

Sheffield City Council

Learning Disabilities

Domiciliary Care Agency -

136 Warminster Road

Inspection report

136 Warminster Road
Sheffield
South Yorkshire
S8 8PQ

Date of inspection visit:
09 May 2018

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03 July 2018

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 9 May 2018 and was announced. This means we gave the registered provider 48 hours' notice of our inspection to make sure the registered manager, some staff and some people receiving support would be available to meet and speak with us.

Sheffield City Council Learning Disability Domiciliary Care 136 Warminster Road is a domiciliary care agency. It provides personal care and support to eleven people in five 'supported living' settings, so that they can live in their own home as independently as possible.

People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service was registered on 5 April 2017. This is the service's first inspection.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The registered manager was present during 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 told us they felt safe using the service. Procedures were in place, which helped to ensure people were supported by care workers who understood the importance of protecting them from avoidable harm and abuse. Care workers had received training on how to identify abuse and report any concerns to the appropriate authorities.

At the time of the inspection, there were sufficient numbers of care workers employed, all with appropriate skills and knowledge to meet people's individual needs. The registered provider had a robust recruitment process that ensured only care workers deemed suitable to work with vulnerable people had been employed.

People were supported to have maximum choice and control of their lives and care workers supported them in the least restrictive way possible. The service's policies and procedures supported this practice.

Where people received support with their medicines, systems and processes were in place that ensured this was managed and administered safely and in a timely manner. Accurate records were maintained and reviewed.

People were supported to access healthcare professionals where this was required. Care workers had a good understanding of people's needs and were kind and caring. They understood the importance of respecting people's dignity and upholding their right to privacy.

People were supported to undertake activities of their choosing and to access the local and wider community.

Information was seen to be in easy read formats, for example, complaints and compliments, safeguarding policies and a who's who record of staff employed in the service.

Systems and processes were in place to encourage, manage and investigate concerns or complaints.

People who used the service, and those who had an interest in their welfare and wellbeing, were asked for their views about how the service was run.

Regular audits were carried out to ensure the service was safe and well run.

We received positive feedback from the staff we spoke with about the registered manager and the management team who were said to be approachable and supportive.

Staff said they thought the Learning Disability Domiciliary Care Service at 136 Warminster road was a supportive organisation with clear values.

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 had received training in safeguarding adults and were confident that any concerns they raised with the service would be addressed.

Staff had been safely recruited and there were enough staff to meet people's needs.

Systems were in place to help ensure the safe administration of medicines, including where people who used the service took responsibility for their own medicines.

Is the service effective?

Good ●

The service was effective.

Staff were appropriately trained to provide care and support to people who used the service. Staff had been provided with supervision on a regular basis for development and support.

Staff understood the requirements of the Mental Capacity Act (MCA) and considered people's best interests.

People were provided with access to relevant health professionals to support their health needs. Where people had specific health needs, staff sought advice from specialists where required.

Is the service caring?

Good ●

The service was caring.

People we spoke with were very complementary about the support they received from staff.

Staff were positive and caring in their approach and interactions with people.

People were clear about what they could expect from the service and there was written information in place to support this. This

information was written in an easy read format to help people understand.

Is the service responsive?

The service was responsive.

People were involved in the planning of their person centred support.

Staff supported people's independence and promoted social inclusion.

Systems were in place for the reporting and responding to people's complaints and concerns.

Good ●

Is the service well-led?

The service was well led.

Staff told us they had a good team and the registered manager was approachable.

There were effective systems in place to monitor the quality of the service provided.

The service had a full range of policies and procedures available to staff.

Good ●

Learning Disabilities Domiciliary Care Agency - 136 Warminster Road

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 9 May 2018 and was unannounced.

We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Before our inspection, we reviewed the information we held about the service. This included correspondence we had received and notifications submitted by the service. A notification must be sent to the Care Quality Commission every time a significant incident has taken place. For example, where a person who uses the service experiences a serious injury.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

Before our inspection, we contacted staff at Sheffield Local Authority and Sheffield Healthwatch and they had no concerns recorded. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

All comments and feedback received were reviewed and used to inform our inspection.

During our inspection, we spoke with three people who were receiving support to obtain their views about the service. We spoke with the registered manager, two line managers, the administrator, one senior provider service worker and two care workers.

We reviewed a range of records, which included three people's care records, three staff support and employment records and reviewed records relating to the management of medicines, complaints, training and how the registered manager monitored the quality of the service.

Is the service safe?

Our findings

People told us they were happy and felt safe with their care workers and others involved in their care and support. Comments included, "I like living with the staff, they are nice and kind" and "I feel safe here, it's a lovely house."

Staff confirmed they had been provided with safeguarding training so they had an understanding of their responsibilities to protect people from harm. Staff could describe the different types of abuse and were clear of the actions they should take if they suspected abuse or if an allegation was made so correct procedures were followed to uphold people's safety.

Staff knew about whistle blowing procedures. Whistleblowing is one way in which a worker can report concerns, by telling their manager or someone they trust. This meant staff were aware of how to report any unsafe practice. Staff said they would always report any concerns to the most senior person on duty and they felt confident the management team at the home would listen to them, take them seriously, and take appropriate action to help keep people safe.

The registered manager showed us their safeguarding policy and procedure and how concerns were recorded and managed electronically. This showed that systems and processes were in place that helped to keep people safe from avoidable harm and abuse.

People were supported to live their lives as they chose. We saw risk assessments were in place, which supported this approach with minimal restrictions in place.

Care plans we looked at included comprehensive assessments associated with people's care and support, where risks had been identified these had been recorded with associated support plans to keep people safe. Risk assessments were detailed and provided care workers with guidance on how to keep people and themselves safe. These were reviewed on a regular basis and included input and guidance from other health professionals.

We saw risk assessments were in place for health, finance, activities and personal care. The risk assessments covered areas of daily life where the person might need support. For example, mobility, seizures and behaviours, which may challenge the service and place the person and others at risk.

We looked at staff rotas, which confirmed there were enough staff on duty at the time of our inspection. Care workers told us there were enough qualified and competent care workers to meet individual needs.

During the inspection, we observed people were not rushed in carrying out their activities. A care worker told us, "There is always enough staff and, and we have a regular team for each person so they know who will be supporting them, it's a great team."

Systems were in place to ensure medicines were ordered, stored and administered safely.

Care workers received training in medicines management and the registered manager showed us documented observations, which were carried out annually and ensured care workers were competent in this task. This was to check staff had understood the training and knew what it meant in practice.

Medicine administration records (MAR) were used to record when people had taken their prescribed medicines. The MARs we looked at had been completed accurately.

People's abilities to self-administer had been assessed and care workers told us they would support people who were able to do so. This showed procedures were in place for the safe handling of medicines.

We found that records were managed and stored securely. Information was accurate and up to date. Records about people who received a personal care were kept securely in their own homes and copies were stored safely in the service's office. Information held on the computer was password protected so only authorised staff could access it.

The recruitment of staff was safe. The registered provider had a recruitment policy, which described a safe procedure for recruiting new staff. Recruitment records checked showed that the procedure was followed. Applicants had completed an application form, which included details of their previous employment history, qualifications, skills and experience. Two references, including one from the applicant's most recent employer, and a check with the Disclosure and Barring Service (DBS) were obtained in respect of applicants before their employment was confirmed. These checks helped the registered provider to make safe recruitment decisions and prevent unsuitable people from working with people at risk of abuse or neglect.

We saw the registered provider kept an electronic record of all accidents and incidents, which happened at the service. Each record was linked to the person who used the service and the staff member, which it related to. We saw records were updated or added to when further information had become known or where investigations had been carried out. This meant the registered provider was recording accidents and incidents correctly and these were analysed to identify any ongoing risks or patterns.

The service had a policy and procedure on safeguarding people's finances. The manager explained each person had an individual amount of money kept at the home that they could access. We checked the financial records and receipts for two people and found the records and receipts tallied. This showed procedures were in place to safeguard people's finances.

Is the service effective?

Our findings

It was clear from our observations during the inspection that care workers understood people's needs and were confident and trained in their role.

Care workers told us and we saw from records that they had completed an induction programme and a period of shadowing existing care workers before they started supporting people. Following induction training all staff completed annual refresher training. This included personalised training sessions around how best to support someone living with dementia, positive behaviour support, end of life care and emergency first aid.

Following each training session staff underwent a check of their competency as a way of checking their knowledge and understanding. Staff told us they received a good program of training for their role and that they enjoyed it.

All staff were provided with ongoing support for their role. Each member of staff attended regular one to one supervision sessions throughout the year. These sessions provided staff with an opportunity to meet and discuss with their line manager matters such as their work performance, general health, relationships at work, and support for their role and training or development needs.

Staff also attended an end of year appraisal, which gave them an opportunity to reflect on outcomes and achievements over the previous year and agree the next year's performance plan. A written record of the discussions was kept and included any agreed actions and timescales.

Regular staff meetings also took place to keep the team informed and up to date with any changes. They also provided an opportunity for staff to share ideas and ask questions.

Staff told us they felt supported within their roles and were confident about approaching the registered manager should they need to for advice or support outside of planned one to one and group meetings. This ensured care workers were supported in their role and had the appropriate skills and knowledge to provide care and support.

The registered provider was compliant with the Mental Capacity Act. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS), and to report on what we find.

We checked whether people had given consent to their care, and checked that where people did not have the capacity to consent, whether the requirements of the Act had been followed.

Throughout the inspection, we saw care workers gaining peoples consent before care and support was provided. People's ability to consent was assessed and recorded in their care plan. Best interest meetings

were held when people lacked the capacity to make informed decisions for themselves. A range of health care professionals and other relevant people who had an interest in the persons care and welfare attended these.

We saw evidence of good practice and creative approaches used to support people, making sure the least restrictive approach was taken, when people's decisions led to increased risk in their lives, particularly when people wanted to be as independent as possible in the community.

People had good access to healthcare services. We looked at three people's care records. They contained a range of information regarding each individual's health. The care records contained a health action plan, which showed annual health reviews took place to monitor people's well-being.

We saw people had contact with a range of health professionals, which included GP's, dentists, psychiatrists and hospital consultants. The files held information about people's known allergies and the staff actions required to support people's health. This meant staff had clear guidance on people's health care needs and people were supported to access health care appointments as needed.

Is the service caring?

Our findings

People told us many positive things about the way staff provided their care and support. People we spoke with told us they had no complaints about the care staff and were very happy with the support they received.

People had formed positive relationships with staff who knew them well. The staff we spoke with were positive about their roles and demonstrated passion in the way in which they spoke about the people they supported and the satisfaction this gave them. One staff member told us, "I love my job, and I would have no hesitation in recommending the service."

People told us that they received visits on time and mostly from the same staff that they were familiar with. People said they were introduced to new staff and spent time getting to know them alongside their regular staff. People told us they had a say in which staff provided their care and support.

The laughter and banter we observed amongst people, and staff showed people were comfortable with staff and enjoyed their company.

We observed staff treating people in a kind and gentle manner and people told us this was usual.

Staff were knowledgeable about people's needs and they had taken time to really get to know the people they supported through chatting and socialising with them. This helped staff to develop positive and trusting relationships with people. Staff knew people's backgrounds and things, which were important to them such as where they grew up, where they worked and special relationships. Staff used this knowledge to engage people in meaningful conversations and activities.

People were supported to express their views and were actively involved in the development of their care plans. Care plans reflected people's views about how their care and support was to be provided. They included people's personal preferences and choices such as what gender of carer they preferred and their usual daily routines, for example what time they like to get up and how they preferred to spend their time.

The registered manager was aware of the circumstances of when a person may need the help of an advocate and they held details of services, which they would share with people who may require this support. An advocate acts as an independent person to help people express their needs and wishes, as well as assisting people to make decisions, which are in their best interests.

People had access to key pieces of information, such as the complaints procedure. All information was made available to people in formats, which they could access, such as large print, pictures and symbols.

Care files and other documents were stored securely and staff were trained on data protection. This helped maintain people's right to confidentiality.

Is the service responsive?

Our findings

People received personalised care and support responsive to their needs. Prior to using the service people underwent an assessment of their needs, which took account of their social needs, physical and mental health.

People told us care plans were based on assessments and through discussions with people and/or those acting on their behalf.

Care plans provided clear instructions for staff on how the person wanted to be supported and the things that they could or wanted to do for themselves.

Care plans included a "health action plan". A health action plan records information regarding a person's medical and health support needs should the person need to attend or transfer between other services.

Care plans contained information about people's interests, hobbies and life history. This showed important information was recorded in people's plans so staff were aware and could act on this.

The care records also included things you need to know about me, my difficulties and how to overcome them and a communication passport. A communication passport is a practical and person-centred way of supporting people who cannot easily speak for themselves. The communication passport makes sure that important information about the person is recorded in an easy to follow format so that the person can share this information if they choose to.

Care plans were kept under review with the full involvement of the person and relevant others. Any significant changes to people's needs were communicated to staff at the start of every shift. This ensured staff had the most up to date information about people's needs and how best to meet them.

People were busy with and supported to enjoy daily activities of their choosing and these included trips and a range of social activities. Staff supported people to access the local community as and when they wished. One person told us, "I am going to the gym, to do my over fifties silver spinners class today." A care worker confirmed this was arranged for the person and they also attended a day centre where they enjoyed arts and crafts and meeting their friends. This information was recorded in the persons care records and was reviewed and outcome focused.

One Care worker told us, "We respond to people's needs whenever we can. We try to make sure people get to do what they want to do, become part of the community and to have a good social life. This makes my job more fulfilling and a great place to work."

Other records included reviews of people's health, activities, weight records, behaviour charts, care plans and risk assessments. Where appropriate the registered provider had sought the views and input of other health professionals to ensure the person's needs were holistically provided for.

There was a clear complaints procedure in place. Staff told us they would always pass any complaints to the registered manager, and they were confident the registered manager would take any complaints seriously.

We saw an 'easy read' version of the complaints procedure was included in the 'Service User Guide' which had been provided to people living at the home and their relatives. The procedure included pictures and diagrams to help people's understanding.

The complaints procedure gave details of who people could speak with if they had any concerns and what to do if they were unhappy with the response. The easy read version of the complaints procedure was also on display in a corridor area of the service so this was accessible to people. This showed people were provided with important information to promote their rights and choices.

The registered manager told us no complaints had been received since our last inspection. The registered manager was aware of the complaints procedure and informed us an electronic record would be kept of any complaint received and would include the actions taken and the outcome of the complaint.

Is the service well-led?

Our findings

The service had a manager in place who was registered with the Care Quality Commission (CQC) as required under the conditions of the service provider's registration. The registered manager was present during our inspection. Two first line managers and two senior provider service workers supported the registered manager in the day-to-day management of the operation of the service.

People told us that they thought the service was well managed. Everybody we spoke with told us they found the registered manager to be "Open, honest and approachable."

Staff also commented positively on the management and leadership of the service. One staff member told us; "The managers are lovely, they are so approachable, if you ever have a problem you feel comfortable talking to them about it and knowing they will do something about it." Another member of staff said, "The managers are very accommodating, they are flexible, supportive, fantastic. I couldn't wish for anything more."

Staff were clear about the visions and values of the service and they told us they enjoyed their work and felt valued. They told us the management team communicated well with them about any changes and developments within the service and that they acknowledged their good work. The minutes of team meetings evidenced this. For example, staff were provided with details of any changes made to policies and procedures, and they discussed and shared areas of best practice and lessons learnt.

The registered manager and other senior managers, involved with the service encouraged staff to develop through continuous learning and they welcomed new ideas from staff as to how the service could improve and develop for people who used it.

Before our inspection, we checked the records we held about the service. We found that the service had notified CQC of any accidents, serious incidents and safeguarding allegations, as they are required to do. This meant we were able to see if appropriate action had been taken by the service to ensure people were kept safe.

We also contacted the local authority's safeguarding and commissioning team. They raised no concerns about the care and support people received.

The registered provider had policies and procedures in place, which covered all aspects of the service. Staff told us policies and procedures were available for them to read and they were expected to read them as part of their training programme.

The registered provider had a quality assurance and governance process in place, which enabled the smooth running of the service. Quality assurance and governance processes are systems that help registered providers to assess the safety and quality of their services. This included a range of audits that the registered manager completed on a regular basis.

We saw that the audits informed the registered manager of staffing issues, staff development and training, recruitment, sickness, absence and retention, as well as information about complaints, compliments accidents and incidents and safeguarding.

We saw that a range of meetings were planned for the coming year. These included monthly operations managers meeting and monthly supported living meetings, team and staff meetings

The registered manager and the care workers had developed good working relationships with local health and social care professionals. Those we spoke with confirmed the service was led and care workers were knowledgeable about their needs and followed their guidance.

People and where appropriate those acting on their behalf were regularly asked to give their views about the service. This was done through regular care plan review meetings. This meant people's views and opinions were sought and respected.