

## Care Services (MK) CIC

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### Inspection report

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

This inspection took place on 7 and 8 February 2017 and was announced.

Care Service (MK) CIC provides personal care to people with learning disabilities and autism that live in their own homes in order for them to maintain their independence. At the time of our inspection, the service supported people living across two sites within Milton Keynes, both were bungalows that had been converted into self-contained flats where people had their own tenancies, and staff on site at all times.

At the time of our inspection the provider confirmed they were providing personal care to 5 people.

There was 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 a very good understanding of abuse and the safeguarding procedures that should be followed to report abuse. Staff were highly confident in reporting anything of concern. People had detailed risk assessments in place to enable them to be as independent as possible.

Staffing levels were adequate to meet people's current needs. The service employed enough staff to ensure that people were supported at the right level at all times.

The staff recruitment procedures were robust and detailed. This ensured that appropriate pre-employment checks were carried out so only suitable staff worked at the service.

We saw that medicines were administered and stored safely. Staff received training and competency checks to ensure that medication was administered safely.

Staff induction training and on-going training was provided to ensure they had the skills, knowledge and support they needed to perform their roles. Detailed and innovative methods of training ensured that all staff had an excellent and in depth knowledge of how to support people and achieve their desired goals. All the training received was relevant and up to date, and included specific training on each individual being supported.

Staff skills and experience were organised and utilised effectively to maximise positive outcomes for people. The service had put together areas of expertise for people to champion and had employed highly qualified staff to offer their knowledge and skill throughout the staff team.

Staff told us they were well supported by the registered manager and senior team, and had regular one to one supervisions. Staff valued supervision time and used it to give and receive feedback on the service they

were providing.

People's consent was gained before any care was provided and the requirements of the Mental Capacity Act 2005 were met.

People were able to buy and choose the food and drink they wanted and staff supported people with this. People had been able to improve their independence and health through the on-going support that staff had given with food, drink, shopping and cooking.

People were encouraged to maintain a healthy lifestyle, and were supported to access health appointments when necessary. A variety of healthcare professionals were involved in people's on-going care, which was supported by the service.

Staff treated people with kindness, dignity and respect and spent time getting to know them and their specific needs and wishes. Staff including the management, had an excellent knowledge of people's needs.

People were involved in their own care where possible, and family members were involved when required. People and their family were able to contribute to the way in which they were supported.

The service had a complaints procedure in place to ensure that people and their families were able to provide feedback about their care and to help the service make improvements where required.

Quality monitoring systems and processes were used effectively to drive future improvement and identify where action was needed.

## 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 were knowledgeable about protecting people from harm and abuse.

There were enough trained staff to support people with their needs.

Staff had been safely recruited within the service.

Systems were in place for the safe management of medicines.

### Is the service effective?

Good ●

The service was effective.

Staff received innovative and person centred training which enabled them to support people in a positive manner and gain independence and quality of life.

Staff skills and experience were utilised and organised to achieve the best possible support for people.

People could make choices about their food and drink and were provided with support when required. People received specialist support in this area when required and we saw evidence that people had progressed their independence within this area

People had access to a range of health care professionals to ensure they received effective care or treatment.

### Is the service caring?

Good ●

The service was caring.

People were supported make decisions about their daily care.

Staff treated people with kindness and compassion.

People were treated with dignity and respect, and had the privacy they required.

### Is the service responsive?

Good 

The service was responsive.

Care and support plans were personalised and reflected people's individual requirements.

People and their relatives were involved in decisions regarding their care and support needs.

There was a complaints system in place and people were aware of this.

### Is the service well-led?

Good 

The service was well led.

People knew the registered manager and were able to see her when required.

People were asked for, and gave, feedback which was acted on.

Quality monitoring systems were in place and were effective

# Care Services (MK) CIC

## **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 and 8 February 2017 and was announced. The registered manager was given 48 hours' notice of the inspection. We did this because we needed to be sure that the registered manager or someone senior would be available on the day of the inspection to help respond to our questions and to provide us with evidence.

The inspection was carried out by one inspector.

Before the inspection, we reviewed the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. We also contacted the Local Authority for any information they held on the service.

We met three people who were using the service, but they were not all able to answer questions for us. We were able to contact two relatives who were able to answer some questions on behalf of their family members receiving a service. We also spoke with two support workers, one senior care practitioner, the service manager, the head of care, and the registered manager who was also a director of the service. We reviewed five people's care records to ensure they were reflective of their needs, five staff files, and other documents relating to the management of the service, including quality audits.

# Is the service safe?

## Our findings

People were provided with safe care and support. A relative told us, "I think that [Person's name] is in a very safe environment. They have very specific support needs and the staff do the job very safely. I have no worries about them at all."

All the staff we spoke with had a good understanding of safeguarding, the signs of abuse and how to report it, and whistleblowing procedures. One staff member said, "I would speak to the manager immediately if I had any concerns. If it was very serious then I would contact the police. I have not had to report any concerns but I do feel that they would be dealt with appropriately if I did report anything." We saw that training had been completed in these areas. The registered manager was aware of the requirement to notify CQC about incidents as required. During our inspection, we saw that people appeared to be relaxed and calm in the support they were receiving from staff which was done in a safe manner.

People had detailed and comprehensive risk assessments in place which identified all risks and the actions that should be taken. One staff member said, "The risk assessments are very detailed and explain clearly what to do in various situations." We saw that a risk assessment tool was in place which graded individual risks. This then linked directly to a specific area within a care plan. Some of the people being supported by the service had complex and challenging needs, and we saw that the service had created very detailed and thorough assessments of risk across many specific areas of a person's support. Actions that staff should take were clear, and the risk assessments themselves promoted positive risk taking and supported people to maintain independence as much as possible.

Staff were recruited safely within the service. All the staff we spoke with told us that they had to provide two professional references, obtain a disclosure and barring check (DBS) and identification. We looked at staff recruitment files and found application forms, a record of a formal interview, and evidence that references, DBS and identity checks had taken place. The service recognised the need to employ staff with suitable ability to safely support people with complex needs. We saw that the recruitment and interview process was designed to find potential staff members with the right ethos, attitude and skills, or willingness and ability to learn the skills required. This meant that staff were safely recruited and that appropriate steps were carried out, to ensure staff were of suitable character to work with vulnerable people who may have complex support needs.

There was enough staff working within the service. The registered manager told us that they did not employ the use of agency staff, as they had an appropriate amount of cover from both permanent and bank staff who regularly picked up shifts. We saw that a staffing level needs assessment had taken place which showed the exact amount of staffing that each person was funded for and required. We saw staffing rotas which showed us that staffing levels were appropriate, and quite regularly, more staff were on shift than were required which enabled the team to confidently work with people in a flexible and safe manner.

Staff supported people with the administration of medication safely. One staff member said, "I have received the medication training which was very good. We also have competency checks from management

to ensure that we are doing things right." We saw that some people stored their medication within a locked box in their own flats. Others were stored securely within the staff office. The service used medication administration records (MAR) provided by the local pharmacy. We saw that the MAR showed the type, route, frequency and dosage of medication and were all filled in accurately. Regular audits of the MAR took place and daily stock checks ensured that medication was kept safely.



## Is the service effective?

### Our findings

Staff were well trained, and had the knowledge and skill to support people within the service. A relative of a person told us, "The staff are excellent. They are very well trained and know how to sort things out. It's not an easy job at all, but they all work very well with [person's name]." Another relative of a person said, "I can't fault them at all, [person's name] needs will always be a challenge, but I have never felt happier that they are in the right setting with the right staff." During our inspection, we observed staff working with people in their own flats and saw that staff were able to respond to people's needs in a prompt, calm and efficient manner. The staff we saw had confidence in their roles and displayed an excellent understanding of supporting people who may sometimes have complex needs.

Staff members completed a comprehensive induction programme before starting work within the service. One staff member said, "I went straight on to the training within the office. The registered manager trained me in all of the procedure and policy within the company, the expectations of staff, and background and history of all the people using the service. I completed a lot of mandatory courses via an e-learning system, and then I spent several shifts shadowing the more experienced staff to get to know people and the way they like to be supported."

The service used innovative, detailed and person centred training for all of its staff team. We looked at training materials that showed us training sessions based around each individual requiring support. Staff learnt how an autism and mental health diagnosis specifically affected a person, and then the best way to support them to achieve good health, wellbeing, independence and empowerment within their life as much as possible. The service worked in partnership with a person's parents and family members who were able to speak directly with staff and support their understanding of the individual and their complex needs and routines. This meant staff were able to develop their knowledge through understanding the unique and valuable perspective that these relatives had. We saw that the impact on the people using the service was significant. The staff were able to provide a quality and highly personalised service, which meant people were able to maintain and improve their independence.

Staff training was based on specific routines and preferences that a person had in many areas of their life. For example, staff were shown many of the favourite community facilities that a person enjoyed visiting. They learnt the specifics of each area in the community and how it may affect the person, the potential risks involved, and how they should be supported to achieve their aims of successfully and safely accessing the community. The impact of this approach to staff training was significant to people and their quality of life. This was evidenced when we saw that the level of staff support hours required for a person had gradually been reduced over a period of time. This was because staff had implemented the approach they were trained in and enabled the person to progress with their independence. This reduced the occurrences of behaviours that may challenge which had originally required a higher level of support..

The service maintained a comprehensive training schedule for all staff, to ensure that all mandatory courses were refreshed when due. This also included specialist training in supporting people with autism and learning disabilities. Staff were trained in positive behaviour support methods to ensure that people were

safe, and able to cope with the challenges they may face on a day to day basis. This training enabled staff to take a safe, measured approach to supporting people who may present behaviour that challenges. This enabled the people using the service to feel safe in the way they were being supported, and they had the guidance they needed to avoid situations that may cause them stress or anxiety. The staff we spoke with were all confident and clear on how to implement this approach in the way they were supporting people. We saw that the service was also able to access training that the local authority were providing, which meant staff were able to benefit from the knowledge of a variety of professionals.

People were able to maintain an excellent quality of life due to the care and support of the staff. This was a result of the staff knowledge and skill acquired through training and qualifications. The service had employed several psychology graduates into the roles of senior practitioners, as well as outlining areas within the service where staff would be champions in the subjects of, communication, behaviour, autism, psychology and management. The service showed that it was able to draw from the experience of qualified staff, as well as train and champion other staff to become specialists within set areas. This all meant that the people using the service were able to experience an excellent level of care and support, that met their specific needs, and enabled them to have a positive and meaningful life.

Staff members received support through regular supervision. A senior member of staff told us that all staff were given one to one supervision time regularly, as well as having observational supervision where management would check that staff were competent in certain areas. One staff member said, "I have regular supervisions with my manager. I find it a helpful and worthwhile experience." We saw that detailed supervision notes were kept within a file, and showed that staff had discussed their own progress and that of the people using the service.

We checked whether the service was working within the principles of the Mental Capacity Act (MCA). 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. In domiciliary care settings this is under the Court of Protection. The staff we spoke with all had an understanding of MCA and the Deprivation of Liberty Safeguards (DoLS).

Staff gained consent from people before carrying out any tasks. A staff member said, "I would always ask a person before doing anything. All the people we support can communicate whether they do or do not want to do something." Another staff member said, "All the staff I work with are the same, we all respect people's choices and understand that we are in their home, they are basically our employer." During our inspection, we observed several interactions between staff and people being supported. We saw that staff were always talking with people and gaining their consent before doing anything, allowing each person the time they needed to make decisions.

People were supported to maintain a healthy and balanced diet, and received support with any dietary requirements they had. One staff member said, "Everyone has their own kitchen and their own food. Some people cook for themselves, and some we support to cook." Another staff member said, "For [person's name], we offer various ideas for dinner. They then guide us by hand to show what their choice is." Staff told us that they had made significant progress with one person and their support to buy food in supermarkets. The person previously could not cope with the environment of a supermarket or any busy shops. The staff had worked with the person across a long period of time and were now at the point where they could go into a shop and purchase three items. They had become used to this routine and were managing it well.

Staff would then purchase the rest of the items at a separate time on the persons behalf. This meant that the person had regained some independence and was able to experience the choices on offer within the shop. All the staff we spoke with had an excellent knowledge on each person's preferences and needs with food and drink

People had support to access healthcare services and received on-going support from staff with health needs. We saw that the service had good links with a variety of local health care professionals to support the people using the service, including speech and language therapists, nurses, consultant psychologists, doctors and more. We saw that staff had supported one person alongside health professionals to improve their health greatly within one area. When the person first started using the service, they had high support needs with eating and drinking, with the need for food and drink to be a particular texture due to the risk of choking. With the support of staff and speech and language therapists, the person was now able to manage a wider variety of foods and textures with reduced risks. We saw records within people's files that evidenced this progress and showed access to various health appointments as required.

## Is the service caring?

### Our findings

Staff supported people with a caring approach and manner. One relative told us, "The staff are very caring people. I am comfortable knowing that [person's name] is treated so well." Another relative said, "The staff are fantastic, they have gone beyond what I expected in terms of the good care that [person's name] gets. It's excellent." During our inspection, we saw staff interact with people in a warm and caring manner, encouraging people positively, and giving people the time they needed with communication.

Staff were aware of people's preferences. All the staff we spoke with had an excellent knowledge about the people they were supporting, their routines, likes and dislikes. The staff we spoke with were confident that the care plans in place were reflective of the people they were written about, and created an excellent source of guidance on the care that each person required. The service used an electronic system to maintain care plans. The care plans we saw were detailed and extensive. They covered every aspect of a person's life and the specific needs that they had in every situation. They included information that people had contributed to themselves including 'Things I am good at' 'Things I like support with' 'What makes me happy and sad' and 'Things I would like to know/goals for the future'. We saw that all sections of care planning were linked directly with risk assessments, which meant that all risk assessing was done in a positive manner, with consideration for the care that people needed. All care planning that we saw was regularly updated.

People and their family were involved in their care planning. One relative told us, "I feel very involved in what goes on. I was involved in helping [person's name] move in to the service, and the staff are all excellent at communicating and updating." Staff told us that they acted as keyworkers for certain people. This meant that they had a lead role in making sure the person was involved in their day to day care as much as possible and their care plans were regularly updated. We saw that one person had clearly been involved in writing parts of their own care plan, and that they were regularly updated and reviewed.

People's privacy and dignity was respected by staff. One staff member said, "I think we all respect people's privacy and dignity. These are people's own flats, so if someone doesn't want you there, you respect that." Another staff member said, "All the team is aware of people's privacy. If I am helping with personal care, I will do the bit that the person needs help with, then encourage them to do the bits they can for themselves, and I will wait outside but listen in case they need help." During our inspection we saw that staff knocked on people's doors before entering, and asked for permission to show us around each person's flat.

People were supported to be as independent as possible. All the staff we spoke with understood the importance of supporting people to maintain their independence. One staff member said, "We are very proud of the progress that some people have made in regaining independence in various areas of their lives." We saw that care planning and risk assessing was done in way which promoted people's independence and set clear goals that people wanted to achieve. The staff we spoke with were very focussed on supporting people to achieve their goals and be as independent as they could be.

We were told that advocacy services were available should people require them. We saw that one person

was currently using advocacy services to support them through decision making processes.

## Is the service responsive?

### Our findings

People received a pre assessment of their needs before the service began to support them. The registered manager showed us the pre assessment process which involved the person being visited in as many different environments as possible. For some people this meant that staff were able to observe the person in a family home, a hospital, respite services and a school environment. The registered manager told us this was important to see as people may display different behaviours in different environments and therefore the service could learn more about them. We saw that detailed assessments of needs and care plans were formulated during this pre assessment shadowing period, so that information about the person could be learnt by all the staff team. The transition of each person into their own tenancies within the flats at the service was then dependant on their own needs and preferences, with a flexible approach from the service and the staff. We saw that the service supported people to retain as many of the routines and activities as possible when moving in to the service, such as various day centre or community based activities.

People received care that was personalised to their individual needs. One staff member said, "The people here are all very different, with different support needs. We have to adapt the support we give to make sure everyone gets what they need." We saw that some people utilised pictures and photos to communicate wishes and preferences, and others were able to verbally express them. Staff were able to confidently communicate with each person according to their needs. Each person's likes, dislikes, preferences and routines were recorded in detail, and all the staff that we spoke with had an excellent knowledge of how people liked to be supported. Each person had their own tenancy for their own flat that was within a larger bungalow style building. Each person had their own staff members assigned to them according to the assessed level of support that they required. Staff were on site at all times should people require them.

Reviews of care plans and risk assessments regularly took place to ensure the information contained was up to date and relevant. One staff member said, "We regularly review people's documents and make adjustments as required. We record our daily notes on the electronic system, which is then immediately available for the office and staff to view securely." All of the records we looked at were organised and updated as required, and we saw evidence that people and their families were involved in reviewing their care.

People were encouraged and supported to develop and maintain relationships with people that matter to them. One relative said, "I always feel very welcomed by the staff. The management are very approachable and they get the job done." One staff member said, "I think it's important for us to remember the journey that the family members may have been on with people. Some of the people we support have faced many challenges throughout their lives and been through a lot." We saw that within people's files, family contacts and relationships that were important to them were documented. The staff we spoke with all had a good knowledge of people's relationships with family.

People had the time they needed to receive support in a person centred way. One staff member said, "We have to have a flexible approach with people and give them the time they need to complete routines important to them." We saw staff responding to people and allowing them time to interact with them and

the environment as they required. We saw that staffing was in place to be able to respond to people's changing needs.

A complaints policy and procedure was in place. The relatives we spoke with told us that they had not had to make any complaints, but were aware of the formal complaints procedure. The registered manager showed us that the service had a complaints policy and procedure for dealing with complaints effectively. This was available in easy read formats for people to access and was sent out to people and their families. We saw that actions and responses could be created and carried out for any complaints made.

## Is the service well-led?

### Our findings

People had a good relationship with the management team within the service. A relative told us, "The service is very well led. The managers are excellent and I can speak to them at any time." We saw that people at the service were pleased and excited to see the managers upon their arrival to their flats. The registered manager and the head of care both had an excellent rapport with the people using the service and clearly knew in detail about their needs, likes, dislikes and personal history. They were both able to step in and support people whilst staff members took on other tasks.

Staff members received positive support from the management team. One staff member said, "The managers are very supportive. I love working here." Another staff member said, "This is a great team to work for. I think this service is a lot better than so many others. It is very professional and everything is done right and with detail." We saw that the registered manager, service manager and head of care all communicated positively with staff members and the atmosphere was relaxed and welcoming for everyone.

We saw that the service had a staff structure that included registered manager who was also a director of the service, head of care, a service manager who was planning to take over as the registered manager, senior practitioners and support workers. People were well aware of their responsibilities and confident within their roles. The staff we spoke with were aware of the visions and values of the service and felt positive about the continuing development of the service. The registered manager told us about the continued development of the service and said, "We plan to open another site to provide care to some more people. We will then review our progress for a while before expanding any further. We want to get the quality right and make sure we do not grow too quickly and compromise any quality of care."

Incidents and accidents were reported accurately by staff. We saw that information was recorded in detail on the electronic system and showed a managers response and actions to each incident. The registered manager was aware of their responsibility to report certain incidents, such as alleged abuse or serious injuries, to the Care Quality Commission (CQC), and had systems in place to do so should they arise. An on call system was used by the service so that staff always had someone to speak to on the phone should an emergency arise.

Staff were encouraged by the management to access regular training to continually develop their knowledge and skills. One staff member said, "I feel encouraged to increase my knowledge and develop. Training is very important to the managers and we get plenty of opportunity to develop and move forward." We saw that management held team meetings regularly where updates on the service including training could be discussed.

We saw that quality control had been implemented. The registered manager informed us that the service had quality assurance systems in place that were used to monitor and improve the quality of the care provided. We saw that monthly audits took place where the head of care would look through all areas of the service, speak with staff members and people that used the service, and collate feedback and actions on any areas for improvement. We saw that feedback monitoring questionnaires had been sent out to people



using the service and their families. The registered manager also told us that they carried out observations on staff which involved supervisory practice, to ensure they were meeting the standards the service had set.