

Umbrella Derby & Derbyshire

Umbrella House

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

Umbrella House provides personal care to children and young adults in their own home. On the day of the inspection the manager informed us that 12 children and young adults were receiving support.

This inspection took place on 7 February 2018 and was undertaken by one inspector and was unannounced.

A registered manager was in post at the time of the inspection visit. This is a condition of the registration of 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 and associated Regulations about how the service is run.

People's risk assessments provided staff with information on how to support people safely, these were regularly reviewed and updated.

Staff had been trained in safeguarding (protecting people from abuse) and understood their CQC responsibilities in this area. CQC is the independent regulator of all health and social care in England. We are given powers by the government to register, monitor and inspect all health and care services.

All new members of staff had checks completed to ensure they were appropriate to work with the people who used the service. People we spoke with told us that they thought staff supported people's safety. They also thought that medicines were given safely and on time.

The local authority stated that they had no concerns regarding the delivery of service, quality of support or safeguarding. They said that staff were ready to adjust and amend support to meet the changing needs of the people..

Staff had been trained to ensure that they had the skills and knowledge to meet people's needs.

Staff understood their main responsibility under the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) to allow, as much as possible, for people to have an effective choice about how they lived their lives.

People told us that their child or young adult receiving support was happy and liked the staff who supported them.

Care plans were developed for the individual and centred around their needs and choices. Activities were organised for people to enable integration into the local community if they chose to do so.

People we spoke with told us that they would tell staff if they had any concerns and were confident these

would be quickly and appropriately dealt with. They also confirmed that there was regular communication with the registered manager and other members of staff.

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 remains Safe.

Is the service effective?

Good ●

The service remains Effective.

Is the service caring?

Good ●

The service remains Caring.

Is the service responsive?

Good ●

The service remains Effective.

Is the service well-led?

Good ●

The service remains Well Led.

Umbrella House

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 7 February 2018 and was unannounced.

We started this inspection by visiting the office premises to speak with the registered manager, this and to review the records held on site. We also contacted families using the service to discuss the quality of care they received. This unannounced inspection was carried out by one inspector.

Before the inspection visit we looked at the information we held about Umbrella House including any concerns or compliments. We looked to see if we had received any statutory notifications from the provider. A statutory notification is information about important events which the provider is required to send us by law. We considered this information when planning our inspection to the home.

We contacted commissioners for health and social care, responsible for funding some of the children and young adults who used the agency and asked them for their views about the service. There were no concerns expressed about Umbrella House.

We spoke with three families whose child or young adult received support from Umbrella House. We spoke with five members of staff, with the registered manager and later received information from the local authority regarding the quality of care provided by the agency.

We looked at three support plans to see how these were developed and how the agency included and supported the choices and wishes of people. We looked at additional records that showed us how Umbrella House supported people; these included such records as medicine records, daily records, reviews of support plans and risk assessments. We also looked at staff recruitment and training.

Is the service safe?

Our findings

The families of people using the service told us that they felt staff did provide support in a safe way and that they had information about who to contact if this was necessary. They expressed confidence in the registered manager and other staff to support safety. One person said, "I have no worries at all about that."

Staff told us that they had training relating to the safety of people, including abuse; this was regularly updated to ensure practices were meeting current standards. Staff knew their role and responsibilities to safeguard people receiving support and of the authorities to contact if needed. The local authority also stated that there were no concerns regarding safeguarding.

We saw risk assessments on support plans and any action needed was clearly detailed for staff to follow. These had been regularly reviewed to make certain they were still appropriate to the person's routines. People described to us how a member of staff was introduced to them and then monitored to make certain the person receiving support was happy.

We saw well organised records that showed there were robust recruitment procedures in place. All required checks were completed before any new staff member started work. This meant that people could be assured that only appropriate staff provided their support.

Medicines were not very often administered but when this was necessary, only trained staff undertook this support. One person told us, "Staff always give the medication safely and on time. They are very good with that." Audits showed us that practices and records were checked and staff had spot checks to ensure they undertook their role safely and appropriately.

People we spoke with told us that they felt any matters of concerns, particularly safety, would be addressed by staff. Any matters that could be improved were addressed by the registered manager and discussed with staff at supervision meetings as well as staff meetings. While no incidents had taken place that required review, the prompt for such discussions were regularly part of staff supervision meetings and people using the service regularly had the opportunity to voice any such matters.

Is the service effective?

Our findings

Families we spoke with told us that they felt staff were good at their job and knew exactly what support to provide and how that needed to be undertaken. One person told us, "Staff do know their job and [person's name] really is happy." People felt that staff did understand the needs of people they supported and choices were offered on a regular basis. One person said, "Staff definitely give support for any activity that is chosen."

Staff undertook a full induction that covered the expected standards of the organisation, policies and procedures that supported their role and working alongside other staff members to observe what was expected of them.

Staff told us that they had regular training that was updated to provide them with the appropriate skills and knowledge to support people appropriately. This was also discussed at supervision to ensure people had the opportunity to ask for any training they felt would support their role.

We checked that the service was working within the principles of the Mental Capacity Act 2005 (MCA). Discussions with staff and our review of records showed that staff knew and understood their responsibilities regarding the MCA. Regular training was also completed by staff to ensure this knowledge remained current and appropriate.

We were told by members of staff that they worked together to make certain each person received support at the time and in a way that they chose. Our observations during the visit to the main office supported this. We heard staff being considerate during discussions on the telephone and with staff to staff discussions about issues that needed attention.

Our discussions and review of records confirmed that people were constantly asked for their choices and wishes. These were recorded and then developed into part of people's support plans. One person told us, "Staff always ask, they listen and then make sure it's done. They are adaptable."

Is the service caring?

Our findings

People we spoke with told us that staff were caring. We had such comments as, "They are really good" and "Staff are excellent, they really care and always take time" as well as "Staff are always taking time and make a real effort to make sure [person's name] is happy." People told us that they felt staff supported independence and worked to give people confidence.

People's care plans showed that the individual was fully involved in decisions about how they wanted to live their lives. There were things the person wanted to achieve or what they did not like very much. This helped to develop a full picture of the person and their aspirations. This information was then used to develop a plan of activities and daily routines that fully suited the person.

Regular contact with families was made that again strengthened the understanding of daily routines. This gave people an opportunity to voice their wishes or to ask for certain activities to be altered if needed. These changes and wishes were accommodated and developed, such actions were reflected in support plans. One person told us, "Staff are very flexible, they listen to what is needed and [Peron's name] is really happy with their support." Another said, "Oh well, staff could not be more kind or caring."

There was evidence that the well-being of people using the service was a regular part of supervision meetings to make certain support was focused on the individual's choices and needs.

Records showed that any change in choices by a person was recorded, then this was part of their ongoing plan.

Is the service responsive?

Our findings

Our discussions with staff showed that they knew their role and the people they were supporting. Comments made by staff had been reflected in the care plans we had seen. People we spoke with told us, "Staff do know what [person's name] like to do, they are very good and things are always calm."

Support plans were regularly reviewed to make sure these contained up to date information and reflected any change in a person's needs. These included such areas as a person's personal history, communication needs and any specific triggers that may lead to accelerated behaviours. There was clear instruction for staff to follow in such incidents to help to deal with such events or to avoid these occurring.

There was evidence that support plans were regularly reviewed, we saw that records had been signed by staff and the appropriate family member for confirmation. People we spoke with confirmed that reviews took place regularly and that contact was a regular thing from the agency. This made certain that people had the chance to discuss any issues or worries they may have.

A local authority comments was that, "The organisation undertakes a person centred planning approach and match a worker to meet the child/young person's needs, short break preferences, language, culture and other individual issues in order to make the short break experience as positive as possible."

The recording of daily records showed regular routines and daily activities that staff supported. They clearly reflected the mood of the person as well as the choices for each day, including any changes to their place for the day. One person told us that staff always followed the daily choices of their family member and that this person was always "very happy" when staff arrived.

Staff told us that the registered manager encouraged them to read support plans. They said that information changes for people was communicated immediately. All staff felt that they worked well together to make certain that people had the support they needed and in the way they chose. Our discussions with families also confirmed this was the case.

Staff explained how they listened to people's choices and had regular meetings with people receiving support. These meetings enabled everyone to voice their wishes and discuss activities they would like to undertake. In this way people heard about different activities and talked about the chance that they may like something new. This information was then used to develop a variety of outings and opportunities for people to achieve their goals and wishes.

We discussed the new accessible information requirement. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. Staff told us that they had always had policies and procedures to ensure that this had been carried out within all support plans. We saw that records contained details of how best to communicate information to each person. This ensured that people receiving support had the opportunity to get information and details in an acceptable

way for them to understand..

People we spoke with said they had no reason to complain or raise issues as there was constant contact with staff and any issues were dealt with quickly. They also had information about who to contact if they needed to speak to authorities about anything and were confident in the procedures in place within Umbrella House.

Is the service well-led?

Our findings

There was a registered manager in place. 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.

There were satisfaction questionnaires regularly sent out for people to give feedback on their experiences and on the quality of care they received. This also provided the opportunity to state any concerns, or ideas for improvement, they may have. We saw that this information was then used to assess the quality of the service provided. People told us that staff were always on hand to discuss anything they needed and they felt listened to and any issues professionally acknowledged.

All members of staff we spoke with told us that they could approach the registered manager about any issues and that everyone worked openly together. Staff said they had regular staff meetings where issues were discussed including any changes in policies or procedures. All staff felt that they were able to speak openly and able to make suggestions about any matters. This showed us that staff had a voice in the organisation and in any new developments.

Staff clearly explained how they saw the overall culture and aims of the service, that the support provided for people was their priority. Staff we spoke with told us that the registered manager always provided support and had an open door policy and expected staff to be friendly, approachable and treat people with dignity and respect. They all told us they would raise any matters and speak openly about any matters.

There were systems in place to monitor and check that the quality of the service provided met with the aims of the organisation. These checks included regular audits of records, training and risk assessments. These risk assessments covered activities, daily routines as well as the person's living environment. These all showed that the agency had systems in place to protect the welfare of the people using the service.