

Royal Mencap Society

# Selby Domiciliary Care Agency

## Inspection report

68 Flaxley Road  
Selby  
North Yorkshire  
YO8 4QA

Website: [www.mencap.org.uk](http://www.mencap.org.uk)

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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

### About the service

This service is a domiciliary care agency. The service supports people living with a learning disability and autistic spectrum disorder in their own homes or a supported living environment.

Not everyone who used the service received personal care. The Care Quality Commission (CQC) only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. Nine people were receiving personal care in supported living settings at the time of this inspection.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

### People's experience of using this service and what we found

People, relatives and staff were positive about the way the service was led. People benefitted from effective managements systems and an established management team, which promoted their wellbeing and safety.

They were asked what worked well and what changes they would like to see. The provider and the registered manager checked the quality of care provided. Managers worked with other agencies such as social housing landlords and healthcare professionals to make sure people's needs were met and drive continuous improvement.

Care and support were based on people's care preferences and considered how staff could minimise identified risks while also supporting people's individual freedoms and choices. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems supported this practice.

People spoke positively about the care and support they received. They told us they liked the staff and said they were kind and caring. People we visited were comfortable with staff who supported them. Staff spoke with people in a respectful way and supported people to maintain their dignity.

Staff received appropriate training and support to provide effective care. Care plans provided detailed information about people's needs to support staff to provide person-centred care. People knew who to speak with if they had any worries or concerns. Staff knew how to help people who became anxious or upset including the best way to support people with their health appointments.

People followed their interests and took part in activities including in the wider community. Where appropriate, people had access to education and work opportunities.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was Good (published 14 December 2016).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Selby Domiciliary Care Agency

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in flats and supported living settings, so that they can live 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 had a manager registered with CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave a short period notice of the inspection because some of the people using it could not consent to a home visit from an inspector. This meant that we had to arrange for a 'best interests' decision about this.

Inspection activity started on 12 June 2019 and ended on 8 July 2019. We visited the office location on 12 and 14 June 2019.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We contacted the local authority commissioning and safeguarding teams and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

#### During the inspection

We visited three supported living services to meet everyone who received a regulated care service. Not everyone could tell us directly about their experiences and others did not wish to engage. We spent time observing, sitting and talking with people who did, and this gave us an insight into their care. We received feedback from another three people who visited the office to share feedback. We spoke with 13 members of staff including the registered manager, two service managers, two assistant service managers, and eight staff. We telephoned two relatives to gather their feedback about the service.

We reviewed a range of records including care records for three people and associated medicine records. We checked records relating to the management of the service, including a sample of policies and procedures and staff training and support. We looked at systems and processes used to monitor service quality.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff understood their responsibility to report safeguarding issues.
- Managers demonstrated a good knowledge on how to identify and report concerns and protect people from harm.

Assessing risk, safety monitoring and management

- Staff knew people and understood how to keep them safe; risk assessments guided staff on how to reduce risks while also promoting individual freedom, choice and control.
- Managers had undertaken accredited positive behaviour support training. Staff understood how to support people who may become anxious or upset and used this to good effect.
- People told us the service was safe; they were relaxed and comfortable with staff.

Staffing and recruitment

- Staff continued to be recruited safely. The provider's systems ensured appropriate checks were completed before new staff started work.
- Staffing was delivered in line with agreed contracted hours. A relative told us, "They sometimes have difficulty finding the right staff, but they seem to have a good team together now."

Using medicines safely

- Staff completed medicines training and competency checks to make sure people received their prescribed medicines safely.
- Staff documented the support needed to assist people with their medicines. For example, staff offered one person their medicines on a coloured plate, which assisted them to take their medicines independently.
- Medicine errors were investigated and action taken to prevent any recurrence.

Preventing and controlling infection

- Staff completed infection control training and used appropriate personal protective equipment to help prevent the risk of infection.

Learning lessons when things go wrong

- Systems were in place to take any learning from accidents and incidents; appropriate action was taken in response to events to avoid any recurrence.
- Staff had opportunities to reflect on the care provided and contribute to how things could be improved for people.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff holistically assessed and reviewed people's needs to make sure their care and support was effective.
- Staff worked proactively with other professionals to ensure people accessed appropriate care. For example, one person became anxious attending medical appointments. Staff had worked with other agencies to deliver health checks in an environment where the person felt comfortable. This had resulted in a positive impact on the person's physical and emotional wellbeing.

Staff support: induction, training, skills and experience

- Staff received the appropriate induction, training and support needed to fulfil their roles effectively.
- Staff performance was monitored through regular supervisions and appraisals, which supported ongoing learning and development.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff assessed people's dietary needs and care plans recorded guidance on how those needs should be met.
- Staff supported people to plan and prepare nutritious meals and drinks. When needed, they sought external advice and support for people. For example, staff had supported one person to lose weight leading to improved outcomes.

Adapting service, design, decoration to meet people's needs

- Environmental checks helped make sure people's homes were safe and continued to meet their needs; staff helped report any problems or repairs needed to landlords.
- Staff supported people to decorate and personalise their homes.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests

and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager made sure people's rights were protected. Staff had appropriately reported potential deprivations of liberty.
- Staff sought people's consent and supported their decisions.
- People's capacity was considered; people's choice and ability to make decisions was central to staff approach and care delivery.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff were caring and attentive and people responded positively to this approach.
- People told us staff were kind and caring. One said, "[Staff] are very kind to me. [Staff name] helps support me. I like [Staff name] very much."
- Staff knew about people's needs including their cultural and social needs and were respectful of people's lifestyle choices and decisions.

Supporting people to express their views and be involved in making decisions about their care

- The provider's ethos embraced a culture of putting people at the heart of any decision making. For example, people were actively involved in staff recruitment dependent upon their wishes and abilities. Some people were involved in the formal interview process; people also had the opportunity to meet prospective staff while managers observed their interactions.
- Care plans included detailed information about people's likes and dislikes. They contained information about what was important to people and guided care and support decisions.
- Staff supported people to access other agencies such as advocacy services who may be able to assist them.

Respecting and promoting people's privacy, dignity and independence

- Staff maintained people's privacy and dignity; people told us staff respected their privacy and personal space.
- Personal care was provided in a discreet and respectful way.
- Staff provided effective support to help people maximise their independence; people were supported to make meals and drinks, do housework, shopping and complete personal care tasks independently.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans were detailed; information guided staff on how to meet people's care needs effectively and in a person-centred way.
- People confirmed their care and support was flexible and met their care and support needs. For example, one staff member had rearranged their shifts, to support a person attend slimming classes.
- Staff understood what was important to people and adapted their approach to meet individual needs and preferences.

Relatives were involved in decisions about the right approach to take including in response to changing care needs. One said, "They try to see what [Name] would like in their new life."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were considered during the assessment process; details of people's preferred communication methods was included in care plans.
- Staff communicated information effectively to support people's understanding and decision making. They presented information in an understandable way including visual aids and working in different ways to meet people's preferred communication methods.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's wishes for contact with family and the community were considered and acted upon. One person who had volunteered to help with a new community garden said, "It's good to meet other people."
- People followed a wide range of hobbies and interests. Relatives told us staff had an excellent understanding of people's needs, and came up with ideas for new hobbies or activities to try.

Improving care quality in response to complaints or concerns

- People knew who to speak with if they were worried or concerned. One said, "I speak to [Staff] and they sort it." Relatives told us staff were quick to address any issues they had raised.
- The registered manager responded to complaints and looked at any changes and improvements needed.

End of life care and support

- Although no one was presently receiving end of life support care plans documented people's wishes and how to meet needs associated with protected characteristics, culture and spiritual needs.
- Staff had implemented advice from a specialist community nurse regarding bereavement support. This included collecting items and keepsakes to make a memory box and photograph album.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People liked staff and were positive about how the service was managed. A relative said, "[Name of service manager] is very involved in the care and is amazing."
- Staff were equally positive and told us they enjoyed working for the service. They gave examples of how senior staff supported them to provide quality care.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider promoted an open, person-centred culture including through regular training, supervisions and appraisals.
- Managers were passionate and had a clear vision for continuous service improvement. This ethos was shared throughout the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There were clear roles and responsibilities for managers at all levels. The registered manager was supported by service managers and assistant service managers in managing the service.
- Managers at all levels understood their responsibilities to improve people's lives and deliver person-centred care based on best practice standards.
- Staff understood the expectations placed upon them through open and regular communication with each other and with senior staff.
- The registered manager understood they had a responsibility to submit notifications to CQC when required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People attended reflection days, together with family and staff to talk about what worked well and what they would like to change.
- Quality assurance surveys gave further opportunities for people and professionals to give further suggestions on service improvement.
- Good personal and professional relationships existed between staff and external agencies. For example, one service manager had worked with a social housing landlord to engage with people with profound

disabilities. Staff from the landlord had spent time with people to find out about their needs including their housing needs.

#### Continuous learning and improving care

- The provider and registered manager were open and responsive to feedback. Managers encouraged staff to look openly at issues; staff shared ideas on how the service could be improved.
- The registered manager was committed to continually developing the service; they had taken positive steps to make improvements in response to feedback.
- The provider's compliance team used regular audits to monitor service quality and safety, identify improvements and ensure actions were completed.