetings gave people the opportunity to raise any issues or concerns. Any issues raised were taken seriously, recorded and acted on to make sure people were happy with the service. People said if

they had a concern they just spoke to the registered manager and staff and it was sorted out. All complaints were recorded and there were clear records of investigations, resolutions and responses.

Is the service well-led?

Our findings

A health and social care professional commented, "From the outset of meeting with my clients the service adopted a "can do" approach..."

There was a culture of openness and honesty, staff spoke to each other and to people in a respectful and kind way. Staff knew about the vision and values of the service which was based on 'person centred support' and supporting people to be as independent as possible and reach their full potential.

Staff understood their roles and knew what was expected of them. Staff were supported by the registered manager who was skilled and experienced in providing person centred care. The registered manager knew people well and had worked with people with learning disabilities and related conditions for several years. Staff told us they felt well supported and felt comfortable asking the registered manager for help and advice when they needed it. Staff told us they had regular meetings with the registered manager and that their views and opinions were listened to.

Staff said they had a mixture of informal and formal supervision meetings and the registered manager sometimes worked alongside them to check their working practice. Staff explained that there was an open culture where communication was good. If they made a mistake they knew it would be dealt with calmly and be sorted out. A member of staff commented, "[The registered manager] is a good boss, calm and approachable."

The registered manager understood relevant legislation and the importance of keeping their skills and knowledge up to date. The registered manager had a background in staff training and had attended a variety of training courses to make sure he kept up to date with current good practice.

The service was provided to a small number of people. The quality assurance system was fairly informal but was sufficient for people to have a say in the running of the service. People said they were happy with what was provided and all expressed that they had a good relationship with the registered manager.

People, their relatives and staff were asked for their feedback about the service more formally periodically. A variety of methods was used to gain people's views including sending out surveys, having meetings and requesting feedback about specific topics. Surveys were produced in an easy read format to make them more accessible.

The registered manager and senior staff carried out checks and audits of the records, medicines, staff training and the support provided. People were involved in these checks so took some control over how the service was run.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. CQC check that appropriate action had been taken. The registered manager had submitted notifications to CQC in an appropriate and timely manner in line

with CQC guidelines.