About Me Care and Support Limited

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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

Overall summary

About Me Care and Support is registered to provide personal care and this is for people who live at home. The people receiving the care live with hearing and seeing difficulties. At the time of our inspection there were 10 people using the agency.

This comprehensive inspection took place on 19 January 2016 and was announced.

A registered manager was in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the agency. 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 agency is run.

People were kept safe and staff were knowledgeable about reporting any incident of harm. People were looked after by enough staff to support them with their

Summary of findings

individual needs. Pre-employment checks were completed on staff before they were assessed to be suitable to look after people who used the service. People were supported to take their medicines as prescribed.

People were supported to eat and drink sufficient amounts of food and drink. They were also supported to access health care services and their individual health needs were met.

The CQC is required by law to monitor the Mental Capacity Act 2005 (MCA 2005) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. None of the people lacked capacity to make decisions about their care. However, the provider was aware of what they were required to do should any person lack mental capacity. This included following their policy and procedure in making sure that people were not unlawfully deprived of their liberty.

People were looked after by staff who were trained and supported to do their job.

People were treated by kind and respectful staff who they liked. They and their relatives were given opportunities to be involved in the review of people's individual care plans.

People were supported to take part in their hobbies and interests, which included art, eating out, shopping and going for a walk. Care was provided based on people's individual needs. There was a process in place so that people's concerns and complaints were listened to and these would be acted on.

The registered manager was supported by team managers, office based staff and care staff. Staff were supported and managed to look after people in a safe way. Staff were able to make suggestions and actions were taken as a result. Quality monitoring procedures were in place and action had been taken where improvements were identified.

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?
The service was safe.

People's needs were met by a sufficient number of suitably recruited staff.

People were enabled to take risks and measures were in place to minimise these risks.

People's medicines were safely managed.

Good

Is the service effective?
The service was effective.

People were looked after by staff who were trained and supported to do their job.

The provider was following the principles of the Mental Capacity Act 2005 and protected people's rights in making decisions about their day-to-day living.

People were supported to maintain their nutritional, physical and mental health.

Good

Is the service caring?
The service was caring.

People were enabled to be involved in making decisions about their care.

Staff supported people to maintain their dignity and independence and people were looked after in the way that they preferred.

People were looked after by kind and caring members of staff.

Good

Is the service responsive?
The service was responsive.

People's individual needs were met.

People were enabled to take part in a range of activities that were important to them.

There was a complaints procedure in place and the provider responded to people's concerns or complaints.

Good

Is the service well-led?
The service was well-led.

Staff were managed in a way to ensure that they provided people with a safe standard of care.

People and staff were enabled to make suggestions to improve the quality of the care provided.

Quality assurance systems were in place to monitor and review the standard and safety of people's care.

Good

About Me Care and Support

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 was carried out on 19 January 2016. The provider was given 24 hours' notice because the agency provides a small domiciliary care and supported living service and we needed to be sure that someone would be available. The inspection was carried out by one inspector.

Before the inspection, we looked at all of the information that we had about service. This included information from notifications received by us. A notification is information about important events which the provider is required to send to us by law. Also before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we visited the agency's office. We spoke with the registered manager, a service manager, an assistant service manager, four people who use the agency, a volunteer and three members of care staff. We visited people in their own homes and this was with their permission. Because not all of the people we spoke with were able or wanted to tell us about their experience of using the service, we observed care to help us with our understanding of how people were looked after.

We looked at three people's care records, medicines administration records and records in relation to the management of staff and management of the service.

Good

Is the service safe?

Our findings

People told us that they were treated well and this had made them feel safe. One person added that that they felt safe because they were able to request help from members of staff with the use of their call bell. Another person also told us that they felt safe because staff supported them to go out into the community to do their shopping for food.

There were procedures in place to minimise the risks of harm to people. This included the training of staff in protecting people from such risks. Members of care staff told us what they would do if they suspected people were being placed at any risk of harm or actual harm. The actions they would take included reporting the incident to the police and local authority. They also told us that they were aware of the signs and symptoms to look out for if someone was being harmed. One member of care staff said, "They [people using the agency] could have marks on them. Or they could have anxiety." Another member of care staff said, "There could be bruising on the person's body. There may be a change in their attitude and you may see their fear." The provider had taken the appropriate actions when there had been any safeguarding concerns that had been raised. The actions included reporting to the local safeguarding authority and enabling people to manage their personal monies when they were assessed to be at risk of financial harm.

The provider told us in their PIR that there were recruitment systems in place. This was to ensure that all checks were carried out before prospective employees were deemed suitable to do the job that they had applied for. Members of staff confirmed this was the case. One member of care staff said, "They [the provider] take employees through the recruitment (process) before you start working for them. I filled out an employee (application) form. I had an interview and after the interview I had my DBS (Disclosure and Barring Service) done. My two references they [provider] did a check on them (to confirm their validity)." An assistant service manager also told us that they had an interview and that the provider had carried out all of the required checks before they were contracted to start their employment.

People told us that there was always sufficient numbers of staff to look after them, which included one-to-one support. We saw that people were provided with this ratio of staff when they were supported to go out for a walk and to go shopping for food. A volunteer and members of care staff told us that there were enough staff. The volunteer said, "There is always enough staff about and so is [name of service manager]." A member of care staff said, "I think we do have enough staff to cover every week." Daily care records showed that members of care staff arrived and stayed the duration of the visit and that during this time, people's needs were met as planned.

The management team advised us that the number of staff and hours they worked was determined by the level of people's individual needs. This also included changes in their mental and physical needs. Measures were also taken to cover planned and unplanned staff absences. A member of care staff said, "There is enough staff and sometimes we have had to swap to cover other people's [staff's] shifts, (if they had a problem with transport)." A service manager told us that they and their assistant manager would cover staff absences; their monthly report for December 2015 confirmed this was the case. The registered manager told us that there was one member of care staff vacancy only because, "The turnover of staff has been quite good (i.e low). We've been able to retain a lot of the staff." One person told us that they felt safe and said this was because, "I know who is coming to look after me."

Risk assessments were in place to minimise the risks to people during their everyday living and activities. Members of staff were aware of people's risks. One member of care staff said, "Risk assessments are assessing people's individual capabilities and their individual environment and (checking) that it is safe from harm. I would look at the space and see if people have enough room to manoeuvre around." The assistant service manager said, "We want to make people live as independently as possible and to be able to do everything they want to do. So, we draw up risk assessments and where there are dangers, minimise these risks." They gave examples of the when staff supported people to minimise their assessed risks, which included those associated with food preparation and cooking. We saw that people's risks of going alone in the community were minimised with the help from members of staff to safely guide them.

People told us that they were satisfied with how they were assisted to take their medicines as prescribed. One person said, "I get them every day." Another person said," I take [name of prescribed medicine] every day." People's records

Good

Is the service safe?

for medicines showed that they had their medicines as prescribed. People were helped to get their supply of medicines. One person said, "I get a new prescription delivered every month."

The provider told us in their PIR that all members of staff responsible in supporting people with taking their prescribed medicines were trained and competent to carry out this part of their role. Staff training and their observation records confirmed this was the case. One member of care staff said, "My line manager checked my competencies (in safe handling of medicines)." The provider advised us in their PIR told that there had been no medicines errors which told us people were kept safe from the risk of unsafe handling of their medicines. The service manager confirmed this was the case.

Good

Is the service effective?

Our findings

We saw that staff were aware of how to meet people's individual needs and staff said that they had the training to enable them to do this. Staff attended induction training on starting their employment. One member of care staff said, "I did an induction training which was a three day training programme which comprised of learning sign language and how to guide a person. The induction training carried a mark and if you didn't achieve it, you had to take the test again." They also told us that they 'shadowed' another member of more experienced care staff. They said, "I did a couple of 'shadow' shifts with people and staff (who were looking after people at the time)." The provider told us in their PIR that members of care staff attended an induction training which was in line with a nationally recognised accredited trainer. In addition to their induction training, members of care staff attended a range of training which included dementia awareness, food hygiene, first aid and dignity in care. Staff members also attended refresher and on-going training to make sure that they were able to safely and effectively meet people's individual needs, which included their communication needs. Members of staff and their training records confirmed this was the case.

Staff members told us that they had the support to do their job. One member of care staff said, "I get a lot of support. If I don't know certain things, my manager helps me know how to do it (them)." Staff were also formally supported by means of one-to-one supervision during which their work and training needs were discussed. One member of care staff said, "I had my one-to-one yesterday. We discussed the tenants [people who used the service]. Any changes in them since my last supervision; any training I need. Any concerns."

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 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA. At the time of our inspection all of the people who used the agency had mental capacity to make decisions about their support.

The staff training included that of the application of the MCA. The provider told us that during member of care staffs' one-to-one supervision discussions, their knowledge regarding the MCA was checked. Staff records confirmed this was the case. This was to make sure that they had an understanding of the application of the MCA. The assistant service manager demonstrated their knowledge of the application of the MCA. They said, "Mental capacity is when a person can take information; they can understand it; weigh it up and make decisions (based on the ability to do these things)."

Although there was no process in place to assess people's mental capacity, management staff were aware of the actions they would take if the situation changed. The registered manager advised us that an assessment would be carried out and this would be in line with the provider's mental capacity policy and procedure. The service manager also told us that they would take advice. They said, "I would go first to the social worker and they would come out to do an assessment and (may) hold a best interest (supported decision making) meeting."

People told us that they always had enough to eat and drink and were able to choose what they wanted. People's care records confirmed this was the case. People were also involved in designing their menu. One member of care staff told us that a person's menu had developed over a period of time. This was based on what the person enjoyed eating and followed nutritional guidelines to manage their health condition. The service manager also told us that, for one person, they had introduced a range of sandwich fillings and that the person was now eating a more varied diet.

People were supported in a way that maintained their health and well-being. People told us that they had visited GPs and practice nurses. One person said, "I get to see the GP every month." Care records showed that people were enabled to access other health care professionals, which included mental health teams, audiology clinics and chiropodists.

Staff members supported people on a day-to-day basis to keep well. One member of staff explained that they supported a person to take a daily walk to maintain their

Good

Is the service effective?

level of mobility and confidence. The person's care records also explained that the exercise was to promote the person's sense of well-being as "exercise lifts my mood".

There was a stable staff team which enabled people to receive care from people they knew and who knew them. This had reduced the risk of people becoming anxious as a result of changes in the staff team.

Good

Is the service caring?

Our findings

People told us that they were treated well and we saw that staff members interacted and supported them in a patient and kind way. People were given time to understand what staff were telling or asking them. In addition, we saw that people's independence with their walking was promoted. They were also able to walk at a pace that they were comfortable with (rather than be hurried along).

The provider told us in their PIR that people's preference in how they wanted to be looked after was respected. This included, for example the gender of the member of care staff. People and members of care staff confirmed this was the case.

People were involved in developing their planned care and had signed their records to confirm that they had been actively involved with this. People were also enabled to make decisions about how they wanted to spend their day. One person said, "Yes, I suppose I do get involved in day-to-day decisions. It runs pretty well." A member of care staff told us that one of the people was given information about the weather so that they were able to decide if they wanted to take their daily walk in the community. Records demonstrated that people were enabled to make decisions' about when they wanted to get up, go to bed and what clothes they wanted to wear.

People were supported to maintain contact with friends and families and were able to forge new friendships with people living in the community. On-site activities, which were provided in the supported living service, had helped people to make new friends and reduce the risk of social isolation.

An aim of the provider was to enable people to become more independent and confident with their daily living skills. One person said, "I just like the independence of living here. I get on with my hobbies and what I want to do." Another person told us that they had learnt to cook and enjoyed making a curry.

Members of care staff had a clear understanding of the principles of caring for people who they looked after. One member of care staff said, "It (their job) is very rewarding. You be (are) their [people who used the agency] eyes and ears." Another member of care staff expanded on this and said, "My job is to support people in their daily living and to promote their independence. To encourage new tasks that may help them in the community. For example, shopping; going for a walk; help with shopping lists and menus." People were enabled to maintain their independence with personal care, managing their medicines and personal monies and making a hot drink.

The registered manager told us that on-site advocacy services were available to support people in making "difficult decisions" although no person was using advocacy services at the time of our visit. Advocates are people who are independent and support people to make and communicate their views and wishes.

Good

Is the service responsive?

Our findings

People told us that the staff knew them as individuals and understood how to meet their needs. Members of management and care staff showed their understanding of people's individual needs and knew about people's life histories.

The provider told us in their PIR that people's needs were assessed at the point of referral during which the person was involved in developing their planned care. The Provider wrote in their PIR, "We support the customer to produce a personalised support plan which outlines what is important to them, what they would like to achieve and how we will support them to achieve this." People's care records confirmed this was the case.

People who used the service had individual communication needs. The provider told us in their PIR that people's communication needs were met. They told us, "We provide support workers [care staff] who are BSL (British Sign Language) qualified, some of which are deaf themselves that are able to support and understand deaf culture and the needs of people with BSL as their first language." We saw that members of staff communicated with people in a way that they were able to understand. This was by sign language, touch and speaking in an audible voice.

People's care records and risk assessments were reviewed and kept up-to-date to provide staff with the guidance on how to meet the people's individual needs. Members of care staff said that the care plans were easy to read and gave them guidance in how to meet people's individual needs.

People had attended formal reviews of their care and these were attended by people they wanted to be there, which included relatives and staff members. Changes were made, which included a change in the number of support hours provided, as a result of the reviews.

People took part in a range of social and recreational activities and told us that they enjoyed taking part in these. Social activities included shopping trips, visits from, and meeting up with, family and friends and frequenting local pubs. On-site facilities offered opportunities to take part in a range of recreational activities. The volunteer said, "I do (help with) the crafts. Anything they [people who used the agency] want to make: cards, pictures to be sold to raise funds. I do baking. If I know what they want to make, I source the ingredients and I do it (baking) on a particular day. Next week we are baking caramel shortbread." Activities also included those attributed to daily living skills, which included making a meal and drink and helping with domestic chores.

People told us that they knew how to make a complaint. One person said, "I'd speak to [name of service manager]." Members of staff were also aware of supporting people to make a complaint and told us that this would be by following the provider's complaint procedure. The provider told us in their PIR that they had not received any complaints and this was confirmed by the service manager.

Good

Is the service well-led?

Our findings

A registered manager was in post and was supported by management staff, office based staff and a team of care staff. People told us that they knew the names of the management staff who were responsible for their day-to-day care.

We received positive comments in respect of individuals of the management team. One member of care staff described the service manager as "approachable" and told us that they had "good listening skills". Another member of staff told us that, since the change of management of the supported living service, people and staff were happier. They said, "There's been a massive improvement with the new management (team). [Service manager's name] is nice to staff and residents [people who use the agency]." A member of the management team told us that the registered manager was both approachable and supportive. They said, "I can ring him [registered manager], email or text at any time. And he will respond."

The provider submitted their PIR and this showed us the management of staff and management systems in place to provide people with safe and effective care. Examples of these were seen which included monthly managers' reports in relation to staffing, care records, people who used the agency and complaints (if any received). Actions were identified and the timescale of when these were to be taken, and by whom, were recorded and followed up during the following month.

The provider showed us in their PIR that there were systems in place to continually review the safety and quality of people's care. This included, for example, improving the analysis of accident and incident information and obtaining people's views about their experiences of the service provided.

Another quality assurance system included 'spot checks' on staff members which enabled members of care staff to receive feedback about the quality and safety of their work. The service manager told us that these 'spot checks' were unannounced during which they observed how staff were supporting people and carried out audits on people's records, including those for people's prescribed medicines. Members of care staff confirmed that they had been observed at work and had received feedback regarding the standard of their work. The service manager told us that they had identified no concerns about how staff looked after people.

Members of staff were enabled to share their views and make suggestions to improve the quality of people's experiences of using the service. One member of care staff said, "In the meetings we discuss people's individual needs and any areas we need to improve." They gave an example of improving staff abilities in looking after people by having additional training, which included sign language. The service manager told us that the staff meetings had enabled her to remind the staff of their roles and responsibilities in keeping people safe. This included, for example, staff maintaining accurate care records and following people's individual care plans and risk assessments. Minutes of staff meetings confirmed this was the case.

People's views about their experiences of their care were obtained by surveys. Actions were taken in response to less than positive comments, which included the recruitment of a more suitable member of staff. The registered manager advised us that the person's views about the remedial action were sought and the action taken was to the person's satisfaction. The surveys showed that the provider was viewed well and that the majority of the respondents of the survey were satisfied and had gained benefits from the care that they had received: one of which included gaining an increased level of confidence.

People were given another opportunity to share their views with the provider about their experiences of the care that they had received. This was by means of an independent person visiting the service and carrying out audits of people's records and safety, for instance. During this time people's views were obtained and records showed that people were satisfied with how they were looked after.

In addition to surveys and quality assurance monitoring visits, people attended meetings during which they were enabled to make suggestions to improve the quality of their lives. One suggestion was in relation to setting up on-site activities and this had been realised. The volunteer said, "I'm coming to the next [people's] meeting so they can give me suggestions in what they want to do."

Members of care staff were aware of the whistle blowing procedure and said that they had no reservations in

Good

Is the service well-led?

reporting any concerns to the provider or external agencies, such as the local authority. In addition, they gave examples of when they would follow the whistle blowing policy and the protection this gave them and to people they looked after. One member of care staff said, "Whistle blowing is if there is something not right going on and you need to confidentially get it out in the open. Not sweep it under the carpet and not be afraid to report it because there is no repercussion against you." Another member of care staff said, "It (whistle blowing) is about letting your line manager know about bad practice that is going on. Or what you have seen done by your co-support worker [member of care staff]." Staff said they had no reservations in blowing the whistle as they found the management team were approachable.