

DJ Support

DJSupport

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

DJSupport is registered to provide personal care to one person living in their own home. The inspection took place on 14 August 2017. We gave the provider 48hours' notice before we visited to ensure that the registered manager was available to facilitate the inspection.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff were knowledgeable about reporting any suspicions of harm to the person. There were a sufficient number of staff and recruitment procedures ensured that only suitable staff were employed. Risk assessments were in place and actions were taken to reduce identified risks.

There were effective procedures in place to ensure that the person was safely assisted with their medicines.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and report on what we find. Staff we met were able to demonstrate a good understanding of MCA. This meant that any decisions made on people's behalf by staff would be in their best interest and as least restrictive as possible.

Staff were supported and trained to do their job and additional training was provided for specific care needs to be fully met. The registered manager and support staff were in contact with a range of health care professionals to ensure that the person's care and support was well coordinated.

The person's privacy and dignity was respected and their support was provided in a caring and a patient way.

The person was supported to ensure they ate and drank sufficient quantities. The person was assisted to choose their favourite foods and to eat where and when they wanted to and healthy eating was promoted by care staff.

Care and support was provided based on the person's individual personal care and support needs. There was a process in place so that the person and their family's concerns were listened to and acted upon.

The provider had quality assurance processes and procedures in place to monitor the quality and safety of people's care. The person and their family were able to make changes and to the support and care provided to them by the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Staff were aware of their roles and responsibilities in reducing the risk of harm.

Recruitment procedures and staffing levels ensured that care was provided to meet the person's care and support needs.

The person was appropriately supported with their medicines by staff.

Is the service effective?

Good ●

The service was effective.

Staff were aware of the key requirements of the MCA. Decisions made on the person's behalf by staff were in their best interest and as least restrictive as possible.

Staff were supported by the registered manager to carry out the expected care and support for the person.

The person was assisted with their healthcare and nutritional needs.

Is the service caring?

Good ●

The service was caring.

Care was provided in a kind, cheerful and respectful way.

The person's rights to privacy, dignity and independence were valued.

The person, and their family, were involved in reviewing their care needs and were able to express their views about their needs.

Is the service responsive?

Good ●

The service was responsive.

The person was supported to pursue activities and interests that were important to them.

Staff knew the person well and responded to their individual care and support needs.

The person and their family were aware of the complaints procedure and knew who to speak to about their concerns

Is the service well-led?

The service was well-led.

Effective procedures were in place to monitor and review the safety and quality of the person's care and support.

Staff were supported and felt able to discuss their issues with the registered manager.

The person, their family, and staff were involved in the development of the service, with arrangements in place to listen to what they had to say.

Good ●

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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 provider was given 48 hours' notice because the location provides a domiciliary care service and the registered manager is sometimes out of the office and we needed to be sure that they would be in.

Before the inspection we looked at all of the information that we had about the 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. We also looked at the 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 any improvements they plan to make.

During the inspection we visited the service's office and looked at the person's care record and we met with the person being supported by the service. We also spoke with the registered manager, two care staff and one family member. We spoke with a care manager (from the local authority) an aromatherapy/massage therapist, a GP and a physiotherapist. We also received comments from an occupational therapist and an advocate who had contact with the service.

We saw records in relation to the person's care and support, the management of the service, the management and supervision of staff, recruitment and training records.

The person was not able to verbally communicate with us. However, through observations made during the inspection and discussions with a family member, care professionals and staff we were able to understand the person's experiences of the care and support being provided to them.

Is the service safe?

Our findings

Due to the person's complex needs they were unable to communicate verbally but through observation we were able to see their responses when being assisted by staff. A family member told us that the staff helped their family member throughout the day with personal care and to access the local community. They had no concerns about the safety of the support being provided to their family member.

Staff were aware of their responsibilities in relation to protecting the person from harm. They were aware of the procedures to follow and told us that they would not hesitate in raising any incidents or concerns with the registered manager. We saw that the contact details for reporting safeguarding incidents to the local authority were available in the service's office. The staff we spoke with displayed a good knowledge of the safeguarding reporting procedures and one member of staff said, "I would never hesitate in reporting any incident or allegation of harm to my manager but I have not had to do this." The registered manager was aware of the notifications they needed to send to the CQC in the event of person being placed at the risk of harm.

Risk assessments were in place and staff were aware of their roles and responsibilities in keeping the person safe when they were providing care. Staff we spoke with confirmed that they had read and understood the person's care and support plans and were aware of the actions to take and the guidelines in place regarding assessed risks. Examples of risk assessments included; assisting the person with their mobility, assisting the person safely whilst being hoisted, assistance with bathing, assistance with meals and drinks, use of emergency medicines, assistance with swimming and use of vehicle when accessing the community. There was a fire safety plan in place so that the person could be safely evacuated from the premises.

We saw that there was guidance which detailed the level of support the person required with their medicine. Staff told us that they had attended training in administering medicines which included a competency test to check their understanding of the process. This was to ensure safe practice was monitored. We saw a sample of training records which confirmed this to be the case. The registered manager told us that additional training would be given to staff whose competency needed to be improved before they continued to administer medication.

We saw the person's care and support plan which included guidelines for staff for staff regarding the person's required support. There were guidelines in place which detailed how many care staff should support the person both in and outside of the person's home. We saw that there were sufficient numbers of staff available to meet the person's support needs. There were two staff assisting the person at all times during the day and at night. This was confirmed by staff we spoke with. One staff member said, "There are enough staff, shifts are always covered." This showed that the provider had enough staff available to deliver safe care and support for person who used the service. Observations we made showed that the care staff knew how to safely assist the person with their care and support needs.

There were effective recruitment procedures in place to ensure that only staff who were suitable to work with the person were employed. We saw three staff files which confirmed that satisfactory recruitment

checks had been carried out and these included application forms, references from previous employers, proof of identity, and a satisfactory criminal records check via the disclosure and barring service (DBS). The registered manager told us that any gaps in employment were pursued during the person's interview. The registered manager also confirmed that all recruitment checks were completed before care staff commenced working on their own with person and providing them with the required care and support.

One member of staff we spoke with told us that their recruitment had been effective and that they had received an induction. They also told us that they completed number of 'shadow shifts' with more experienced staff. This was to provide support for new staff so that they could feel confident to be able to safely provide the person with safe care and support.

Is the service effective?

Our findings

The person was not able to verbally communicate their experiences. However, observations we made showed that the staff knew the person's needs well and attentively responded to the person's sounds and body language regarding the support they required. The person's family member spoke positively about the staff that were providing 24hour support to their family member and they were positive and appreciative regarding the care and support being provided.

The registered manager confirmed there was an induction process and programme in place to ensure that staff training was kept up-to-date. Training records showed, and staff confirmed that they received regular training throughout the year. Examples of subjects covered included; safeguarding, MCA, infection control, epilepsy, moving and handling, health and safety, first aid and administration of medicines. Staff we spoke with had found the training regarding epilepsy to have been useful. Staff also confirmed that they were completing training modules regarding the Care Certificate (a nationally recognised qualification in care).

Training was monitored by the registered manager in conjunction with the organisation's training department. This was to ensure that staff remained up to date with refresher training booked on an ongoing basis throughout the year. This was confirmed by staff and in the training records we were shown. Staff we spoke with told us they had received regular ongoing supervision from their registered manager and had also received an annual appraisal. Records we saw showed this to be the case. Staff we met also said that they could contact the registered manager at any time if they needed advice or to report any events/changes regarding people's care needs. Staff told us that they felt well supported by the registered manager and also by their staff colleagues. One member of staff said, "This is a really good team and we work really well together. I can always speak to a manager if I need to discuss any issues or care practice." This demonstrated that there was an effective system of training and support for staff.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of person 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.

The provider had procedures in place in relation to the application of the MCA. The registered manager and the staff were knowledgeable about MCA principles and how this may affect person when their mental capacity to make certain decisions changed. Staff we spoke with confirmed that they had received MCA training and demonstrated a good knowledge of the MCA principles. One member of staff said "We assume the person has capacity to make decisions but if this changed a best interest meeting would be held."

The registered manager and staff were knowledgeable about the situations where an assessment of people's mental capacity could be required. The registered manager was also aware of the relevant contact details and reporting procedures regarding this area and was in contact with the relevant authorities

regarding the person's changing needs.

We found that assessments of the person's nutrition and dietary needs and food preferences had been completed as part of their support needs. We saw that staff assisted the person with their meals, daily routines and shopping. The staff also encouraged healthy eating choices as much as possible. During our inspection we saw that staff assisted the person to choose their meals during the day. We saw that the person had participated, as much as possible, in the preparation of meals and we saw that they had happily contributed in preparing pizza dough and cake making during cooking sessions.

The person was assisted to access healthcare appointments including visits to their local surgery and dentists. The healthcare professionals we spoke with who had contact with the service told us that they found the service to be responsive to any advice given and that communication had been consistent and professional.

Is the service caring?

Our findings

The person receiving care and support from the service was unable to verbally tell us about their experiences of the care provided. However we observed that the registered manager and staff provided kind and respectful care and support. This was through visual cues and particular sounds the person made which indicated whether they were happy or unhappy with choices being offered by staff.

A family member said, "The staff are fantastic and really know [relative's] needs and they are really settled and happy – they [staff] are doing a very good job." We observed that there was a friendly, cheerful and respectful relationship in place between the staff and the person using the service. We saw that the staff provided support and personal care respectfully and privately when required to the person and spoke to them and explained the care that was to be given. We saw that the person was also included in all discussions regarding any forthcoming events such as going shopping, their meal choices and attending health and social activities. We observed staff attentively noting responses from the person indicating their agreement to the choices being offered.

Observations we made showed us that care staff respected the person's privacy and dignity when meeting their care and support needs. Members of staff described the aims of the person's support in enabling them to live as independently as possible and have a good and varied quality of life. Records showed that staff received training and guidance during their induction about how to promote and meet the person's needs in a caring and supportive manner. One member of staff said, "It is good to help [person] fulfil things they want to do and to meet their needs in the way that they want." One member of staff told us, "I love supporting [person] and I enjoy my job - it is really good to see [person] progressing and getting out and about."

It was evident that there was a warm and comfortable rapport between staff and the person receiving care and support. It was also evident from discussions with healthcare professionals that they felt staff knew and understood people's needs. Care professionals commented that there was a close and proactive communication with the service to ensure that person's care and support was well coordinated.

The staff we spoke with displayed a great deal of warmth and enthusiasm about their work and the care and support they provided for the person. One member of staff said, "I love my job and we work as a team to provide the best possible care." Another member of staff told us, "We go out with [person] to access lots of activities and also assist [person] at home with being able to listen to their favourite music and DVDs."

The registered manager told us that the person had received support from an advocate. Advocates are people who are independent of the service and who support people to make decisions. Advocates are people who are independent of the service and who support people to make decisions. We received positive comments from an advocate who had supported the person and they were positive about the services and support being provided.

We saw that family members had regular contact with the registered manager and staff on a daily basis.

They were actively involved in the planning and reviewing of their relative's care and support. A family member told us. "The care and support [relative] receives is the best it's ever been – they [staff] go the extra mile and care is completely centred on [relative's] needs." They also said "The care is consistent and [registered manager] and staff are most caring and understand [family member's] needs very well."

Is the service responsive?

Our findings

The staff ensured that the person was involved in choices about their life along with their family members. One family member confirmed they were continuously involved in the planning of [person's] their care and support and were able to make changes when necessary. For example, one family member said, "They [the staff] always let me know of any changes to my [family member's] care and support and we meet up most days to discuss any health or upcoming social events."

We found that assessments of the person's needs had been carried out by the registered manager. The person's preferences were recorded regarding their health care and support needs, likes and dislikes, contact with family and friends and meal choices to aid staff's understanding of each person. These were used to formulate the support plan and outline the care which was to be provided.

We saw that the person was assisted by staff with their varied activities programme. However, this programme was open to change should the person decide to do another activity. We saw that the staff consulted the person about how they wished to spend their day and respected these choices

The person had access to a vehicle [driven by staff] which enabled them to go on planned/spontaneous trips out in the community and to visit local towns. Staff we spoke with were able to give examples about the varying types of care that they provided for the person. These included assisting them with their meals and cooking, accessing community resources, assistance during swimming sessions and accessing a local college. We also saw that the staff had also assisted the person to go to music events, ten pin bowling, experience ice skating at an outdoor event in Cambridge and visit a theme park in France. This meant that the person experienced a variety of activities which promoted their social inclusion

We saw that staff also assisted the person to access their sensory garden area which contained a variety of fragrant plants and herbs along with being able to enjoy listening to the various wind chimes. The person was observed to be comfortable with the staff who were rewarded with a lot of smiles and positive sounds indicating the person's happiness.

We looked at the person's care plan during our inspection. There were person centred guidelines in place for each visit so that care staff were clear about the care and support that was to be provided. We saw details in place regarding the person's personal preferences as to how care and support should be delivered.

Detailed daily notes were completed by care staff at the end of each session with person they had supported which detailed the care and support that they had provided. We saw samples of these notes and saw that they contained information regarding the support that had been provided. This ensured that the required care had been provided and gave useful information for staff coming on shift.

We saw that staff held regular recorded reviews of the support plan with person and their family to ensure support was kept up to date and continued to meet the person's needs. A family member said, "I meet regularly with the [registered manager] to review how things have gone and any changes needed." We saw

samples of reviews completed regarding the care and support that was being provided.

The family member we spoke with said that they would be able to raise and discuss any concerns at any time with the registered manager and staff. However, they confirmed that they had not had to raise a concern. The registered manager told us that all complaints would be acknowledged and resolved but no complaints had been received in the last twelve months.

Is the service well-led?

Our findings

There was regular contact with person's family to gauge their satisfaction with the services being provided. A family member we met confirmed that they felt the care and support was well managed and coordinated. They were complimentary about the registered manager and care staff.

The registered manager demonstrated that they understood their roles and responsibilities. The staff we spoke with told us that they felt most supported by the registered manager and their colleagues including during out of business hours. Staff confirmed that they were able to raise issues and concerns at any time. One member of staff told us, "The staff work well together as a team and I feel that I am supported." Another staff member said that, "My colleagues are helpful and very supportive and ensure important information is passed on." We saw a sample of minutes from recent staff meetings where a range of care and support issues had been discussed.

Staff we spoke with told us that there was an open culture within the service. Staff told us they enjoyed their work and working for the service. One member of staff said, "I really love my job and the difference we make in [the person's] life." Staff we spoke with were aware of the whistle-blowing policy and said that they would not hesitate in reporting any incidents of poor care practice when this arose. One member of staff said, "I feel that I would be confident in reporting any concerns to my [registered manager] and that I would be taken seriously and protected if I did so."

A representative from the provider regularly considered the quality of care the service provided and took appropriate action where required. This was by speaking with the registered manager and staff and through contact with health care professionals. We saw that checks of staff's competence were undertaken by the registered manager and senior staff to ensure that the quality of care and support was monitored. This was confirmed by staff that we spoke with.

We saw that there were regular meetings held with the registered manager and their operational manager to monitor and ensure audits of key areas of the service were made. These audits included observations of support being provided, care and support records, reviews of care, staff recruitment, training and health and safety arrangements.

The registered manager had an understanding of their role and responsibilities. The registered manager was aware of their responsibilities in notifying the CQC of incidents that occurred while a service was being provided. Records we looked at showed that notifications were being submitted to the CQC as required.

The registered manager and care staff worked in partnership with other organisations and this was confirmed by comments from health care professionals we spoke with. These included comments from a care manager, a physiotherapist and other care professionals who were in contact with service. Comments we received were positive and they felt that any concerns and issues were proactively and promptly dealt with and that communication and any queries with the service were responded to promptly and professionally.

