

Extel Limited

Attaining Independence

Inspection report

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Tel: 01214335666

Date of inspection visit:
17 February 2016

Date of publication:
12 April 2016

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 on 17 February 2016 and was announced as Attaining Independence is a Supported Living Service that provides personal care and support to people with a learning disability or a mental health condition in their own homes. The provider was given 48 hours' notice because the location provides a small supported living care service and we needed to ensure the provider had care records available for review had we required them. At the time of our visit they were supporting two people.

There was a registered manager at the service. 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.

Staff knew how to recognise potential signs of abuse and how to raise concerns should they need to. Risks to people had been assessed and measures had been put in place to reduce the risk to the person. Staff had received training to enable them to provide safe and effective care to meet the needs of the people they were supporting.

People received their medication safely. Information was available to staff about how to support people with their medicines and all staff had been trained in how to administer medication and checks were carried out to ensure people had received their prescribed medicines safely.

We saw that safe recruitment and induction processes were in place to ensure there were enough staff employed who were suitable to support the people who used the service.

The registered manager and staff we spoke with were knowledgeable of and acted in line with the requirements of the Mental Capacity Act (2005). Staff we spoke with told us how they sought consent from people before supporting them. Staff spoke enthusiastically about the people they were supporting and had a good knowledge of the person's likes and dislikes.

We saw that people were supported to remain as independent as possible. We saw examples of how staff supported people on a daily basis to retain their independence and how they helped people to achieve their aspirations and goals. People we spoke with said that they had control of their own lives.

There was a complaints procedure in place, although no formal complaints had been raised in the last twelve months. Where concerns were raised we saw that the registered manager had acted promptly and taken action. There were effective systems in place for monitoring the quality and safety of the service.

Staff supported people to maintain a healthy lifestyle where this was part of their support plan. People told us staff supported them with their food shopping and assisted them with the preparation and cooking of their meals. People were supported to access the local community and they told us they were taking part in

activities that they enjoyed and wanted to do.

The management and staff had a clear understanding of the Mental Capacity Act 2005 and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected.

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 knew how to recognise and report the signs of abuse and how to minimise risks of harm to people.

People received their prescribed medicines in a safe and timely way.

Is the service effective?

Good ●

The service was effective.

People received care from staff who had the knowledge and skills to meet their needs.

People were supported to access other healthcare professionals to support their health and nutritional needs.

People's rights were protected as they had control over their lives unless action had been taken to legally restrict their liberty.

Is the service caring?

Good ●

The service was caring.

Staff were kind and compassionate and treated people with dignity and respect.

People were involved in their care. Staff respected people's wishes.

Staff encouraged people to be independent.

Is the service responsive?

Good ●

The service was responsive.

Care plans were personalised and guided staff well.

Staff supported people to access the community and extend their social networks.

Is the service well-led?

Good ●

The service was well led.

There was a positive culture within the staff team with an emphasis on providing a good service for people.

There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed.

Attaining Independence

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 17 February 2016 and was announced. The inspection team consisted of two inspectors. This was the first inspection for the service since it started to operate in February 2014 independent of the residential services which were on the same site.

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. As part of the inspection we looked at the information we already had about the provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care and any safeguarding matters. We refer to these as notifications. We reviewed the notifications the provider had sent us and any other information we had about the service to help us to plan the areas we were going to focus on during our inspection. We also contacted the local authority who commission services from the provider for their views. We used this information to plan our inspection.

During our inspection we spoke in the providers offices to people who used the service. We also spoke with the registered manager and two members of care staff. We looked at records including two people's care plans, medication records, staff files and training records. We looked at the provider's records for monitoring the quality of the service to see how they responded to issues raised. . After the inspection we spoke with a professional who supported people who used the service.

Is the service safe?

Our findings

People we spoke with told us they felt safe. They told us they knew the staff who came to provide their care and felt that staff would take appropriate action if they were at risk of harm. The staff we spoke with demonstrated a good knowledge of the signs of abuse, and had received up to date training in matters around safeguarding people. A staff member told us in detail about a recent safeguarding matter and how the service had protected the person by taking immediate action. They displayed a good knowledge of safeguarding procedures. A professional we contacted said, "I have never seen anything that made me feel uncomfortable, they treat [the person's name] well and respectfully."

People had risk assessments and management plans in place to ensure they received appropriate care which helped to protect them from the risk of harm. For example we saw a member of staff supporting a person in line with the specific guidance that was available in their care plan about how they needed to be supported.

There were sufficient numbers of adequately trained staff to provide care and support. People told us that staff did not rush when they supported them with their personal care. People told us that support workers usually visited them on time and notified them if they were delayed.

The registered manager told us the service ensured that only a small number of regular staff went to people's homes to provide care. Staff were previously known to people before they started using the service and if needed, other known staff from the providers care homes could provide support to people in their own homes. People said they liked knowing who their support workers were.

We spoke with one member of staff about their recruitment and they told us that all checks had been completed before they were employed. The staff recruitment records which we looked at showed that recruitment checks were in place to ensure staff were suitable to work at the service. Disclosure and Barring Service (DBS) checks were carried out for all the staff. The registered manager also requested and checked references of the staffs' characters and their suitability to work with the people who used the service.

People's medicines were managed safely. People told us they were supported to administer their medicines independently. One person said, "I do my own tablets, I take them myself and I sign the sheet then the staff sign the sheet to say it's all safe." Another person said, "I'm getting my medication everyday...every day." We saw very detailed risk assessments relating to people taking their own medication.

Staff said they supported people to have their medicines from monitored dosage systems (blister packs) to minimise the risk of errors. The blister packs were delivered to people's homes directly from the community pharmacy. Records showed that all staff had received training in administering medication and had checks by the registered manager to ensure they were competent to administer them.

The registered manager carried out regular audits of Medicine Administration Records (MAR) to ensure that people received their medicines as prescribed. We saw a sample of these audits that confirmed this.

Is the service effective?

Our findings

We looked at the training and professional development staff received to ensure they were fully supported and qualified to undertake their roles. A newer member of staff told us that they had to read all the policies and procedures and the care plans of people they were supporting to ensure they could provide support that was appropriate. Staff told us that they spent time getting to know the person and shadowing other workers before they began to provide care.

New staff also had to complete the Care Certificate or have their existing skills and knowledge cross referenced to it. This meant that staff had a minimum amount of skills and knowledge before they began supporting people.

Staff told us that they received on-going training. A member of staff told us, "We have had first aid, manual handling and safeguarding training." Staff had received core training which we verified by looking at staff records. The registered manager checked that staff had received training. The training included health and safety, fire safety, emergency first aid, infection control, mental capacity act, medication and how to support people who might become distressed.

We spoke to staff about the supervision they received. One staff member commented: "Supervisions are done one to one [with the registered manager]." Records showed that supervision was given to all staff regularly. Staff told us that they felt supported by the manager and had regular supervision. Supervision enabled the registered manager to assess the development needs of their staff and to address training and personal needs in a timely manner.

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. We checked whether the service was working within the principles of the MCA, and we found that they were.

Care staff we spoke with demonstrated a good understanding of the principals of Mental Capacity Act (MCA) and DoLS and confirmed they received training in this area. We saw that staff were very aware of the need to gain peoples consent and agreement at all times. One person said, "The staff ask me if they can go to the loo [as it's my house]." We asked staff how they sought consent from people, and they told us that they always asked the person what they wanted to do. In the care records we saw that people had signed consent forms in relation to privacy, key holding and photographs. One person told us, "I tell them my rules and they stick to that." Both people we spoke with clearly expressed that they felt in control of their lives and the choices they made. One person said, "I'm choosing what I want, I go out whenever I want." Another person said, "I'm

doing great, I love it, I couldn't do anything before."

People's rights to choose and make unwise decisions had been supported by the service. One person told us that they had declined a medical procedure that had been recommended to them by their doctor. The person was very clear about the consequences of their choice and had clearly been given information in a manner and style that they understood. The person told us, "I didn't want it they don't force anything on me."

We looked at how the service supported people with a healthy diet. Care plans detailed the guidance or the support each person required in respect of food and drink. They included people's preferences. One person told us, "I buy my food on Mondays and choose it myself; I'm on a bit of a diet." Another person was receiving support from a health professional in relation to their food and drink. The person said, "I went to the doctors and I've got a health support worker who helps me with my eating." The registered manager told us that one person and two support staff would soon be attending a course on nutrition together so they could then work together to improve the persons diet. Staff we spoke with were clearly knowledgeable about peoples food choices and how to support them.

The service worked well to make sure people had good access to healthcare support services. People told us that they received timely health care including regular opticians appointment sand hearing assessments and chiropody treatments. One person said "I'm waiting for a new hearing aid." We saw that the service worked closely with other professionals and agencies in order to meet people's support and health care requirements.

We saw that the registered manager checked monthly with each person to ensure that they had been supported to attend medical appointments and that they had received support to following up on issues of concern. The monthly reviews looked at many areas including health and wellbeing. We saw that actions had been taken as a consequence of these meetings that made sure people received good ongoing health care support. We spoke with staff who knew what action to take if a person became medically unwell. A professional we spoke with said, "[The person's name] is making good progress, I'd say that they are happy and safe.

Is the service caring?

Our findings

During the inspection we saw people and their support workers together as they arrived to provide care and support. We saw care staff interacting with people with compassion and humour. People were relaxed and appeared confident and happy. We saw that the interaction between people and their support staff was kind, considerate and respectful.

People told us they felt cared for. Comments from people included; "They help me get dressed and shower, they are very caring." "The staff play games with me. I think they care about and respect me for who I am." And "I love it very much, [my support worker] comes and we go off every day, I'm cared for properly." One person told us about a stay hospital and how they had been concerned for the welfare of their pets. The person said, "The staff looked after my animals, they were there for me, they brought my stuff [into hospital]."

People told us they were actively involved in making decisions about their care and were listened to by the service. They told us they had been involved in determining the care they needed and we saw that people had signed their plans of care. One person told us how they are supported and involved in their finances. "I pay my own bills and my worker helps me add up and I pay them myself. I have my own bank account."

We looked at how the service promoted people's privacy, dignity and independence. The registered manager and staff consistently told us they positively promoted people's independence. In one example we looked at, we found that a person was now able to do their own laundry as the dial on the washing machine had been marked in such a way that they could remember how to use it correctly. The person said, "The carers have put stickers on so I can use it myself."

The service looked for ways of maintaining people's dignity. One member of staff told us about their work that challenged the type of equipment prescribed to support someone with their continence needs. The alternative equipment provided the person with much more dignity and self-esteem. Staff reported that the person was much happier using the alternative. People told us that the service ensured that people were supported by staff of the same gender wherever possible.

Is the service responsive?

Our findings

We asked people how they felt the service responded to their needs and wishes. One person said, "I don't have carers I don't know. I know my carers, I chose them." Another person told us, "It's my own space [their home], I love it, I have my own car, everything." People were regularly consulted and involved in reviews of their care and support.

People told us that they had been involved in the initial assessment of how they could be supported by the service and had then contributed to and informed the detailed care plans of how they wanted their support to be delivered. We saw that the support plans included very detailed guidance for staff about how to promote people's independence. All the records we looked at were up to date and complete, and signed by the person. The care files were easy to follow and clear. They included descriptions of activities and personal choices, health issues and any support required for behaviours that might be considered challenging. The files were very person centred, setting out the individual goals, aspirations and achievements of each person.

It was clear from talking to people that the service had a 'can do' attitude and made every effort to ensure people who used the service got as much out of life as they possibly could. For example, one person loved travelling and socialising and had been supported to purchase a car. They said, "I go out in my car, to Birmingham and Sheffield and Manchester and London. It's very good. We go to Wales and walk on the beach and have a drink and a meal out. I love it so much. I don't want for anything." Care staff knew the likes and preferences of people they supported. Staff told us, "We drive anywhere; [the person] enjoys the pub, eating out, football and going to matches."

Another person had been supported to own pets and took great pride and pleasure in describing them and their care. They said, "They are mine, I look after them but the staff help me if I need to go to the vets." People also took pride in telling us of their social activities and hobbies including taking part in charity events to raise money for others. We saw people's certificates of achievement in this area, and listened to staff talking with people very positively about their charity work.

The service supported people to make and keep relationships. A professional told us that recently the service had supported a person to make contact with a relative that they had not seen for many years. They told us that the process to do this had been complicated but the service had worked hard to respond to the person's wishes.

People knew how to make a complaint. People we spoke with said they had no complaints, but would know how to raise a concern if they needed to. One person said, "I would complain if I didn't like something, I would complain to the registered manager if I had to but I don't have to." Another person said, "If there's a problem I can phone the registered manager, we sit and sort it out. If I complain I am listened to."

Information was available to people in a service user guide that was in an easy to read format with picture symbols which explained various things including how a person could raise concerns or complain and who

could help. The complaints information included a commitment to try and put things right, explain why things went wrong and say sorry. We saw that the service had not received any complaints for several months.

We found there were good communication systems at the service. People met the registered manager regularly to discuss their care and support. For example we saw that there had been a heating concern at one person's home. The service had responded immediately to keep the person safe and comfortable and then ensured a very timely response from the landlord to rectify the issue.

Is the service well-led?

Our findings

People were supported in a service which was well-led. People were regularly consulted and involved in reviews of their care and support. The registered manager told us that they visited each home at least once a week to discuss any concerns or issues people might have. One person said, "[The registered manager] is nice, he pops in." We saw records that confirmed this. A professional said, "There's always someone from the service there to support us with the meetings and reviews."

The registered manager was skilled and experienced in the provision of social care. We saw staff and people who used the service were comfortable approaching them and were given time and attention.

Providers and registered managers are required to notify us of certain incidents which have occurred during, or as a result of, the provision of care and support to people. There are required timescales for making these notifications. The registered manager had informed us about any incidents and from these we were able to see appropriate actions had been taken.

We saw that the service was working within the REACH standards. These are a set of voluntary standards for supported living. They about ensuring how each person should live their life as they chose, with the same choice, rights and responsibilities as other people. The registered manager told us the service aims to work within those principles. Staff demonstrated they understood the REACH principles of individualised, person centred care through talking to us about how they met people's care and support needs. They spoke about their commitment when they talked about the people they supported, and displayed detailed knowledge of people's likes, preferences and rights to make choices. Throughout our inspection, we found staff were promoting these values in the way they provided care to people.

Staff were supported through regular supervision and received appropriate training to meet the needs of people they cared for. There were regular staff meetings to discuss care practice and ideas that would improve the service. Staff and registered managers shared information in a variety of ways, such as face to face meetings and summary sheets which were discussed during handovers between shifts.

People were protected by monitoring systems. The registered manager told us they conducted survey questionnaires of both staff and people within the service every two months. We saw the results of these which showed that everyone was highly satisfied with the registered manager and the service provision. Staff confirmed this. There were also records of monitoring visits undertaken by the registered manager to the homes of people. Audits were also undertaken to make sure the service was meeting people's specific support needs. The registered manager carried out audits on topics such as medicines practice, quality and management of the service, people's finances, and leisure activities.

We saw effective monitoring of accidents and incidents, complaints, people's finances, safeguarding issues and medication records. The registered manager had effective systems in place to monitor the quality of services provided and to ensure that lessons were learnt following incidents.

Records were well maintained at the service were stored safely and located promptly. Staff told us that they had been advised about how to raise whistle blowing concerns during their training on safeguarding people from abuse. People and staff had access to the provider's whistle-blowing telephone number, which was available in the office and in the homes of people that were being supported.

There was a positive culture in the service, the management team provided strong leadership and led by example. Management were visible and known to staff and all the people using the service. There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed.