Mrs Maria Ann Doswell

Maria's Independent Support Service

Inspection report

517 Hook Road
Chessington
Surrey
KT9 1QW

Tel: 02083976919

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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

Maria's Independent Support Service was first registered with the Care Quality Commission (CQC) in September 2014. This is the first inspection of the service since registration. This inspection took place on 15 November 2016 and was announced.

Maria's Independent Support Service is a small service, based in the Royal Borough of Kingston that provides people with personal care and support. The service specialises in caring for adults who have a learning disability and/or autistic spectrum disorder. There were four people using the service at the time of this inspection who all lived in supported living schemes in the community. Supported living is where people live independently in specifically designed or adapted accommodation, but need some help and assistance to do so. People's support is funded by the local authority. The package of care and support provided to each person varies between a few hours a week or over a number of days depending on their specific needs.

Maria's Independent Support Service is owned by an individual provider who also manages the service. It therefore does not require a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

Staff ensured, when people received support, their safety and welfare was prioritised. Staff had access to appropriate guidance on how to minimise identified risks to people due to their specific needs. This helped to keep people safe from injury or harm in the home and community. Staff received training to ensure people were sufficiently protected from the risk of abuse or harm. There were procedures in place for them to follow to ensure concerns they had about people were reported promptly to the appropriate investigating authority. Staff had also received training to ensure people were protected from discriminatory behaviour and practices that could cause them harm.

There were enough staff to meet people's needs. The provider ensured staff were suitable and fit to work at the service by carrying out employment and criminal records checks before they could start work. Staff attended relevant training and were well supported by the provider to help them to meet people's needs. Staff were set work objectives focussed on people receiving good quality care and support. Progress against these was checked by the provider through supervision (one to one meetings).

People were supported to keep healthy and well. Staff ensured people were able to access promptly healthcare services when this was needed. People were encouraged to drink and eat sufficient amounts to meet their needs. Where this was appropriate their food and fluid intake was monitored to ensure they were eating and drinking enough and maintaining a healthy weight. There were arrangements in place to support people with their prescribed medicines so that they received these safely.

People were supported to express their views in a way that suited them. The provider used appropriate communication methods to ensure people could state their wishes and choices and these were respected. People were involved in planning the care and support they needed. Their relatives and other professionals also participated in helping people decide on the level of care and support they wanted. There was clear and detailed information for staff on how people's care and support needs should be met. The provider and staff demonstrated a very good understanding of the specific needs of people they supported.

Relatives spoke positively about the staff that supported their family members and said they were very caring. Staff upheld people's right to privacy and to be treated with dignity and respect. People were supported to be as independent as they could be in the home and community. Staff only stepped in when people could not manage tasks safely and without their support. They encouraged people to take part in activities and interests of their choice and to maintain social relationships that were important to them.

People's relatives were satisfied with the support their family members received. The provider encouraged a culture in which people and their relatives could express their views about the service and the support people experienced. They had appropriate arrangements in place to deal with people's concerns or complaints, if they had these.

The provider had a good understanding of their role and responsibilities. They carried out checks of the service to assess and review the quality of care and support people received. They shared their feedback and observations with staff to reflect on what went well and what needed to improve so that people continuously experienced good quality care and support.

We checked whether the service was working within the principles of the Mental Capacity Act (MCA) 2005. Staff were fully aware of their responsibilities in relation to the Act.

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 abuse and to report any concerns they had, to ensure people were appropriately protected. Staff were supported to protect people from discriminatory behaviour and practices.

There were enough staff to care for and support people. The provider had carried out checks of their suitability to work at the home.

Plans were in place to minimise identified risks to people's health, safety and welfare. Staff followed safe practices to ensure people received their medicines as prescribed.

Is the service effective?

Good

The service was effective. Staff received relevant training and support to ensure they could meet people's needs.

Staff were clear about their responsibilities in relation to the Mental Capacity Act 2005.

People were supported by staff to eat well and to stay healthy. When people needed care and support from other healthcare professionals, staff ensured people received this promptly.

Is the service caring?

Good

The service was caring. Staff knew people well and what was important to them in terms of their needs, wishes and preferences.

People were encouraged to communicate their wishes using the method which suited them. The provider acted as an advocate for some of the people they supported to ensure their rights were protected.

Staff upheld people's right to privacy and to be treated with dignity and respect. Information about people was kept securely. People were encouraged by staff to be as independent as they could and wanted to be.

Is the service responsive?

Good

The service was responsive. There was appropriate guidance for staff on how people's needs should be met. This reflected people's individual choices and preferences for how they wished to receive support.

People were supported to live an active life and pursue their interests. They were encouraged to maintain relationships with the people that were important to them.

People were satisfied with the support received. The provider had appropriate arrangements in place to deal with any concerns or complaints people had about this.

Is the service well-led?

Good

The service was well led. There was an open and transparent culture in which people's views about how the service could be improved were sought.

The provider informed people what they should expect from the service. They encouraged staff to ensure people experienced good quality care and support.

The provider had a good understanding and awareness of their role and responsibilities. They carried out checks to monitor the safety and quality of the service.

Maria's Independent Support Service

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 took place on 15 November 2016 and was announced. We gave the provider 48 hours' notice of the inspection because the provider was sometimes out of the office supporting people who use the service. We needed to be sure that the provider would be available to speak with us on the day of our inspection. The inspection team consisted of a single inspector.

Before the inspection we reviewed information about the service such as notifications about events and incidents that have occurred at the service, which they are required to submit to CQC.

During our inspection we spoke with the provider. We looked at records which included four people's care records, two staff files and other records relating to the management of the service.

As people using the service had complex communication needs, we contacted people's relatives and spoke to four, who shared with us their views and feedback about the quality of care and support provided.

Good

Is the service safe?

Our findings

People's relatives said their family members were safe when being supported by staff. One relative told us, "I feel [family member] is completely safe. If I could, I would commission the local authority to offer the service more time with my [family member]." Another relative said, "I have no questions around [family member's] safety."

All staff had been trained to safeguard adults at risk. Training helped staff to recognise and identify situations or circumstances in which people may be at risk of abuse and the action they must take to ensure people were sufficiently protected. There was a clear reporting process for all staff to follow which outlined how and when to report their concerns and to whom. The provider demonstrated a very good understanding of how to safeguard people who may be at risk as well as their responsibilities for ensuring any concerns about people were reported immediately to the appropriate investigating local authority.

Staff also received training in how to protect people from the risk of harm that could arise from discriminatory practices or behaviours from others. All staff received training in equality and diversity. The provider demonstrated good awareness and understanding of how to ensure people's rights were respected and protected to ensure they did not suffer discrimination or abuse. For example, they told us how when accompanying people to healthcare appointments or meetings about their care and support, they used their knowledge about people's needs to advocate and inform others, on their behalf, to ensure their rights were protected. A relative told us, "[The provider] has a lot of experience and understanding of each person. They give me and the other professionals, guidance about [family member's] current health and wellbeing."

Plans were in place to ensure known risks of injury or harm to people were minimised. Records showed the provider had assessed how people's specific circumstances and needs could put them at risk of injury and harm in the home and community. The information from these assessments was then used to develop plans for how risks should be minimised particularly when people were being supported. For example in one person's records we saw detailed information about how to support them to eat and drink in a safe way, to minimise risks to them of choking. In another person's records we saw they needed to use equipment to help them to move or transfer around. There were clear instructions for staff on how to use this properly so that people were protected from the risk of injury or harm. The provider had a good understanding of the specific risks posed to people and what they should do to minimise these.

The provider and staff worked closely with people, their relatives and other professionals to reduce risks posed when people displayed behaviour that challenged others. Staff followed positive behaviour support guidance developed by professionals such as psychologists. Positive behaviour support (PBS) is an approach used to help people learn positive behaviour responses in a variety of settings and situations to reduce instances of behaviour that challenges others. Information in people's records included what could trigger behaviour that challenges and the positive actions staff should take in order to prevent or deescalate a potentially hazardous situation, to keep people safe. This helped staff to manage and reduce identified risks and to prevent restrictive practices, such as restraint or seclusion, being applied.

There were enough suitable staff to care for and support people. A relative told us, "[Family member] is in a good place and has consistency." The provider planned staff levels well in advance to ensure people's needs could be met by an appropriate member of staff. They provided a rota to people, their relatives, to others involved in people's care and to staff so all knew who would be providing support and when. We saw the same staff were allocated to support people which meant people experienced consistency and continuity in the support they received. To cover any staff absences, the provider had employed an additional member of staff to ensure that these could be sufficiently covered. The provider told us they did not take on any new packages of care if they did not have the staff resources to meet people's needs safety.

The provider carried out checks on staff to ensure they were suitable and fit to support people. Records showed checks were carried out and evidence was sought of; their identity, which included a recent photograph, eligibility to work in the UK, criminal records checks, qualifications and training and evidence of previous work experience. Staff also completed a health questionnaire which was used to assess their fitness to work.

Where the service was responsible for this, staff supported people to take their prescribed medicines. There was detailed information about people's medicines in their records and how people should be supported with these. All staff had received training in safe handling of medicines and provided with a copy of the service's medicines policy and procedure. This detailed the steps staff should follow to ensure people received their medicines safely. People's records showed staff, at every handover, recorded any medicines administered and the dose. The provider told us they checked these records to ensure medicines had been administered as stated.

Good

Is the service effective?

Our findings

Staff had been trained to meet people's needs. A relative said, "The staff all work appropriately in supporting my [family member]." Another told us, "I do sit quietly and observe the staff and they are leaps ahead than [other care providers]." Training records showed the provider and their staff had attended training in topics and areas relevant to their work. This included training in; infection control and hand hygiene, health and safety, first aid, fire safety, epilepsy awareness, challenging behaviour and medicines administration. Specialist training was also provided to staff to help them support people with a learning disability. The provider monitored training to identify when refresher updates were required to ensure staff kept their knowledge and skills up to date.

People were cared for by staff who were well supported in their roles. There was a supervision framework in place through which staff had regular meetings with the provider. The provider used supervision meetings to discuss current work practices and any learning and development needs staff had. Staff were also provided an opportunity to discuss and review their progress against agreed work priorities and objectives and how they were achieving positive outcomes for people.

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 make 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. Any application to do so for people living in their own homes must be made to the Court of Protection.

We checked whether the service was working within the principles of the MCA. All staff had received training in the MCA. The provider demonstrated a good understanding and awareness of their responsibilities in relation to the Act. Records showed there was involvement with people's relatives and others involved in people's care, when people lacked capacity to make specific decisions about their support needs, to ensure these were made in people's best interests.

People were supported by staff to eat and drink sufficient amounts to meet their needs. Information had been obtained from people about their dietary needs and how they wished to be supported with these. The level of support people required from staff varied and was based on people's specific needs and wishes. This ranged from preparation of drinks and light snacks to cooking meals. Staff documented in people's records the meals they prepared and how they supported people to eat. They also recorded how much people ate or drank. This gave everyone involved in people's care and support, information about whether people were eating and drinking enough to reduce the risks to them of malnutrition and dehydration

People were supported by staff to keep healthy and well. A relative said, "[The provider] has made so many changes and introduced diet plans, and got a nutritionist involved as [family member] was very overweight." They told us as a result of this, their family member had lost weight which helped to reduce the impact of a

health condition they had. Another relative said, "[The provider] is very conscientious and reports any concerns immediately." And another told us, "If [the provider] has a concern about [family member] they let us know immediately."

Records showed staff documented their observations and notes about people's general health and well-being and shared this information with all involved in people's care and support. When staff had concerns about a person's health and wellbeing they sought appropriate support and assistance from others, such as the GP to ensure people were sufficiently supported. People's records also contained a hospital passport. This document informed hospital staff about people's personal care and health needs and preferences in the event that they needed to go to hospital.

Good

Is the service caring?

Our findings

People's relatives described staff as kind and caring. One relative told us, "[Provider] really does care." Another relative said, "[Provider] is so hands on and dedicated. I can see the difference they have made."

Relatives told us the provider had worked with their family members for a number of years and knew them and their needs well. One relative said, "[Provider] has known [family member] for many years and we've benefited from the continuity and consistency that gives. It gives us peace of mind and confidence in terms of the quality of care." Another told us, "They [provider and family member] get on stupendously well. Whenever I see them together [family member] is always relaxed in [provider's] company. They know each other really well."

People were encouraged to communicate their wishes using the method which suited them. People had complex communication needs and their records provided good information for staff on how they wished to communicate and express themselves through speech, signs, gestures and behaviours. This helped staff understand what people wanted or needed in terms of their care and support as well as their day to day needs at home or out in the community. The provider told us they acted as an advocate for some of the people they supported. A relative said, "[The provider] champion's [family member's] interests, understands [their] diverse needs and can advocate these to others."

Relatives said people were treated with dignity and respect. One relative told us, "[Provider] absolutely gives the whole paradigm of dignity and respect and really embodies this. [They] have actually changed the way I think about my [family member] and [provider] treats [family member] as an adult who should be respected to live a life regardless of [their] learning disability." Another relative said, "[Provider] is always concerned about [family member's] appearance which is really important to [family member] and the rest of the family. [Provider] has picked up that is what [family member] prefers." The provider demonstrated understanding and sensitivity when discussing how people were supported with personal aspects of their care so that their dignity was maintained at all times.

The provider ensured people's privacy was respected. They made sure records about people were kept secure so that personal information about them was protected. They were discreet and respectful when discussing personal information about people.

People were encouraged to do as much for themselves as they wished and wanted to do, to help promote their independence in the home and community. People's support plans provided detailed information for staff on how to support people to undertake tasks and activities which promoted their independence. For example, we saw people were encouraged and supported with their cleaning and laundry, to undertake personal shopping tasks and travel in the community.

When supporting people with aspects of their personal care, staff only stepped in when people could not complete this without their support. For example for one person, when they needed to use the bathroom, their support plan set out in detail what they were able to do by themselves and when staff should assist

them. In this way they retained as much control and independence as they could over what happened to them.

Good

Is the service responsive?

Our findings

People were actively involved in discussions about the care and support they needed. People's relatives, and others involved in their care, also participated in these discussions to help people decide on the level of care and support they required. A relative told us, "I'm there at all the meetings and I'm quite involved." Using the information from these meetings the provider developed support plans which set out how people's care and support would be provided by staff. These were reviewed with people and their relatives, along with others involved in their care, to ensure the support people received continued to meet their needs. The provider updated support plans with changes, when required, so that staff had access to current information about how people's needs should be met.

People received personalised support which met their specific needs. A relative told us, "Staff are completely person-centred." People's support plans contained clear, detailed information about their life histories, their specific likes and dislikes and their specific preferences for how support should be provided. For example there was detailed information for how they should be supported in the morning to get ready for the day ahead. This included specific information about whether they wished to have a bath or shower and the type and style of clothing they wished to be offered to wear. This ensured people received support that was personalised and focused on how their needs should be met. A relative said, "[Staff] do listen to what [family member] has to say and go with the flow. They provide positive encouragement and where there is a choice, [family member] has a choice." The provider demonstrated a very good understanding of the specific needs of people and explained to us in detail the support people required and why.

People were encouraged to pursue activities and their interests, to reduce risks to them from social isolation. A relative said, "They are very creative in the things that they do and always putting forward ideas about different activities." Another relative told us, "[The provider] really does stimulate [family member]." People had a weekly timetable of planned activities and events that they wished to undertake. This included a range of social activities such as shopping trips, going for coffee or lunch, going to a disco or to a day centre. Where staff were responsible for this, they supported people to attend these activities. In addition to planned activities, records showed staff supported people to undertake ad hoc activities or events of their choosing. For example one person had recently been supported to go and watch a show at the theatre.

People were supported to maintain relationships with those that mattered to them. The provider ensured people maintained regular contact with their families and friends. People were encouraged to visit with family and friends, including taking trips abroad. A relative told us, how with the provider's help and support, their family member had been able to meet up for lunch with a childhood friend which had been very important to them.

People's relatives spoke highly about the support their family members received. One relative told us, "It's the little things that [the provider] does that no one else seems to do… I'm very happy with things." Another relative said, "Can't speak highly enough. We feel [family member] is happy, safe and well." Another told us, "Quality of care is outstanding." And another said, "Amazing support. [The provider] is so dedicated."

The provider had arrangements in place to deal with people's concerns or complaints if they were unhappy with any aspect of the support provided. They had developed an easy to understand complaint form which used pictures and simple language to help people state who and/or what had made them unhappy and why. The provider's complaints procedure was also made available to people and their relatives in the service user guide provided when they first started to use the service. This explained how any complaint they made would be dealt with. The provider was responsible for ensuring people's complaints were fully investigated and that people received a satisfactory response to the concerns they raised. A relative told us, "If something goes wrong [the provider] will immediately apologise and what's more important her explanations make sense!"

Good

Is the service well-led?

Our findings

People's relatives spoke positively about the provider and their leadership of the service. One relative told us, "[Provider] is open, transparent, upfront and honest. I trust [them]." Another relative said, "It's a real partnership which gives us peace of mind and assurance. There's constant exchange of information and communication." And another told us, "[Provider] has a lot of experience and is very professional."

The provider encouraged a culture in which people and their relatives could express their views about the service and the support people experienced. Staff sought people's views about their care and support at each shift and checked, using people's preferred method of communication, if they wanted to change or improve any aspect of this to suit their needs. Staff recorded at the end of each shift in 'handover records' how they had ensured that people's views and ideas were acted on so that they received the support they wanted. The provider told us they reviewed these records daily to check that people's views and feedback were listened to and acted on by staff.

Staff contacted people's relatives after each shift to provide them with feedback about the care and support provided to their family members. This provided relatives an opportunity to review with staff what went well and make suggestions how to improve aspects of this if needed. A relative said, "We get a handover every shift and we get this promptly."

The provider had clearly stated aims about what people should expect from the service in respect of the care and support they received. These were focused on improving quality of life through supporting people to participate in meaningful activity, improving and maintaining the health and wellbeing of people, ensuring people had choice and empowered to maintain their independence and privacy and ensuring people were treated with dignity and respect at all times. These were set out in the service user guide. This meant the provider was fully accountable to people and relatives for ensuring these aims and objectives were met.

Staff were encouraged by the provider to ensure people experienced good quality care and support. Supervision records showed that the provider discussed with staff how their work practice and performance had helped to contribute to the service's aims and objectives. This included discussion of examples where good outcomes for people were experienced. Staff were provided an opportunity to give their feedback about how the service could be improved and the provider recorded how this would be taken forward. We saw an example of this where a staff member had made some suggestions about changing activities for one person to meet a specific wish they had expressed and the provider had acted on this to ensure this need was met.

The provider carried out spot checks on staff to check they were providing the care and support planned for people. Supervision records showed their feedback and observations were shared with individual staff members and discussed which enabled both the provider and staff member to reflect on what went well and what needed to improve so that people continuously experienced good quality care and support.

The provider had a good understanding and awareness of their role and responsibilities particularly with regard CQC registration requirements and their legal obligation to submit notifications of events or incidents at the service. This was important as we need to check that the provider had taken appropriate action to ensure people's safety and welfare in these instances.