

Royal Mencap Society

Northamptonshire Domiciliary Care Agency

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 the 22 and 26 January 2016 and was announced. The service is registered to provide personal care to people living in their own homes or shared accommodation when they are unable to manage their own care. At the time of the inspection there were 18 people using the service.

There was a registered manager in post at the time of our inspection. 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.

People who could verbally communicate told us that they felt safe in their own home and we observed people to be happy and relaxed around the staff that supported them. Staff understood the need to protect people from harm and abuse and knew what action they should take if they had any concerns. Staffing levels ensured that people received the support they required at the times they needed. We observed that there was sufficient staff to meet the needs of the people they were supporting. The recruitment practice protected people from being cared for by staff that were unsuitable to work in their home.

Support plans contained risk assessments to protect people from identified risks and help to keep them safe. They gave information for staff on the identified risk and informed staff on the measures to take to minimise any risks.

People were supported to take their medicines as prescribed. Records showed that medicines were obtained, stored, administered and disposed of safely. People were supported to maintain good health and had access to healthcare services when needed.

People were actively involved in decision about their care and support needs. There were formal systems in place to assess people's capacity for decision making under the Mental Capacity Act 2005.

Care plans were in place detailing how people wished to be supported and people were involved in making decisions about their support. People participated in a range of activities both in their own home and in the community and received the support they needed to help them do this. People were able to choose where they spent their time and what they did.

Staff had good relationships with the people who they supported. Complaints were appropriately investigated and action was taken to make improvements to the service when this was found to be necessary. The management was approachable and had systems in place to monitor the quality of the service provided. Staff and people were confident that issues would be addressed and that any concerns they had would be listened to.

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

People felt safe in their homes and appeared happy and relaxed with the staff around them.

Risk assessments were in place and were continually reviewed and managed in a way which enabled people to safely pursue their independence and receive safe support.

Safe recruitment practices were in place and staffing levels ensured that people's care and support needs were safely met.

There were systems in place to manage medicines in a safe way and people were supported to take their prescribed medicines.

Is the service effective?

Good ●

The service was effective.

People were actively involved in decisions about their care and support needs and how they spent their day. Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA)

People received personalised care and support. Staff received training to ensure they had the skills and knowledge to support people appropriately and in the way that they preferred.

People were supported to access relevant health and social care professionals to ensure they received the care, support and treatment that they needed.

Is the service caring?

Good ●

The service was caring.

People were encouraged to make decisions about how their support was provided and their privacy and dignity were protected and promoted.

There were positive interactions between people receiving care

and support and staff.

Staff had a good understanding of people's needs and preferences.

Staff promoted peoples independence to ensure people were as involved and in control of their lives as possible.

Is the service responsive?

Good ●

The service was responsive.

People were listened to, their views were acknowledged and acted upon and care and support was delivered in the way that people chose and preferred.

People were supported to engage in activities that reflected their interests and supported their physical and mental well-being.

People using the service and their relatives knew how to raise a concern or make a complaint. There was a transparent complaints system in place and complaints were responded to appropriately.

Is the service well-led?

Good ●

The service was well-led.

People using the service, their relatives and staff were confident in the management of the service. They were supported and encouraged to provide feedback about the service and it was used to drive continuous improvement.

There were effective systems in place to monitor the quality and safety of the service and actions completed in a timely manner.

The manager monitored the quality and culture of the service and strived to lead a service which supported people to live their lives as they chose.

Northamptonshire Domiciliary Care Agency

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 22 and 26 January 2016 and was announced and was undertaken by one inspector. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure a member of staff would be available.

Before the inspection, we asked the provider to complete 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. We reviewed the completed PIR and previous inspection reports before the inspection. We also sent out questionnaires to some of the people who used the service, their families, staff and other health professionals.

We checked the information we held about the service including statutory notifications. A notification is information about important events which the provider is required to send us by law.

We contacted the health and social care commissioners who monitor the care and support of people living in their own home.

During the inspection we spoke with eight people using the service, one relative, four care staff, four managers and the registered manager.

We reviewed the care records of two people who used the service and four staff recruitment files. We also reviewed records relating to the management and quality assurance of the service.

Is the service safe?

Our findings

People who were able to speak to us said they felt safe with the staff that supported them; one person told us "I feel safe, the staff look after me and care for me." Those people who were unable to tell us themselves if they felt safe looked happy and relaxed around staff. A relative told us that they felt that their relative was safe and was being treated well by the staff. Staff understood their roles and responsibilities to safeguard people and knew how to raise a concern if they needed to do so. Staff told us that they felt able to raise any concerns around people's safety to the manager and outside agencies if they had any concerns people were at risk of harm or abuse. There was information available as to who to contact and an up to date safeguarding policy to support them. We found that all the staff had undertaken safeguarding training and this was regularly updated. Notifications in relation to safeguarding issues had been made to the local authority and sent to the Care Quality Commission.

Peoples' individual support plans contained risk assessments to reduce and manage the risks to people's safety; for example people had risk assessments around the management of their epilepsy which provided staff with guidance about what to look out for and what to do if a person had a seizure. Risk assessments were also in place to manage other risks within the environment including the risk of using a walking frame and other equipment to support people's personal care needs. The support plans were reviewed on a regular basis to ensure that risk assessments and care plans were updated regularly or as changes occurred. When accidents had occurred the manager and staff took appropriate action to ensure that people received safe treatment. Training records confirmed that all staff had received health and safety and first aid training. Accidents and incidents were regularly reviewed to observe for any incident trends and control measures were put in place to minimise the risks.

Each person receiving support had their own personalised budget which included the cost of the staff support they had been assessed to need. The service also provided additional staff support when people needed to attend specific appointments or events. We could see that there were enough staff to support people and the staff rotas reflected the needs of people that used the service. Further funding was sought if the service identified someone's needs had changed, for example it had been identified that one person needed more one to one support at a weekend and funding was sought and agreed to provide additional staff.

The provider followed safe and robust recruitment and selection processes to make sure staff were safe and suitable to work with people. We looked at four staff files; appropriate checks were undertaken before staff started work. The staff files included evidence that pre-employment checks had been carried out, including written references, satisfactory Disclosure and Barring Service clearance (DBS), and evidence of the applicants' identity.

People's medicines were safely managed. We observed that medicines were stored securely and that Medication Administration Record sheets had been correctly completed. Staff received training before taking on the responsibility to administer medicines and their competencies had been assessed. Yearly observational competency reviews were undertaken by the manager which was recorded on staff training

records. The staff we spoke to confirmed that they had all undertaken training and those who had been employed more than twelve months had completed a yearly competency review with the manager.

Is the service effective?

Our findings

People received support from staff that had the skills, knowledge and experience to meet their needs. All new staff undertook an intensive and detailed induction programme which comprised of seven days classroom based training and four to six opportunities to shadow more experienced staff before working alone. New staff completed an induction handbook which involved undertaking competency based training and observations. One member of staff told us "The induction was very good, I liked that we went through everything together as a group and had an opportunity to shadow people to reflect on learning and seeing things put into practice."

All staff had 'Shape your future' supervision sessions with the manager. These were a combination of supervision and on- going appraisal and personal development meetings and were held every twelve weeks. The staff told us that it gave them an opportunity to share any concerns and talk about what they were doing and hoped to do in the future. A number of staff said they felt listened to. One member of staff said "The manager is very good and supportive."

The staff training program was focused on ensuring staff understood people's needs and how to safely meet these. All staff had completed the training they needed and there was regular updated training available to help refresh and enhance their learning. One member of staff told us how good the training had been on how to support people whose behaviour may become challenging, they felt it had really helped to ensure the staff knew how to manage certain situations.

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 decisions made on their behalf must be in their best interests and as least restrictive as possible. The registered manager and staff were aware of their responsibilities under the MCA. Capacity assessments had been undertaken and we observed staff seeking people's consent when supporting people with day to day tasks.

People were supported with their meals and drinks when necessary. The level of support they needed was recorded in the support plan. Each person had a daily diary which included information as to what they ate and drank each day. If the staff had any concerns about people's nutritional intake they reported this back to the manager and appropriate health professionals were contacted.

People's healthcare needs were carefully monitored. Records showed that people had access to arrange of health professionals, including community nurses, GP's, dentists and chiropodists; people had been referred to specialist services when required. Support files contained detailed information on visits to health professionals and outcomes of these visits including any follow up appointments. Any appointments were recorded in people's daily diaries to ensure that appointments were kept and that there was sufficient staff to support people if they needed the support of staff.

Is the service caring?

Our findings

People were supported by staff that were passionate about ensuring that they were enabled to live their lives as they chose. One person said "I like living here everyone looks after me and takes care of me." Another person said "Staff are nice to me." Staff demonstrated their care for people in the way they spoke and encouraged people to make choices for themselves and ensured that they were involved with what they were doing. We read a comment from a relative "Well done to every one of you for getting [name] to where they are now."

During visits to people's homes we saw staff interacted well with people and engaged them in conversation and decisions about their activities of daily living. There was a lively exchange of conversation with people as they returned from their various daily activities. One person helped to prepare the evening meal for everyone whilst others spent time in their rooms or chatting with other house mates. People appeared happy and contented in their homes and staff offered support to people if they wanted it.

Care plans included people's preferences and choices about how they wanted their support to be given and the things they liked to do. One person told us about going to a social club they went to each week. Another person told us about a holiday they were planning and which staff they had asked to go with them for support.

Staff explained to us how they ensured that they protected people's privacy and dignity and that they respected that they were coming into people's own homes to provide their care and support and acted accordingly. The staff also explained to us how they would protect people's privacy and dignity while being supported in the community and undertaking leisure activities, they talked about not discussing individual's needs and speaking to people discreetly if they needed help when they were out.

There was information on advocacy services which was available for people and their relatives to view. No one currently using the service had an independent advocate. The staff knew how to refer people to the advocacy service and gave examples of when people may be referred in the future.

Is the service responsive?

Our findings

People were assessed to ensure that their individual needs could be met before the service was provided. We saw detailed assessment information; this was used to build a person centred support plan detailing what care and support people needed to enable them to reach their individual goals and live a fulfilled life. Support plans were put together in a way which ensured that the person and their families had been as involved as possible. Some plans had pictures to explain what was being recorded which helped those people who had different ways of communicating. The plans contained life histories of people and detailed significant people and friends in their lives. They included detailed instructions to staff as to what support people needed with their personal care, for example we read in one plan that the person was able to wash parts of themselves but needed help with washing their back and hair. Health professionals had been consulted to ensure that the staff were equipped and had the knowledge and understanding of how to meet specific individual needs. We read a comment from one relative praising the commitment and work of the staff to enable their relative to live a more fulfilled life.

The support plans were reviewed on a regular basis with the people using the service and, where appropriate, their relative to ensure they were kept up to date and reflected each individual's current needs. We saw that the support plans had been regularly updated and details of any meetings with the people being supported were recorded. This included where other professionals had been consulted.

The staff we spoke to demonstrated a good knowledge and understanding of the person they supported. A number of the staff had supported some of the people for a number of years and spoke of how they had developed an understanding of people's needs and recognised when people's needs were changing. We could see from the support plans that where people's health and wellbeing had been a concern that plans had been put in place to monitor them and other professional advice had been sought. Each person had a daily diary which detailed what they had been doing during the day, how they were and what activities were planned. This helped them to remember what they were doing and helped the staff to prepare people for the day ahead. The staff told us this was specifically important to people who could become anxious if they did not know what their plans were for the day ahead and helped staff to support them in their preparations.

People had been given information about how they could raise a complaint if they needed to. This was in different formats to meet the different communication needs of people. The people using the service who shared houses had weekly house meetings which enabled people to express if they had any concerns or not. One person told us "I would talk to staff if I was not happy. I get to do what I like." A relative told us "If I had any concerns I would not hesitate to contact the manager, they normally keep me informed."

Is the service well-led?

Our findings

Everyone we spoke with spoke positively about the management of the service. One member of staff told us "We were asked for feedback about our induction and since then some changes have been made to the induction programme which has improved it even further." Senior staff worked on shifts on a regular basis which enabled them to understand what was happening and helped them to address any concerns people or staff may have; they had regular contact with the registered manager which ensured they were up to date with any issues or concerns. The registered manager also undertook spot checks to ensure that the service was meeting the needs of the people and respecting their wishes.

Each person had been given a service user handbook which gave them details about the personal support service. In addition to information about making a complaint and charges, it provided people and their families with information about what to expect from the service and what the service could not do for them. It was written in a way which reflected the ethos of the service, which was to support people to live their lives as they choose.

Communication between people, families and staff was encouraged in an open way. Relative's feedback told us that the staff worked well with people and there was good open communication with staff and management. We read one comment from a relative who referred to the determination and perseverance of the staff to support their relative in their new home.

Staff met with management on a regular basis which ensured staff were kept informed of what developments there were within the service, they also gave staff the opportunity to raise suggestions. The registered manager told us that staff meetings gave management the opportunity to share good practice and celebrate with the staff what had gone well for people they supported. Staff told us they felt well supported and informed. Royal Mencap have an Award programme in place which recognises the work of individual staff and teams.

Regular audits and surveys were undertaken and these specifically sought people's views on the quality of the service they received. People were generally happy and content. Quality assurance audits were completed by the registered manager to help ensure quality standards were maintained and legislation complied with. The management and staff strived to provide people with the care and support they needed to live their lives as they chose. Management were committed to providing well trained and motivated staff.