Somerset Care Limited

Somerset Care Community (Poole and Bournemouth)

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 comprehensive inspection took place on 3, 9 and 10 August 2016. We told the registered manager the day before our first visit that we would be coming to ensure the people we needed to talk to would be available. We last inspected the service in June and July 2013 and identified no concerns.

The service is a supported living service that provides personal care and support to people with a learning disability in their own homes. At the time of our inspection, there were 15 people who received personal care, most of whom received a service 24 hours a day seven days a week.

The registered manager had been in post since November 2015. 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 we met had their own personal ways of communicating as they could not easily talk and they could not tell us about their experience of the service. We therefore observed how staff interacted with them and looked at the records of care and support they received.

People benefited from a safe service where staff understood their responsibilities for safeguarding people. As staff handled money on people's behalf, measures were taken to protect people from financial abuse. Staff had confidence that the registered manager would listen to their concerns, which would be received openly and dealt with appropriately.

Risks to people's personal safety, including risks posed by health conditions such as epilepsy, were assessed and were addressed through people's support plans. When people had accidents, incidents or near misses these were recorded and monitored to look for developing trends. Where necessary practice was changed to help prevent a repeat occurrence.

People's rights were protected because staff acted in accordance with the requirements of the Mental Capacity Act 2005. Wherever possible, people were supported to make choices about their care and support. The service had identified where people might be considered to have been deprived of their liberty and had requested service commissioners to apply to the Court of Protection to authorise this.

People received the care and support they needed and appeared happy and settled in their homes. They were supported to take part in activities that were meaningful for them, both in the wider community and at home. Staff had a good understanding of people's support plans, which were holistic and personalised to reflect people's individual needs. They were also aware of people's dietary needs and preferences. Professional advice was obtained from the appropriate healthcare professionals when there were concerns about people's weight changes or swallowing difficulties. Where people needed food and drink through a special tube, staff were trained in how to support this and their competence was assessed before they

began to provide the support.

People's healthcare needs were monitored and advice and support from healthcare professionals sought where necessary. A healthcare professional commented that they had noted some delays in appointments being arranged and did not receive updates from the service unless they requested this. A different healthcare professional reported improved communication with the service in recent months.

People's medicines were managed safely. Medicines administration records for topical medicines, such as creams and gels, did not always contain clear instructions for the administration of these medicines. The registered manager said the service would liaise with prescribers so that topical medicines administration records contained the necessary information.

Staff told us how morale had improved during the year, since the registered manager had been in post and with a full complement of supervisory staff now working. They confirmed they were well supported through training, supervision and appraisal to perform their roles. They also said the service's out of hours on call system was responsive and supportive.

Quality assurance systems operated to monitor and improve the quality of service being delivered. The registered manager operated an 'open door' policy, valuing feedback from people, their representatives and staff and acted on their suggestions. Complaints and compliments were monitored, with complaints investigated and used as an opportunity for learning. A service improvement plan had been developed from findings from the provider's internal audit team and monitoring visits by local commissioners. Issues raised had been or were being addressed. Supervisory staff undertook regular audits of people's support, finances and medication, and also made spot checks at people's services.

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 were safe because the service protected them from avoidable harm and potential abuse. Staff understood how to recognise possible abuse and report it.

There were enough on duty with the right skills to support people. Recruitment systems were robust to ensure that only staff suitable to work in a care setting were recruited.

Medicines were managed safely and people received their medicines as prescribed.

Is the service effective?

Good

The service was effective.

Staff were supported to perform their roles through training and supervision.

People's human and legal rights were respected. Staff had a good working knowledge of the key requirements of the Mental Capacity Act 2005.

People had the support they needed to maintain their health.

Is the service caring?

Good

The service was caring.

People were supported by staff who knew them well, with an understanding of their preferences and needs.

Staff treated people with respect.

Is the service responsive?

Good

The service was responsive.

People received consistent care and support that met their individual needs.

People were supported to do things they enjoyed and to have contact with people who were important to them.

Concerns and complaints were taken seriously and responded to promptly.

Is the service well-led?

Good

The service was well led.

Staff had the confidence to question practice and report concerns to management.

Staff morale had improved during the year and the management team were available to give guidance and support.

Quality assurance arrangements were robust and action was taken to improve the service where shortfalls were found.

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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.

The inspection took place on 3, 9 and 10 August 2016. It was carried out by one inspector. We told the registered manager the day before our first visit that we would be coming to ensure the people we needed to talk to would be available. We last inspected the service in June and July 2013 and identified no concerns.

Before the inspection we reviewed the information we held about the service. This included incidents they had notified us about and the completed Provider Information Return (PIR) we had received from the service. A PIR 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 also contacted commissioners and health and social care professionals to obtain their views of the service.

During the inspection, we visited three people in their homes and spoke with seven staff. People had their own personal ways of communicating as they could not easily talk; they could not tell us about their experience of the service. We observed how staff interacted with them. In addition, we spoke with the registered manager, and looked at three people's care and support records in the office, including their medicines records and daily recordings. We also reviewed three staff recruitment and support records and a range of records relating to the management of the service, such as quality assurance records, accident and incident records and the on call log.

Good

Is the service safe?

Our findings

People benefited from a safe service where staff understood their safeguarding responsibilities. Staff had safeguarding training annually and had the knowledge and confidence to report concerns about abuse. They were provided with a card with the key telephone numbers for reporting concerns, including the provider's whistleblowing hotline.

People were protected from the risk of financial abuse. Support plans for financial support detailed the actions necessary to safeguard people's finances, including a profile that detailed their usual weekly and monthly expenditure. Staff kept financial records detailing all cash received and spending on people's behalf, which was backed up by receipts. At each handover, or whenever cash was added or spent, staff checked cash balances in each person's service against the financial records. Each month the cash records were returned to the office and checked for any discrepancies such as missing receipts or signatures. In addition, a senior support worker would make spot checks on finances. Staff had been reminded that they were responsible for providing their own refreshments in people's homes.

Risks to people's personal safety had been assessed and plans were in place to minimise these risks. Risk assessments were kept under review and were addressed through people's support plans. They covered areas specific to individual people, such as moving and handling, the use of bed rails, risks associated with health conditions, road safety, home environment and risks related to particular activities. Where people had epilepsy, this was risk assessed and support plans contained sufficient information for staff to be able to manage this safely.

There was an out of hours on call system so that people (or those important to them) and staff could contact the service in an emergency. Staff told us they were able to contact on-call easily and found it to be helpful. On call staff had access to key information about people, such as support plans, via a tablet computer. They recorded each call in the on call log, noting who the call was from, which person it related to, the reason for the call and the action taken. The log was regularly reviewed by the registered manager.

When people had accidents, incidents or near misses these were recorded and monitored to look for developing trends. In response to a safeguarding concern, the registered manager had introduced a new accident recording system to help ensure complete recording of accidents. Each incident reported by staff to the office or to on call was allocated a serial number, which was logged in the accident book. The registered manager checked regularly to ensure that accident and incident forms were received promptly for each occurrence logged. The registered manager reviewed accident and incident forms to ensure any necessary action had been taken to help prevent a reoccurrence.

People were supported by sufficient staff with the right skills and knowledge to meet their individual needs. Rotas for people during the week of our visit showed named staff allocated for each shift. The people whose care we considered had two staff members with them for certain periods in each day, in order to meet their moving and handling needs or to ensure their safety when they went out. These people received their scheduled two-to-one support. People's daily records for the two most recent months contained entries by

teams of regular staff. Agency staff were used to cover staff leave or sickness, and the service checked these staff had the required skills, such as using hoists or administering PEG (special feeding tube) feeds. The service was in the process of recruiting additional support workers. Staff told us that staffing levels had improved during the year, with a full complement of office-based supervisory staff and senior support workers now in place and new support workers being recruited.

Safe recruitment practices were followed before new staff were employed to work with people. Staff files included application forms, records of interview, proof of identity, a recent photograph and appropriate references. Criminal records and barred list checks were made with the Disclosure and Barring Service to ensure staff were suitable to work in a care setting. Services are required to keep a full employment history with a satisfactory written explanation of any gaps in employment. The application forms we saw requested employment details for the past 10 years. However, following the inspection, the registered manager confirmed that on-line applications required a full employment history and that the application form would be updated to state that a full employment history was required.

Peoples' medicines were managed and administered safely. Staff were trained in administering medicines and they were observed at least annually to check they were competent to do so. People's medicines were audited on a regular basis to check for any discrepancies between medicines administration records (MAR) and the quantity of each medicine in stock. Medicines administration records for oral medicines contained the required information and did not have unexplained gaps. Where people were prescribed topical medicines such as creams and gels, there were body maps on file to show the areas the creams should be applied to. However, there were not always clear directions about how the creams should be applied, for example, how often and whether thickly or sparingly. The registered manager said the service would liaise with prescribers so that topical medicines administration records could be updated to include the necessary information. Two of the people whose care we reviewed were at risk of developing pressure sores; staff monitored their skin regularly throughout the day and the people's skin was intact.

Good

Is the service effective?

Our findings

People were supported by staff who had access to the training they needed. Staff confirmed they were well supported through training appropriate to their role. For example, staff in a supervisory role had training in topics such as auditing medicines. Staff received key training when they started working at the service and this was refreshed and updated each year afterwards. This included moving and handling, safeguarding, health and safety, fire safety, basic life support, nutrition and food hygiene, equality and inclusion, and the Mental Capacity Act 2005. Staff new to care were expected to complete the care certificate, a nationally recognised foundation qualification for staff working in care settings, as part of their induction. Additionally, staff received training specific to people's needs in subjects such as epilepsy and caring for people with PEG tubes (tubes directly into a person's abdomen for food and fluids where people are unable to take food and fluid by mouth). Staff told us they were also able to access additional training in topics such as autism, positive behavioural support and total communication.

Staff were supported through one-to-one supervision meetings with a more senior member of staff, and also had performance appraisals during their induction and annually afterwards. Staff told us they felt supported, that they had had appraisals and that supervision meetings happened regularly. This enabled them to discuss any training needs or concerns they had. Comments included "[Registered manager] is quite hot on supervision and appraisal", and "They're very fair to you, as long as you do your job and abide by the rules". The registered manager confirmed that staff should have a supervision meeting at least every three months and showed us their monitoring system to help ensure this was being achieved. Supervisory staff had been reminded of the importance of regular supervisions at their team meetings, and of the expectation that this would now be provided.

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 so they can receive care and treatment when this is in their best interests and legally authorised under the MCA. In a supported living setting, deprivations of liberty must be authorised by the Court of Protection. We checked whether the service was working within the principles of the MCA.

The registered manager had identified a number of people who they believed were being deprived of their liberty in the light of a Supreme Court judgement in 2014. This made reference to an 'acid test', asking two questions to see whether a person is being deprived of their liberty: whether the person is subject to continuous supervision and control, and whether they are free to leave. They had requested the services commissioning these people's care to apply to the Court of Protection to authorise the deprivations of liberty.

People's rights were protected because the staff acted in accordance with the MCA. Wherever possible, staff supported people to make choices about their care. They understood the way people communicated their

likes and dislikes, which was set out in people's care plans. Staff we spoke with were familiar with the requirements of the MCA, including that people are presumed to have capacity unless there is reason to think they cannot understand specific decisions, and that people should be supported to understand decisions. Where people lacked the mental capacity to make decisions about particular aspects of their care, their mental capacity was assessed and best interests decisions were made on the person's behalf. The care was then provided in the least restrictive way possible. Whilst staff were able to describe the processes they went through to make decisions in people's best interests, mental capacity assessments and best interests decisions were not always clearly documented.

We recommend the service reviews how it documents mental capacity assessments and best interests decisions in relation to specific aspects of people's care.

Staff were aware of people's dietary needs and preferences. These were clearly recorded in people's care plans. Most people needed support with shopping and preparing meals, which was provided by staff. Where people needed assistance to eat and drink, staff provided this. Professional advice from dieticians and speech and language therapists was obtained where necessary, for example, if there were concerns about weight loss or swallowing difficulties. The care records we reviewed showed that people had a range of food, including fruit and vegetables, in line with their known preferences. However, following the inspection, a health care professional commented that in their experience dietary advice had not always been followed through in a timely manner.

Where people needed their food and drink through a PEG tube, staff received training and their competence was assessed by a registered nurse before they began to provide this support.

People's health care needs were monitored and any changes in their health or well-being prompted a referral to their GP or other health care professionals. The care records we reviewed showed that people saw healthcare professionals when they needed to. However, a health care professional commented following the inspection that they had noted some delays in appointments being arranged and did not receive updates from the service unless they requested this. A different healthcare professional told us they had regular contact with supervisory staff and with the registered manager. They said the service was now using the expertise of the community learning disability team, with more regular contact.

Good

Is the service caring?

Our findings

People's dignity was respected by staff. People were not able to tell us how staff treated them. However, we observed that staff demonstrated kindness and compassion towards people in all of the interactions we observed, both in the office and in people's homes. Staff also spoke about people with their colleagues and to us in a way that demonstrated respect.

People received care and support from staff who had got to know them well. People's records included information about their personal circumstances and their preferences for how they were to be supported. Each person had regular staff, and where agency staff were used, this was generally as the second person alongside the regular staff. Staff, including the registered manager and office staff, understood people's individual communication skills, abilities and preferences. They were knowledgeable about things people found difficult and how changes in daily routines affected them. For example, one person particularly liked going out and could be unsettled by a change in routine or a delay in their activity. Their support plans explained how staff should support the person to minimise the likelihood of this, including a 'traffic light' scale that set out how signs the person was feeling OK, signs that they were becoming distressed and how staff should respond to this, and the support they needed when they behaved in a way that challenged others. Staff had a good understanding of the person's needs in this area.

People and their representatives were given information about the service. Service guides were presented in an easy-read format, and contained information about the provider. This included 'Your service', 'Accessing and managing your money', reviewing care and support, how to make a complaint and how to report safeguarding concerns. People had easy-read versions of their support plans. People's and others' views were sought through periodic quality assurance surveys and through care reviews. Feedback was also sought less formally, as the registered manager and community team supervisors had regular contact with the people who used the service. A member of supervisory staff explained how they sought to keep in touch with people's families.

Good

Is the service responsive?

Our findings

Feedback from health and social care professionals was that people were well supported and that people appeared happy and settled in their homes. This was consistent with our observations.

Support plans were personalised and each person's file contained information about the person's likes, dislikes and people important to them. The staff we spoke with understood people's care needs and their support plans. People's needs had first been assessed before they started to receive a service and were reviewed through the support planning process. Support plans were developed from these assessments. The support plans seen were thorough and reflected people's needs, daily routines and known preferences. They covered the areas people needed, such as personal care routines, night time needs, eating and drinking, health, particular health conditions, communication, mobility, medication, going out, and financial support. Some people had complex moving and handling needs, and their support plans detailed the equipment needed and how it should be used.

Care needs and support plans were reviewed with the involvement of the person and their circle of support, including their representatives and their health and social care professionals. This happened at least annually or when someone's needs had changed significantly, such as when a person had a long hospital stay and needed more intensive support when they returned home. Support plans were updated as necessary between formal reviews, if aspects of people's needs changed.

People received care and support in line with their support plans. For example, a person who needed assistance to change position in order to help prevent pressure sores developing received this. This person also needed staff to do various things to take care of their PEG tube and their care records showed that staff had done this at the required intervals.

People were supported to take part in activities that were meaningful for them. Daily records showed that people had regular trips to a variety of places, and that people who needed to spend more time at home for health reasons were supported with activities they enjoyed. When we went to visit people at home, one person was shortly going to go out, another person was sitting in the garden, which is something they particularly enjoyed, and the person who shared a home with them arrived back home while we were there.

People's concerns and complaints were encouraged, investigated and responded to in good time. Information on how to complain was included in the easy-read information for people about the service. There was also a DVD made by a drama group that explained how people could complain. There had been four complaints since the registered manager had started in post, and four compliments as well as five Christmas and greetings cards expressing thanks. These were used as an opportunity for learning or improvement.

Good

Is the service well-led?

Our findings

People were not able to tell us about the leadership of the service. However, we observed that people who used the service visited the office during the inspection and met the registered manager. The registered manager clearly knew the people who used the service, having visited them at their homes, and explained that people were encouraged to visit the office.

The registered manager had been in post since November 2015. 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.

The registered manager had notified CQC about significant events. We use such information to monitor the service and ensure they respond appropriately to keep people safe.

People benefited from staff who understood and were confident about using the whistleblowing procedure. Staff had confidence that the registered manager would listen to their concerns, which would be received openly and dealt with appropriately.

The registered manager valued feedback from people, their representatives and staff and acted on their suggestions. There were regular team meetings for staff working with particular people, for senior support workers and for office-based supervisory staff. A member of staff told us they perceived one of the best things about the service was that "They take your views on board" and were "open to being challenged". They commented that the registered manager had an open door policy, and that the operations manager and director for the service were also approachable. Another member of staff explained how a new method of recording spot checks was being trialled, this being based on ideas from the supervisory team. Other comments from staff included, "If you've got a problem you can go to him [registered manager]. He will listen and take any necessary action" and "There's a lot more guidance; you feel like there's someone the buck stops at" and "He [registered manager] listens to staff".

The staff we spoke with all told us that morale had improved during the past year. A member of staff commented they had "never had so much support" and other comments included "My best job I've had" and "It's a lot more structured now… It's a really nice place to work at the moment". A member of staff talked about how they found the team they worked with supportive and could bounce ideas off each other. They told us, "On call, incidents… everything's a lot tighter and the staff are a lot happier". The registered manager described the challenges of low morale and pressures on staff at when they came into post. The registered manager had recruited additional office-based supervisory staff to oversee people's services and to undertake monitoring and staff supervision. They checked that staff supervision happened regularly. They had also overhauled the on call system, introducing a rota for on call duties, ensuring that on call staff had access to the information they needed and that contacts with on call were recorded systematically.

Quality assurance systems were in place to monitor the quality of service being delivered. The provider's

internal audit team had last visited in March 2016 and a service improvement action plan had been developed from their findings. Issues identified by a local commissioners' audit visit had also fed into this action plan; a subsequent visit had found improvements. The operations manager for the service visited weekly, with a monthly focus on quality assurance. The monthly quality assurance report considered all aspects of the service, including progress with the service improvement action plan, complaints, staffing levels, disciplinary matters and staff training. The registered manager from time to time worked alongside staff, which gave them an insight into how staff were working and the quality of service people received. Supervisory staff undertook spot checks on support workers and audits in people's homes, for example of finances or medication. In addition, there were monthly audits by the office-based supervisory staff. These included further checks on cash and medicines records, as well as reviews of other aspects of record keeping.