

Advance Housing and Support Ltd

Didcot Self Directed Support Service

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

We inspected this service on 25 November 2015. This was an announced focused inspection.

At a comprehensive inspection of this service in August 2015, we identified four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued the provider with a warning notice. The warning notice required the provider to meet the legal requirements of the regulation by 31 October 2015. After the comprehensive inspection the provider wrote to us to say what they would do to meet the legal requirements in relation to the breaches of the regulations.

We undertook this focused inspection to check the provider had followed their action plans and to confirm they now met legal requirements. This report covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Didcot Self Directed Support Service on our website at www.cqc.org.uk.

The service did not have a registered manager; however, there was a new manager in post and an application for registration was with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC to manage the service. Like registered providers,

Summary of findings

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.

People's care plans contained up to date information and were regularly reviewed, this included risk assessments and risk management plans. However, there were still improvements needed to ensure risk management was accurately recorded.

People had correct and up to date information in their homes so staff could support them safely. They had been provided with contact numbers to assist them in an emergency.

The provider had taken action to ensure staff had the knowledge and skills to deliver care and support safely. Staff were meeting with management regularly to ensure they had the support needed to deliver effective care.

The providers had introduced effective systems to monitor the service and had an overview of all accidents and incidents.

Since August 2015, the provider had improved the system for managing the service. However, we have not changed the overall rating for this service because we want to be sure that the improvements will be sustained and embedded in practice. We will check this during our next planned comprehensive inspection.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

We found that action had been taken to ensure the service was safe.

People's care plans contained up to date risk assessments and risk management plans.

People had accurate records in their homes and knew when to expect support visits.

We could not improve the rating for this key question from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Requires improvement



Is the service effective?

We found that action had been to ensure the service was effective.

Staff were receiving the support and training they needed to meet people's needs.

We could not improve the rating for this key question from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Requires improvement



Is the service responsive?

We found that action had been taken to ensure the service was responsive.

People's records contained information about when and how much support they were meant to receive.

Records relating to people's care were completed consistently.

We could not improve the rating for this key question from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Requires improvement



Is the service well-led?

We found action had been taken to ensure the service was well led. However, ongoing support from senior management was required to ensure the service continued to improve.

Accidents and incidents were recorded, followed up and actioned where needed.

Effective audits were in place.

We have improved the rating for this key question from inadequate to requires improvement. We will check for further improvement at our next planned comprehensive inspection.

Requires improvement



Didcot Self Directed 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.

We undertook an announced focused inspection of Didcot Self Directed Support Service on 25 November 2015. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. This inspection was done to check that improvements to meet legal requirements planned by the provider after our comprehensive

inspection on 10 August 2015 had been made. We inspected the service against four of the five questions we ask about services: Is the service safe, effective, responsive and well led. This is because the service was not meeting some legal requirements.

This inspection was undertaken by one inspector. We spoke with three care staff, two external professionals and one person who used the service. We also spoke with the manager, the deputy manager and the Quality Monitoring Improvement Manager. We looked at five people's care records and records relating to the management of the service.

Is the service safe?

Our findings

When we inspected the service in August 2015 we found people were not always protected as risks had not been assessed or monitored by the provider. We also found that some risk assessments had not been reviewed or updated. Not all people had information in their homes for care staff guidance regarding their care needs. This was a breach of Regulation 17(2)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We took enforcement action to ensure the provider took appropriate action in a timely manner. At our inspection on 25 November 2015 we found the service had taken action to meet the legal requirements

At the November 2015 inspection we looked at people's records and saw that these all contained accurate information about risks, such as allergies. Records were in good order with clear indexing of where to find important information about the risks to people and this was also on the front page. This meant staff would see at a glance what risks to be aware of. Staff had signed to confirm they had read and understood the risk assessments.

In August 2015, a person's care plan had recorded that their mobility was deteriorating and they were at risk of falling when entering the house and when in the shower. There were no risk assessments in place to inform staff how to reduce and manage this risk. At this inspection in November 2015, we saw that all risk assessments had been updated. However, further information on the risk assessment was required about how to manage risks. For example, a person who had diabetes had the risk information documented but potential actions needed were not clearly described. This was discussed with the management who agreed to review these risk assessments to ensure they were clear about what actions may be needed and when.

We found in August 2015 that not all people had care records in their homes. This is important so that when staff are supporting someone they can refer to the care plan and risks assessments. Team minutes for October 2015 stated that staff were going through people's records with them at home and management confirmed that all people now had accurate and up to date files in their homes. We checked this with a person that uses the service and two care staff who confirmed the records are now in place and up to date.

At our inspection in August 2015 we identified that people did not always have their care provided in a safe way. This was a breach of Regulation 12(1) and (2) of the Health and Social Care

Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to send us an action plan to tell us how they would meet their legal requirements. At our inspection on 25 November 2015 we found the service had taken action to meet the legal requirements

At the inspection in August 2015, people did not always have details of who to contact out of hours or at weekends in the case of an emergency. This meant that people may not be able to seek support or help if they needed help out of hours. At the November 2015 inspection, we saw that people had been issued with business cards with important contact telephone numbers including an on-call number for out of hours emergencies.

Since August 2015, the provider had made improvements to ensure that people were kept safe. However, we have not changed the rating for this key question because we want to be sure that the improvements will be sustained and embedded in practice. We will check this during our next planned comprehensive inspection.

Is the service effective?

Our findings

When we inspected the service in August 2015 we found staff training was not up to date and did not reflect people's needs. We also found that staff had not had sufficient support to carry out their roles effectively. This was a breach of Regulation 18(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to send us an action plan telling us how they would meet the legal requirements. At our inspection on 25 November 2015 we found the service had taken action to meet the legal requirements

At the inspection in November 2015 we saw that staff had met with their managers. At these meetings staff had discussed their understanding of training such as safeguarding processes and discussions about the service user's they were supporting. Appreciation of staff's input was documented on the meeting minutes. Dates for future meetings had been planned. We spoke with three staff who confirmed they had regular supervision and felt supported.

One staff member said: "The deputy manager is very approachable and will always get back to you if you phone for advice". Another staff member said that "I know what's expected of us now".

Staff records showed training had been undertaken and included first aid, record keeping, support planning, Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Sessions had also taken place on incident reporting, health and safety and autism. A staff member said they had discussed the training in supervision and also as a team when the training had been delivered which helped them apply this training to their area of work. A spreadsheet had been developed to ensure training was monitored and kept up to date.

Since August 2015, the provider had made improvements to ensure staff undertook necessary training and received regular support from managers. However, we have not changed the rating for this key question because we want to be sure that the improvements will be sustained and embedded in practice. We will check this during our next planned comprehensive inspection

Is the service responsive?

Our findings

When we inspected the service in August 2015 we found people's records were not accurate and complete. This was a breach of Regulation 17(2)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We took enforcement action to ensure the provider took appropriate action in a timely manner. At our inspection on 25 November 2015 we found the service had taken action to meet the legal requirements.

At this inspection in November 2015 we found improvements had been made. People's care plans contained details of how much support they required. People all had care plans and care plan reviews were planned. We spoke with two members of staff who confirmed that up to date paperwork and records were in people's homes. This meant that if staff needed to refer to records they were accurate and complete to ensure people received the support they needed.

People's records evidenced that where incidents, such as falls had occurred, staff had made the relevant referrals to

professionals these had been followed up. Records also documented support the staff were giving the person in relation to their needs. For example, a person who had fallen was referred to the Falls Service to minimise the chance of this happening again. Records showed that the staff member had accompanied the person to the appointments.

We saw daily care records in the office had been signed to show they had been reviewed. A staff member confirmed all daily records were returned to the office and had been reviewed and filed appropriately. We also saw records that showed people's care records were being checked monthly to ensure they were accurate and up to date.

Since August 2015, the provider had made improvements to ensure that the service is organised to meet people's needs. However, we have not changed the rating for this key question because we want to be sure that the improvements will be sustained and embedded in practice. We will check this during our next planned comprehensive inspection.

Is the service well-led?

Our findings

When we inspected the service in August 2015, there was no effective system in place to enable the manager to monitor or identify trends and patterns relating to accidents and incidents. Recommendations following incidents and accidents were not implemented. Audit systems in place were not always effective. This was a breach of Regulation 17(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We took enforcement action to ensure the provider took appropriate action in a timely manner. At our inspection on 25 November 2015 we found the service had taken action to meet the legal requirements.

At this inspection in November 2015, we saw that accidents and incidents were monitored monthly and where issues were identified actions were taken to reduce the risk of further events. A process was in place to ensure these were managed and reviewed regularly.

The service was being monitored by a service manager and a deputy manager was undertaking the day to day running of the service and had implemented systems and processes such as ensuring the audits were being carried out regularly and sent to be reviewed by a senior manager.

Staff felt there had been improvements with the management and felt supported. We spoke with two professionals who said they still had some concerns about more senior management needing to support the service to ensure the improvements continued and improved. The action plan had stated a senior manager would visit weekly to support the deputy manager but we were unable to confirm if this had taken place.

We spoke with three staff who confirmed that team meetings were now taking place regularly and they were receiving regular supervision.

When we inspected the service in August 2015, notifications of events that occurred within the service were not always being made to Care Quality Commission (CQC) or being made in a timely manner. Notifications are information about important events the service is required to send us by law. This was a breach of Regulation 18 CQC (Registration) Regulations 2009. Since the inspection in August, the CQC had received notifications and we checked this against the incidents and accidents records in the service. We found all reportable notifications had been submitted to the CQC and copies were stored in a way that was easy to find and clear about actions that had been taken.