

## Voluntary and Community Services Peaks and Dales

# Buxton Home Support Service

### Inspection report

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

This inspection was carried out between the 04 and 06 June 2016. The inspection was announced, and we gave the provider 48 hours' notice to ensure there was a manager available to assist with the inspection process.

Buxton Home support provides personal care for 35 people in their own homes. This includes children and young people with complex needs, people living with dementia, people with physical disabilities.

The service should have a registered manager. At the time of the inspection visit there was not a registered manager at the service. 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 current manager had applied to CQC to become a registered manager.

People and relations of children using the service said they felt safe and secure using the service. There were systems and procedures in place which were followed to ensure appropriate pre-employment checks were made on staff prior to them working with the people who used the service. Staff understood how to protect people from potential harm and how to report any concerns.

The provider ensured staff received training relevant to their roles and responsibilities. New staff completed a period of shadowing and induction training prior to them supporting people with their care needs.

Staff treated people and children with dignity and respect. People felt the staff understood their individual needs. The management team ensured people were involved in their own care and decision making. Staff understood the key principles of the Mental Capacity Act (2005).

Care plans contained information to assist staff in providing personalised care. People were given information on what to do if they had any concerns or complaints. Staff felt confident if they had any concerns or complaints the registered manager and management team would take them seriously and endeavour to resolve them.

People and children had their individual care plans reviewed to ensure they received the care and service they required. People were listened to and felt their individual needs were understood by the staff. Staff reported any changes to people's health conditions to ensure continuity of care.

The manager endeavoured to provide people and children with their care support at the time they needed it. People understood there were times when staff may be late due to unforeseen circumstances, but felt confident that they would be contacted and alternative arrangements made.

People's and children's independence was promoted and encouraged by staff who understood individual needs. Staff were aware of people's needs and wishes and supported them in a personalised manner. When needed, staff assisted and supported people with their nutritional needs and meal preparation.

The provider had processes in place to monitor the quality of the service people received. There were clear arrangements for the day to day running of the service. The service was managed by a team who understood their roles and responsibilities in providing a good service to people.

## 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 ●

Is the service safe?

The service was safe.

People and children felt safe with the staff who provided them with care and support. Staff understood local safeguarding procedures and the requirement to report any concerns and keep people safe.

Safe recruitment procedures were followed, to ensure staff were suitable to work with people in their own homes.

Medicines were managed safely.

### Is the service effective?

Good ●

Is the service effective?

The service was effective.

People and children were supported by staff who had the skills and knowledge to assist them.

People and children were happy with the care and support provided by the staff; people were supported and involved in the decisions about their care.

When necessary, people were supported to receive additional medical support.

### Is the service caring?

Good ●

Is the service caring?

The service was caring.

People and children were supported by staff who were kind, caring and compassionate.

Staff ensured people's dignity and privacy was maintained

### Is the service responsive?

Good ●

Is the service responsive?

The service was responsive.

People and children received personalised care and support to meet their needs; staff were aware of people's needs.

People and the relatives of children knew how to raise a concern about the care and the service they received. Any complaints were responded to and actions recorded.

People and children's needs were assessed prior to the service providing any support or care.

### Is the service well-led?

Good ●

Is the service well-led?

The service was well-led.

People and children's relatives felt the managers listened to them and encouraged them to provide feedback about the services they received.

Regular meetings took place between the staff and the managers, to ensure continuity of the services being provided. Staff felt supported by the managers.

The provider had monitoring systems in place to ensure people were happy with the service they received.

# Buxton Home Support Service

## **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 the 04 and 06 June 2016. The inspection was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in the office. This was a small service and the inspection team consisted of one inspector.

We reviewed information we held about the service, which included a review of the previous report for this service and a review of notifications they had sent us. A notification is information about important events which the provider is required to send us by law.

We spoke with three people who used the service, one relative, four care staff, two domiciliary managers and the nominated individual. We visited three people who used the service in their own homes. We looked at care plans for six people who used the service and reviewed the provider's recruitment processes. We looked at the training information for all the staff employed by the service, and information on how the service was managed. We also spoke with a health care professional.

# Is the service safe?

## Our findings

Overall, people we spoke with said they felt safe and secure when staff were in their homes and they supported them with their individual care needs. One person said, "Yes of course I am safe." Another person told us, "I am happy with the way they look after me." A relative said, "[person's name] is as safe with the girls as they are with me and the family. The girls are not allowed to care for [person's name] alone until they know exactly what they are doing."

We saw risk assessments were in place to reduce and manage risks. For example, we saw risk assessments were in place in relation to falls prevention and choking. The risk assessments were in place to provide staff with information on how best to care for people and children safely.

Staff we spoke with were familiar with risk assessments and were able to describe the risks to people and children and how this risk is mitigated.

Risk assessments had been carried out prior to staff starting to offer care to people in their own homes. This was done to ensure staff were able to care for people safely. Risk assessments in the office were up to date. These included how to assist people to move safely, and to ensure all aspects of care had been analysed in relation to keeping people and children safe. However we found the paper work in people's own homes was not always up to date. This meant that staff did not always have up to date information on the risks posed to people while offering their care. Staff told us that this was not a problem as they had access to up to date information and that sometimes paper work gets lost or misplaced in people's homes. Up to date information is passed on to staff via office staff who kept all staff up to date. Relatives we spoke with assured us they were happy with safety aspects of care offered to their relative. They said the office staff visited on a regular basis and kept paper work up to date.

Staff had received training in safeguarding and how to protect people from the risk of abuse. Staff we spoke with recognised their responsibilities in relation to reporting any safeguarding concerns. One staff member told us, "No matter who it is I would report them." Another said "They only have us so I have to make sure all is well with them and I would have no hesitation in reporting a safeguarding concern." This approach to caring for people helped ensure avoidable risk were recognised and addressed.

There was an effective recruitment process in place to ensure staff who worked in the service were of good character and suitable to work with people who needed to be protected from harm or abuse. Staff confirmed they did not commence employment until the necessary checks such as, proof of identity, references and satisfactory Disclosure and Barring Service (DBS) certificates had been obtained. A review of records showed all the appropriate pre-employment checks had been made prior to staff starting to work.

When required, people were prompted to take their medicines at the correct time. One person told us, "I'm happy the staff do my tablets; it saves me the worry."

Records of people's medicines were kept and audited regularly by the domiciliary managers to ensure the staff completed them correctly. We saw staff support and assist people with their medicines; this was done in a safe manner. The staff were mindful of explaining to each person what medicines they were taking and

why. This showed the staff recognised the importance of involving the person in their own care and treatment.

Staff told us they had received training in medicines and followed procedures for the safe medicines management. Staff explained to us how they ensured medicine administration record (MAR) charts were completed after they administered medicines. We looked at records of staff training and MAR charts that confirmed this.

We looked at two MAR charts and found them to be correctly completed and signed. The registered manager recognised the need to ensure that MAR charts were correctly filled in. The registered manager told us they thought it was important to ensure the staff had received appropriate training to support them before the administration of medicines. The registered manager understood the importance of ensuring medicines were managed in a safe manner and there were safe systems in place to support this.



## Is the service effective?

### Our findings

A relative said, "New staff are introduced to me and [relative's name], if we don't get on they change them. It's vital that [relative's name] is relaxed and comfortable with staff. The office understands this." They went on to say, "The training is excellent the staff work with [relative's name's] nurses. The nurses train the staff to ensure they know how to assist [relative's name] to eat safely." We saw new staff had attended induction training as well as shadowing a more experienced member of the staff team. The induction and period of shadowing took place prior to the new staff member working on their own when providing people with care and support. Managers told us the period of shadowing gave new staff the opportunity to learn and build upon their skills as well as developing confidence.

Staff were trained in all aspects of care. This included specialist care such as aspiration in a choking event and how to assist people who needed a PEG feed for nutrition. A PEG feed is where the nutrition is directed through a tube straight into a person's stomach. Other training included assisting people to move safely, first aid and food hygiene. Specialised training was done by supporting community nursing teams.

Staff told us there was, "Good support from the office." Staff we spoke with told us they received regular supervision with a senior member of staff as well as regular team meetings. Staff told us supervision with their respective managers gave opportunity to discuss any concerns. They also said having supervision gave them the chance to discuss any training needs and their own personal development and progress. Supervision is an act or function of overseeing someone's working practice to ensure it is safe, current and effective. Staff also told us having regular team meetings gave the team the opportunity to share their knowledge of people they were supporting so they were able to provide a consistent approach to their care. The team meetings also gave staff the chance to discuss any particular worries or concerns about people's care.

People and children were supported to make decisions about the care they received. The acting manager and the domiciliary manager told us most of the people they provided a support service to, had the capacity to make decisions about their care. People told us and we saw staff asked for consent before they provided any assistance with personal care. One person told us, "They [staff] ask me if I'm alright or do I need any help." Another person said, "They always ask if it's ok to start my care."

Staff told us and records confirmed, they had been provided with training in the Mental Capacity Act (MCA) 2005 and associated Deprivation of Liberty Safeguards (DoLS). They told us they gained consent from people before carrying out any tasks. One staff member said, "I always try to encourage people to be as involved in their care as possible." They went on to say, "It is important we respect people's rights." The 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. 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.

We checked whether the service was working within the principles of the MCA. One person told us, "They

[staff] always ask me first." The staff were able to tell us how they ensured people were included in any decision making particularly around their support needs and the care they required. For example, we saw care records detailed people had been included in decisions relating to their end of life care and whether or not they wanted or had any specific requests. This showed the staff understood the importance of seeking people's consent and agreement before helping with people's care needs. The provider understood and followed the principles of the MCA.

A relative told us the staff were familiar with their family member's health condition and needs. They told us the staff reported any changes to their relative's health so appointments could be made. Staff told us they would have no hesitation in contacting a doctor or the emergency services, should a person's health change or deteriorate. During our inspection visits we saw staff worked together with health professionals to ensure people received the care, help and assistance they required.

When required, staff assisted people with their meal preparation. We saw and heard staff offer a choice for their meal. Staff asked each person what they would like to eat and drink; staff were also heard to remind people if they were running low on something, so replacements could be arranged. One person told us, "They [staff] make sure we have what we want to eat and remind us when we're running low."

Staff told us they supported some people with their meals and ensured choice was offered. Staff told us they would refer people for assessment should their needs change. Staff gave the example of referring people for assessment with a dietician or speech and language therapist should people's needs change.

## Is the service caring?

### Our findings

Everyone we spoke with told us the staff were kind, compassionate and caring; people said they received the help and support they needed. People felt the staff were patient and provided them with all the care and support they needed. One person told us, "It would not be possible for us to live as we do without the care and support of the girls. They treat [family member] with love and kindness and we know [person's name] is happy to see them."

As part of this inspection, we visited some people in their own homes with their permission. During the visits we saw staff took care to ensure people's independence and decision making was not undermined. Staff did not rush to complete tasks, but allowed people to take their time and decide what they wanted done. For example one person wanted to go to bed early which was unusual for them. Staff respected this and assisted them to get ready for bed.

People told us they were included in decision making about their care and their care planning. They said staff treated people with dignity and respect. One person told us, "[Staff] treat me with respect. [Staff] are cheerful, they went on to tell us, "[Staff] bring in a bit of sunshine into the house." We saw care was delivered in a manner that respected and promoted people's dignity. For example, we saw staff take people to a private room for their personal care." A relative confirmed this was usual practice.

Staff we spoke with were fully aware of how to promote people's dignity. One staff member said, "Dignity is everything, respecting it is respecting ourselves as people." Staff explained how they ensure people are covered as much as possible while caring for people. Another said, "It's really important to treat people well, just as you would want to be treated well yourself."

Staff respected people's boundaries and treated people as individuals. They understood people find it difficult when they were not able to do things for themselves. One staff member said, "We have to understand it's like a bereavement and to try to help them through. I don't know how I would cope so I do my best."

Relatives said, "Those girls are simply the best. Nothing is too much trouble and the care they give is always over and above what's needed or expected. They never cease to amaze me."

People and in particular children had the same team of carers. This meant that relationships could develop. Where relationships did not work or there was a personality clash the agency addressed it and ensured the relationship worked in the best interest of the child or person.

# Is the service responsive?

## Our findings

All the people and relatives we spoke with told us they felt people's needs were being met. People told us how having the support from staff enabled them to remain in their own home and be as independent as possible. One relative told us, "You have no idea how good they are at helping support us. Without them we would struggle so much."

People felt having the support of the staff was essential and gave them a sense of freedom and autonomy. One person told us, "The staff help when I need help, but they don't take over." A health professional told us the staff had a positive approach to the people they supported and worked jointly and with each person.

People told us their care packages were tailored to meet their needs. One person told us how the manager worked with the person and their relatives to ensure they received care at a time when they needed it.

People told us they were asked what they thought about the service and had completed a survey. One person told us, "Someone comes and reviews my care to make sure I'm happy and things are ok." One person gave the example of the occasional late arrival of staff. They told us they understood there were times when staff were held up on a call, but had asked for someone to get in touch and let them know. They told us this had been highlighted and resolved. The managers told us how they learned from any comments and feedback people gave to improve and develop the service.

People we spoke with told us if they had a complaint, they knew how, where and who to report it to. One person told us, "I have no need to complain, but I know what to do if need be - starting with the manager." Another person told us they had, "Never ever complained but feel confident to complain if I needed to." A relative told us, "We've never to complain, but I know I can." We saw the provider had a complaints policy and procedure and the managers ensured it was readily available for people. We reviewed complaints the service had received and saw they had been responded to appropriately with recorded actions and outcomes.

We saw before people used the service a pre-assessment was conducted to ensure people's needs could be met and in the manner which respected preference and choice. One person told us, "We discussed the way I prefer to be looked after." The staff we spoke with were able to provide us with details about the care they provided to people. Staff also explained how they worked together as a team to support a consistent approach to people's and children's care.

The provider's care plans followed a standard format. People and children had contributed to their care plans and they were informative and personalised. We saw people's specific requests had been included, to ensure people were content with the service they received. The level of information contained in each care plan was reflective of people's specific wishes. We saw care plans contained contact information if there was an emergency or if a person had a specific health condition. For example, where someone had diabetes or epilepsy there was reference to how best to support the person should they become unwell.

Staff told us and we saw, care plans and risk assessments were regularly reviewed and amended to reflect people's and children's changing needs. Referrals were made for on-going or increased levels of care. We saw care plans provided staff with clear information to enable them to support people in the manner they wanted. The care plans were regularly reviewed to ensure continuity of care and changes were made as necessary. This meant people's needs were assessed and care was provided in a way which met their needs and preferences.

People were aware there may be occasions when staff ran late or call times had to change due to unforeseen circumstances. Examples given were if someone using the service being ill and needed staff to stay with them until a relative or health professional arrived. A relative told us, "They [staff] have never missed a call; they always ring if something has happened and they are going to be late."

## Is the service well-led?

### Our findings

People and relatives we spoke with were confident about the service they received. One person told us, "I think the management strive for improvement, they try really hard to do their best for everybody." There was not a registered manager in post. However an application for the manager's registration with CQC was underway.

The manager promoted a personalised culture within the service and lead by example. Staff confirmed morale was good and they felt well supported by the management team as a whole. Staff told us the manager was fair and would listen to them about any issues they were having. They told us the needs and wishes of the people using the service were central to how the service was managed on a day by day basis.

Staff told us they had no reservations about raising a concern or worry with the registered or domiciliary managers. A staff member told us, "The managers are all easy to talk to, they are very approachable." Another member of staff told us, "Managers are there for any help or advice. There is always someone on the end of a phone."

The manager understood their role and responsibilities. They had sent written notifications when required to tell us about any important changes, events or incidents at the service. They told us they felt supported by the members of the team and their own manager. The service worked well with health and social care professionals to ensure people and children had the most appropriate care delivered.

The staff we spoke with told us they attended regular 'patch meetings' where they were able to discuss people they supported. The meetings gave staff the opportunity to update others in the team of anything significant relating to people's care. The meeting also gave staff the opportunity to meet colleagues and to discuss any concerns they may have. We saw the provider kept a record and minutes of the meetings and these were made available.

We asked people whether the provider asked for feedback about the service they provided. One person told us, "Yes, the agency asked me for feedback." Another person told us, "Yes, the agency changed and made improvements as a result of feedback." The provider ensured questionnaires were sent out to people using the service. We saw results of the questionnaires were collated and lessons learned were shared amongst the team and used to improve outcomes for people.

The provider had quality monitoring systems in place to check staff had the correct skills and knowledge to meet people's needs. The monitoring was used to develop and drive improvements in the services provided. For example, to ensure staff were skilled to provide care their training was monitored by visiting professionals. Care plans and risk assessments were reviewed and updated on a regular basis or if there was a change in people or children's conditions.

The information gathered was used to ensure people were happy with the service being provided. It was also used to ensure any staff training needs were identified and fulfilled in a timely manner.

