

The You Trust

Room 29/30, Basepoint Winchester

Inspection report

1 Winnall Valley Road
Winchester
SO23 0LD

Tel: 01962832762
Website: www.lifeyouwant.org.uk

Date of inspection visit:
22 December 2015
23 December 2015

Date of publication:
08 February 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 was carried out on 22 and 23 December 2015 and was announced.

Room 29/30 provides personal care to adults with a learning disability, physical disabilities, mental health needs or sensory impairment. At the time of our inspection twelve people were receiving personal care.

Room 29/30 has 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.

Staff had received safeguarding training and were able to describe sources and signs of abuse and potential harm. The registered manager told us that the safeguarding policy had just been updated and was available to staff online.

Each person had a health and safety risk assessment which considered which aspects of a person's care could present risks to their health, safety and wellbeing. Staff told us there was specific guidance to mitigate risks, such as checking the water temperature before people stepped into the shower. One staff member told us that if they identified any further risks they would notify the office immediately who would update the risk assessments. Risk assessments were regularly reviewed and updated.

Incidents and accidents were recorded appropriately and investigated where necessary. There had only been one accident in the last year. Appropriate actions had been taken to prevent the accident from re-occurring and the service had worked with other agencies to ensure appropriate measures had been put in place. This meant the provider took action to reduce the risk of further incidents and accidents.

There were enough staff to meet the needs of people using the service. The rostering system identified the calls and then matched these with staff available to cover. People told us that they had never had a missed call from staff. Bank staff were available to cover emergencies such as staff sickness.

Recruitment procedures were safe. There was a recruitment policy in place, which was followed by the registered manager. Disclosure and Barring (DBS) checks were carried out before anyone could be recruited. These checks identify if prospective staff had a criminal record or were barred from working with people at risk. Potential staff had to provide two references and a full employment history, to ensure they were suitable to work within the service.

The service was not responsible for administering medicines to people. People were reminded to take their medicine or to reorder their medicines from their GP where necessary. Staff had received medication awareness training, as a safeguard, in case there were any incidents involving people's medicine which they needed to respond to.

Staff had received appropriate training to deliver the care and support for people using the service. Records showed that training covered all essential areas such as emergency first aid, fire prevention and awareness, infection control and manual handling. Training was delivered via e-learning and workshops and staff could request additional training in areas where they had a specific interest or need.

People were asked for consent before care and support was provided. Everyone said they were asked for their consent. Everyone using the service had the capacity to give valid consent for the care and support they received.

Food and nutrition was not included as part of the service provided to people. People were supported to go shopping to purchase their own food.

Health professionals were appropriately involved in people's care. People were supported to attend medical appointments when they requested it.

People told us that staff were kind and caring. Staff told us they got to know people by talking to them and listening to them. They were able to describe people's individual likes and dislikes such as the types of toiletries they preferred or their hobbies. We observed mutual positive caring relationships between staff and people. Staff knew how to treat people with dignity and respect.

People were supported to be as independent as possible. The service was set up to maintain people's independence in their own homes. Staff told us they encouraged people to do as much as possible for themselves in terms of washing, shopping, cleaning and organising their medicine.

People were involved in writing their support plans. Person centred assessments were carried out when a person started to receive care and support. Where they were able to, people had written these themselves. They included information about people's health needs, sensory ability, mental health and a skills checklist identifying strengths and areas where support was required. Specific guidelines were written about how people liked to receive their support.

Support plans were kept up to date with six monthly reviews. People's support plans which were held in the office demonstrated that these reviews had taken place, however people's support plans in their own homes were not quite as up to date. Staff told us they were in the process of ensuring that support plans in people's homes reflected the updates described in the office copy. People were able to communicate their needs verbally.

Feedback was encouraged from people and staff. A 'Service user working together group' had been implemented, which met monthly. This included people using the service and staff who had volunteered. The group were involved in developing policies and practices for the provider which could be implemented across all the provider's services.

Regular staff meetings were held, which gave staff the opportunity to raise their views. They could also discuss matters individually with managers during supervision meetings. All the staff we spoke with said they could talk to the registered or deputy manager any time if they had any concerns or worries. An annual survey was carried out and people were asked their views about the service they received.

There was an open and transparent culture within the service. Staff told us that management were open always kept them updated. Key values, such as person centred care, underpinned the service and were demonstrated through support and care provided to people. Staff were valued by the provider and protected from risk, such as lone working.

The registered manager was well known and respected amongst staff and people. Everyone said they would speak with her if they had a concern. The registered manager made the required notifications to the CQC. A notification is important information about the provider which the service has a legal duty to notify CQC about.

An effective system of quality control was in place to ensure the quality of the service delivered to people. A continuous improvement plan had been written in September 2015. The plan focussed on making the support, the team and the environment even better.

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 keep people safe from harm and protect them from abuse. Identified risks had been recorded and addressed.

The rostering system ensured there were enough staff to meet people's needs. There were effective systems in place to ensure appropriate staff were recruited.

Staff did not administer medicines as part of the service. However, staff had received medication awareness training as a safeguard, in case there were any incidents involving people's medicine which they needed to respond to.

Is the service effective?

Good ●

The service was effective.

People received care and support from staff who had been appropriately trained and who had a detailed knowledge about people's needs.

Health professionals were appropriately involved in people's care. People were supported to attend medical appointments when they requested it.

People had capacity to give consent and staff obtained consent before giving care and support to people.

Is the service caring?

Good ●

The service was caring.

Staff demonstrated a kind and caring attitude towards the people they supported.

People were supported to remain independent in their own home.

People were treated with respect and dignity at all times.

Is the service responsive?

Good ●

The service was responsive.

People had support plans which focussed on their individual needs and staff delivered care and support in line with those plans.

There was a system in place to obtain and respond to feedback from people and staff, to ensure they were involved in the improvement and development of the service.

Is the service well-led?

Good ●

The service was well led.

There was an open and transparent culture within the service. Staff felt informed about changes to the service and listened to.

People and staff were encouraged to be involved in the future development of the service.

Effective quality assurance systems were in place, to ensure people received a continuous and consistent quality of care.

Room 29/30, Basepoint Winchester

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 checked 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 was carried out on 22 and 23 December 2015 and was announced. The provider was given 48 hours notice because the location provides a domiciliary care service. The provider ensured that people were available to speak with us on the day of the inspection. The inspection was carried out by two inspectors.

Before the inspection, we reviewed all the information we held about the service including the previous inspection reports and 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 used this information to help us decide what areas to focus on during our inspection. We did not request a Provider Information Return (PIR) from this provider prior to the inspection. This is a form which asks the provider to give some key information about the service, what the service does well, and what improvements they plan to make.

During our inspection we spoke with two relatives and five people. We also spoke with the registered manager and three support staff. We reviewed records relating to the management of the service, such as audits, and reviewed two staff records. We also reviewed records relating to six people's care and support such as their support plans and risk assessments. We observed some people being supported in the tasks of daily living in their own home.

We last inspected the service in December 2013 and found no concerns.

Is the service safe?

Our findings

People told us they felt safe. One person said "I feel safe with the support workers who visit me." Another person responded, when asked if they felt safe "Yes, I feel very safe with the You staff." Everyone said they knew who to talk to if they didn't feel safe.

Staff had received safeguarding training and were able to describe sources and signs of abuse and potential harm. They also knew how to report abuse. Staff were aware of how to protect people from abuse. The registered manager ensured that staff knew about the safeguarding and whistleblowing policies. Safeguarding was discussed regularly during staff meetings and regular email updates were sent out to staff. The registered manager told us that the safeguarding policy had just been updated and was available to staff online. The registered manager maintained a safeguarding register and reported quarterly to the provider in relation to safeguarding. There were very few safeguarding concerns reported in relation to the service, and these had been appropriately responded to.

Each person had a health and safety risk assessment which considered which aspects of a person's care could present risks to their health, safety and wellbeing. For example people had risk assessments which considered the risk to people when carrying out activities of daily living, such as cooking and shopping as well as personal care. Staff told us there was specific guidance to mitigate risks such as testing the water temperature before a person steps into the shower. One staff member told us that, if they identified any further risks they would notify the office immediately who would then update the risk assessments. People's risk assessments were regularly reviewed and updated. We found evidence of this within their care plans and risk assessments which were kept in the office although not on the risk assessments and care plans which were kept in people's homes. Staff told us that people's reviews of their care had taken place and they were in the process of ensuring that the care plan in people's homes reflected this updated information. People were able to verbally communicate their needs, which meant the delay did not impact people's care and support.

There were arrangements in place to address any foreseeable emergency, such as severe weather. An emergency action plan was in place which identified key contacts for help or advice and how to prioritise calls for example to those people who did not live with family or who required medication.

Incidents and accidents were recorded appropriately and investigated where necessary. There had only been one accident in the past year. Appropriate actions had been taken to prevent the accident from re-occurring and the service had worked with other agencies to ensure appropriate measures had been put in place. This meant the provider took action to reduce the risk of further incidents and accidents.

There were enough staff to meet the needs of people using the service. The registered manager told us they were constantly recruiting staff because they were a constantly growing service. An electronic rostering system was used to allocate staff and ensure there were always enough staff to cover the calls. The system identified the calls and then matched these with staff available to cover them. Extra information such as people who only wanted female staff or who needed support to attend a medical appointment could all be

included and taken account of. The service had access to a bank of staff called 'Premier Crew', these were staff who had received training in respect of all services run by the same provider and could be called on in an emergency to cover people's calls. The registered manager told us that the provider was currently recruiting for three mobile support workers. It was intended that these support workers would go anywhere to ensure that there were no calls which could not be covered. This meant that office staff were always in control of staffing and could ensure there were no missed calls. People were able to log in to the system to see who was coming to provide their care on a certain day and the system also included a photograph of the member of staff so they would be recognised. People who did not have or want electronic access were given printed rosters monthly in advance. People were supported by staff they knew and liked. One person said "I get a rota every month, I usually get the same support workers." Another person said "I always have the same support worker. If he is on holiday I get someone I know." People told us they had never had a missed call. One person said "I haven't had any incidents where support workers haven't turned up. If they are going to be later because of traffic, they phone me." Another person told us "They've always turned up; there have been occasions when they have been late; but they phone and let me know."

Recruitment procedures were safe. There was a recruitment policy in place, which was followed by the registered manager. Disclosure and Barring (DBS) checks were carried out before anyone could be recruited. These checks identify if prospective staff had a criminal record or were barred from working with people at risk. Potential staff had to provide two references and a full employment history, to ensure they were suitable to work within the service.

The service was not responsible for administering medicines to people. People were reminded to take their medicine or to reorder their medicines from their GP where necessary. Staff had received medication awareness training, as a safeguard, in case there were any incidents involving people's medicine which they needed to respond to.

Is the service effective?

Our findings

Relatives told us they "Couldn't be more pleased" with their family member's care. Observations during a visit showed that staff were delivering support according to support plans and that people looked happy and responded to staff.

Staff had received appropriate training to deliver the care and support for people using the service. Records showed that staff training covered all essential areas such as emergency first aid, fire prevention and awareness, infection control and manual handling. Training was delivered via e-learning and workshops and staff could request additional training in areas where they had a specific interest or need. The registered manager told us that two day workshops were available which covered areas such as lone working, personal care, de-escalation of behaviour, communication and record keeping. The training system was electronic and sent automated emails to staff when their training was due to be updated. The system was also monitored by the registered manager to ensure that staff kept their training relevant and up to date. One member of staff told us "There's a lot of training and it's really good. They send you an email within 12 weeks of needing to update your training so you can update it within time." Staff had regular supervision meetings and said they felt supported. One member of staff said "We have supervision every six to eight weeks but I always know I can go into the office if there is something I need to talk about."

People were asked for their consent before care and support was provided. Everyone said they were asked for their consent. One person said "They always ask for my permission before they do things." Another person told us "They ask me how I would like to be showered." Staff told us they always asked for people's consent and would respect people's wishes if they declined care or support. One member of staff told us they would always ask the reason as they may be able to provide care or support in a different way to meet the person's needs.

Everyone using the service had the capacity to give valid consent for the care and support they received. Whilst the service did not need to carry out mental capacity assessments in line with the requirements of the Mental Capacity Act 2005 (MCA) at this time, staff had received training and were aware of the principles of the MCA. The MCA is a law that protects and supports people who do not have the ability to make decisions for themselves.

Food and nutrition was not included as part of the service provided to people. People were supported to go shopping to purchase their own food. One person told us "They don't do my cooking. I do that myself. I choose my own food when I go shopping." Another person told us "I don't have sugar. They help me look at sugar in food when I am shopping."

Health professionals were appropriately involved in people's care. People were supported to attend medical appointments when they requested it. One person said "They take me to the doctors and the dentists." Another person told us "I have a hospital passport. I get support when I go to the doctors." Another person said "I can book myself into the doctors. If I was unwell when they came they would tell me to phone the doctor." The service liaised with other professionals to ensure that people received appropriate care and

support such as social workers and community psychiatric nurses (CPNs).

Is the service caring?

Our findings

People told us that staff were kind and caring. One person said "I was upset about my mum not being well, they took me to see her. They do care for me." Another person told us "They are very kind. They do cheer me up when they visit."

Staff told us they got to know people by talking to them and listening to them. They were able to describe people's individual likes and dislikes such as the types of toiletries they preferred or their hobbies. One member of staff told us that people looked forward to their visit and they liked to make it fun for them, with some light hearted banter. They told us they gently encouraged people and always complimented them on how they looked once they were showered and dressed.

We observed one person receiving support to clean their kitchen. The support worker prompted the person with cleaning tasks and allowed them time to complete them. When finished they supported the person with areas they had missed such as corners of the worktops. The support worker was at all times kind and considerate in their communication coming across as friendly and helpful. They responded to the person's informal speech, by engaging in friendly conversation about other aspects of the person's life. The person was empowered to complete their tasks but also assisted appropriately where necessary. There was a mutual positive caring relationship between the member of staff and the person.

People said that staff knew and understood them well. One person said "They do know me. They understand what I like and things." Another person said "They always listen to me." Staff knew what was important to people. One person said "They know I like clothes shopping. They haven't ever upset me." Another person told us "They have known me for many years. I like my animals." People were supported to maintain relationships with their family and friends. One person told us that staff had assisted them to pack a bag in order to visit their family for Christmas.

People were treated with dignity and respect. Staff told us about one person, who had a flatmate. They told us they always ensured the person had a dressing gown on after their shower, before being supported to dress. One member of staff told us "I always treat people as I would like to be treated." They described how they never talked about anything personal within earshot of a person's flatmate and ensured that curtains and doors were shut when the person was in receipt of personal care. One person said "They put towels around me when I have a shower." Another person told us "They run the shower for me and make sure it's not too hot. I shower on my own, they wait outside. I close the door."

People were supported to be as independent as possible. The service was set up to maintain people's independence in their own homes. Staff told us they encouraged people to do as much as possible for themselves in terms of washing, shopping, cleaning and organising their medicine. People were prompted and supported but always given the time and space to complete tasks for themselves. One person said "When I have a shower I wash my face and body. They help me wash my hair, back and legs." Another person told us "I get prompts to have a shower. They sometimes remind me about things."

People were actively involved in making decisions about their care and support. One person said "I am involved in planning my support. I get a choice about it." Another person said "I can choose what I want to do." Support plans included an 'About me' person centred assessment. People had written their own assessments where they were able to do so.

Is the service responsive?

Our findings

People were involved in writing their support plans. Person centred assessments were carried out when a person started to receive care and support. Where they were able to, people had written these themselves. The assessments included a section entitled 'Important information about me.' This included information about their health needs, sensory ability, mental health and a skills checklist identifying strengths and areas where support was required. Specific guidelines were written about how people liked to receive their support. One person was living with a chronic condition and their support plan included 'My story' which explained to staff, their life so far and what they specifically found difficult to do or accept.

People told us they received support to do the things they liked and enjoyed. One person said "I enjoy colouring and painting. They help me buy paper and paints." Another person told us "I like football and reading. I like my animals; they help me clean my animals' cages out every week."

People's support plans were kept up to date with six monthly reviews. People's support plans which were held in the office demonstrated that these reviews had taken place, however people's support plans in their own homes were not quite as up to date. Staff told us they were in the process of ensuring that support plans in people's homes reflected the updates described in the office copy. The registered manager told us that a new system of monthly reviews was in the process of being implemented. Updates were shared with staff via regular email updates. The registered manager told us she ensured that staff had time in the office to read support plans. Staff told us they thought the support plans were very detailed and said they always followed them. One staff member said "If there is anything new, we always update the office straight away."

Feedback was encouraged from people and staff. A 'Service user working together group' had been implemented, which met monthly. This included people using the service and staff who had volunteered. The group were involved in developing policies and practices for the provider which could be implemented across all the provider's services. For example the group had recently been involved in developing a bullying policy. The last meeting held on 10 December 2015 showed that the group had been involved in developing a new assessment form for people called 'My Life Assessment.' Feedback from the group had been both positive and negative and had been taken into account in the final draft of the document.

Regular staff meetings were held, which gave staff the opportunity to raise their views. They could also discuss matters individually with managers during supervision meetings. All the staff we spoke with said they could talk to the registered or deputy manager any time if they had any concerns or worries. The registered manager said she sent regular emails to all staff to ensure they were kept up to date with service improvements and developments. Staff said they knew how to make a complaint and would support people to make a complaint if requested but had never had any need to do so.

An annual survey was carried out and people were asked their views about the service they received. The survey demonstrated that people gave positive feedback about the service and also gave some suggestions. For example one person said they would like support to find a new place to live. People told us they were asked for their feedback. One person said "They gave me a questionnaire with smiley faces. I got help to fill it

in." Another person told us "I did get a questionnaire. My support worker helped me with it." People told us they were invited to service user meetings and were very happy with the service provided. One person said "I am quite happy with what they do." When asked what the service could do better one person said "Nothing I can think of." It was clear the service engaged with people about their views continually. People and staff were not able to determine anything that the service needed to improve. One person told us "The manager asks if they can do things better."

Is the service well-led?

Our findings

There was an open and transparent culture within the service. One member of staff told us "We've had meetings about the changes, meetings about how we can move on in the future. They are very open with us. As soon as they know, we know." Staff were able to raise any issues or concerns with the registered manager who, they told us, always listened and responded. People told us there was a culture of openness and fairness. One person said "Yes, they are very fair."

The registered manager described the values which underpinned the service provided to people. These included 'Trustworthy, innovative, person-centred, excellence.' Training entitled 'Looking at You' was mandatory for all staff. This involved discussing the values and looking at the trust as a whole, giving staff a more strategic view and understanding of the service and the provider overall. The registered manager told us "People are our future – it's about working together." The registered manager described how the service worked with other community groups to ensure people received a complete service and how staff and people were involved in 'Working together groups' which ensured that everyone had a say and felt included. She told us that staff were protected from lone working as all staff were provided with a 'Smart phone' which also had a panic alarm on it. Regular staff events ensured that staff did not feel isolated in their role.

Everyone we spoke with named the registered manager as the person in charge. They all said they could speak with either the registered manager or the deputy. One person said "I can talk to the managers." During visits to people at home, everyone recognised the deputy manager and it was clear she knew them on a personal level. She spoke with them in a friendly way and had knowledge of their needs and preferences. The registered manager was aware of the requirement to make notifications to the Care Quality Commission (CQC) in respect of safeguarding and other key events. It had only been necessary to make one notification in the past year.

The registered manager described the key challenges and successes in relation to the service. She told us that recruitment was difficult in the local area and as they were an expanding service, there was always a need to recruit. She told us she was proud of how much the service had grown and that there was a staff team of long standing, which meant they had a team they knew and could rely on and also that people received a consistent service from staff they knew. One staff member told us "It's just a really nice company to work for. I have been supported." Another member of staff said "We provide a good service which is service user led." The registered manager told us that staff were aware of their roles and responsibilities as they had all recently received a new role profile, which had been co-produced by the 'Working together group.' Staff told us their roles and responsibilities had been clearly communicated to them, via email, staff meetings and the 'Working together group' which they had been involved in.

An effective system of quality control was in place to ensure the quality of the service delivered to people. A continuous improvement plan had been written in September 2015. The plan focussed on making the support, the team, the systems and the environment even better. Actions included having regular meetings with people using the service, sending out feedback questionnaires, ensuring people were involved in feedback on new policies, creating a service user working group (the Working together group, which

included people and staff), devising a new staff form for one to one meetings and streamlining the office. The plan demonstrated that all of these tasks had either been completed or were underway. Additionally peer quality audits were carried out quarterly. This was when a registered manager from another service under the same provider visited to carry out checks such as checking incident and accident logs and speaking with people and staff. The last peer audit identified that the business plan needed to be reviewed and updated. We reviewed the business plan during our inspection, which identified strategic aims for the provider and also looked at strengths weaknesses, opportunities and threats in relation to the future provision of the service. Plans were in place to address these.