South Tyneside MBC

Danesfield Supported Living Service

Inspection report

Danesfield
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Tyne and Wear
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Tel: 01914898303

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31 January 2017

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 23 and 31 January 2017 and was announced. The service was last inspected on 16, 23 and 25 November 2015 and was found to be meeting the legal requirements we inspected against.

Danesfield Supported Living Service provides care and support for 15 people in their own homes including 24 hour care. This includes care and support for people with a learning disability, mental health problems and physical disabilities.

The service had a registered manager. 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.

Medicines care plans were not always accurate. For example, one person's medicines care plan described a level of support the person had never received previously. Another person's care plan contained conflicting information about the support they needed with medicines. Reviews carried out of these care plans had not identified the discrepancies. Both of these care plans had been re-written before our inspection had concluded.

Other records related to the receipt, administration and disposal of medicines were accurate and complete.

Incidents were logged and action was taken to help keep people safe. All of the incidents related to medicines errors. The number of errors had reduced due to the action the provider had taken.

Care workers had a good understanding of safeguarding and the provider's whistle blowing procedure. They told us they did not have concerns about people's safety but would not hesitate to raise concerns if required. Previous safeguarding concerns had been dealt with in line with the provider's safeguarding procedure.

People were happy with their care and the care workers supporting them. They also felt the service was safe.

The quality of information and level of detail recorded in risk assessments had improved since we last inspected. Risk assessments had been completed across a range of areas such as medicines, finances and specific medical conditions.

People and care workers confirmed there were sufficient care workers on duty to meet people's needs in a timely manner. Care workers also told us staffing levels had improved recently.

Effective recruitment procedures were in place to help ensure new care workers were suitable to work at the service. This included requesting two references and a Disclosure and Barring Service (DBS) check.

The provider had up to date procedures to deal with emergency situations and to ensure people continued to receive the care they needed.

Care workers were well supported and had access to training relevant to their caring role. Records we viewed confirmed supervisions, annual appraisals and essential training were up to date. Essential training included safeguarding adults, food hygiene, moving and handling and first aid.

The provider followed the requirements of the Mental Capacity Act 2005 (MCA). Care workers supported people to make as many decisions and choices as possible. Care workers told us most people understood verbal communication and were able to make daily living choices.

People were supported to prepare meals and drinks in line with their individual needs. Support provided included help with preparing meals and advice about healthy eating. Nome of the people using the service required any practical assistance with eating and drinking or special diets.

People were supported to access health care when needed, such as support to make and attend appointments.

People's needs had been assessed and information gathered about their individual care needs and preferences. Personalised care plans had been written which people had checked to confirm they were happy with what was in their plan.

Activities were available for people to participate in both within Danesfield and in the local community. These included going to the shops, college, local day clubs, out for walks, swimming, visiting relatives, going to the pub, the pool club and the gym.

People did not have any concerns about their care but knew how to raise concerns if they were unhappy. There had been no complaints received since we last inspected the service.

People had opportunities to share their views about the service through attending regular meetings and questionnaires. Initial feedback from the most recent consultation was positive.

Care workers told us they were able to share their views and suggestions about the service, either speaking directly with the registered manager or during regular supervisions and staff meetings.

The current systems of quality assurance had not been effective in identifying that medicines care plans for some people were inaccurate.

The provider's commissioning team carried out periodic reviews of the quality of the service. The provider had made progress towards completing a comprehensive improvement plan for 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?

Requires Improvement

The service was not always safe.

Medicines support plans for two people were inaccurate.

People said they felt safe living at the service. Potential risks had been assessed and measures identified to help keep people safe.

There were enough care workers on duty to meet people's needs in a timely way.

Care workers had a good understanding of safeguarding and whistle blowing. Previous safeguarding concerns had been dealt with appropriately.

Incidents were logged, investigated and appropriate action taken.

Is the service effective?

Good

The service was effective.

Care workers received the training they required. Supervisions and appraisals were up to date for all care workers.

The provider acted in accordance with the Mental Capacity Act 2005 (MCA).

People were supported to access to health care when needed.

People were also supported to have enough to eat and drink.

Is the service caring?

Good

The service was caring.

People were happy with their care and the care workers supporting them.

People were treated with dignity and respect.

People were supported to develop skills to promote their

independence.

Is the service responsive?

Good

The service was responsive.

People's needs had been assessed.

Care plans were personalised to include particular preferences or choices people had.

People took part in range of activities including accessing the local community.

People knew how to complain but currently had no concerns.

People were able to attend regular meetings with other people using the service.

Is the service well-led?

Requires Improvement

The service was not always well led.

The provider's quality assurance systems had been ineffective in ensuring medicines support plans were accurate and reflected people's actual needs.

The service had a newly registered manager. People and care workers gave positive feedback about the registered manager.

Regular staff meetings took place. The provider had issued questionnaires to people and initial feedback was positive.

The provider was working towards completing a detailed improvement plan for the service.

Danesfield Supported Living 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.

This inspection took place on 23 and 31 January 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service. We needed to be sure someone would be in when we visited.

The inspection was carried out by one adult social care inspector and an expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information we held about the home. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to let us know about. We also contacted the local authority commissioners of the service, the clinical commissioning group (CCG) and the local Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

The provider completed a provider information return (PIR) prior to the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with seven people living at the service. We also spoke with the registered manager and two care workers. We looked at a range of records which included the care records for four people, medicines records

for 15 people and recruitment records for two care workers. We also looked at a range of other records related to the running of the service.

Requires Improvement

Is the service safe?

Our findings

Medicines care plans did not always accurately account for the care people required to take their medicines safely. Two medicines care plans we viewed did not detail the support people currently received with their medicines. For example, one person's care plan stated care workers were to measure out a specific dosage of a 'when required' medicine liable to misuse (controlled drug) and leave it with the person to take later when they required it. We raised our concerns about this practice with the registered manager. They told us they did not recognise this practice as the person had never been supported in this way. We also confirmed this with care workers who agreed this had never been practiced. The registered manager said the person had capacity over when they wanted this medicine and would tell care workers when they needed it. We noted the person's care plan was written on 5 January 2017 and had also been reviewed by a senior care worker. This inaccuracy had not been identified during the review. When we visited the service for the second day of our inspection we found the person's support plan had been completely re-written and contained guidance which corresponded to the practice staff told us about.

We noted a second person's medicines care plan was not clear as to the level of support the person actually required. The support plan described the person being completely dependent on care workers to administer their medicines. For example, care workers opening the medicines cupboard, removing the medicines from the packaging, handing the medicine to the person and checking they had taken the medicine. However, the care plan also stated the person was completely independent with taking medicines when on holiday or out in the community without support. This support plan had also been re-written when we returned to the service for the second day of our inspection.

Most people required support with medicines and received them from care workers. Records showed care workers had completed the relevant training and had their competency assessed to check they had the correct skills and knowledge. Two people were independent with taking their medicines. Records we viewed for the receipt, administration and disposal of medicines were accurate and complete.

Incidents were logged and details of the action taken to address concerns were recorded. There had been a high level of medicines errors within the service with a total of 24 during 2016. The provider had taken robust action to reduce the frequency of medicines errors. This included changing the procedure for administering medicines so this was usually done by two care workers. We found the situation had improved significantly with no medicines errors found since October 2016. Where appropriate, referrals had been made to the local safeguarding team for investigation.

Care workers demonstrated a good understanding of safeguarding adults. They knew about various types of abuse and were aware of potential warning signs. Training records confirmed care workers had completed safeguarding training. Previous safeguarding concerns had been referred to the local authority safeguarding team as required. These all related to medicines errors.

Care workers knew about the provider's whistle blowing procedure. Care workers told us they had needed to use the procedure but were confident to do so if required. One care worker told us, "If I wasn't happy

(about a person's safety) I would report it. I would definitely raise concerns. They would be dealt with." Another care worker said, "I would raise concerns without a doubt. They would deal with it using the right approach."

People told us they felt safe. One person commented, "I feel safe." We saw people were relaxed and aware of safety issues. For example, one person took responsibility to ensure people signed the visitors' book when people arrived or left the building. We observed later in the day the person reported to the registered manager that one person had visited the building without signing in or out. Care workers also said they felt the service was safe. One care worker commented, "I think people are safe."

Where a potential risk had been identified, a specific risk assessment had been carried out. These identified the measures needed to help keep people safe. We found the quality of the recording and level of detail for risk assessments had improved since our last inspection. Assessments covered a range of hazards including those relating to medicines, finances and specific medical conditions.

People told us care workers provided the help they needed and said their needs were met promptly. Care workers confirmed there were enough staff on duty and that staffing levels had improved. One care worker told us, "Staffing levels are definitely getting better. People are getting the care that they need." Another care worker said, "We always seem to manage." We observed people were regularly accessing the local community with support from care workers where required. We also saw care workers were able to respond quickly when people needed assistance.

There were effective recruitment procedures in place. The provider had employed two new care workers since our last inspection. We found pre-employment checks had been carried out to check both new care workers were suitable to work with people using the service. These checks included requesting and receiving two references and Disclosure and Barring Service (DBS) checks. DBS checks were carried out to ensure prospective staff did not have any criminal convictions that may prevent them from working with vulnerable people.

The provider had an up to date business continuity plan and emergency evacuation plan. This provided clear guidance for care workers as to the action required to deal with emergency situations. For example, a fire, a gas leak and flooding. This helped ensure people would continue to receive the support they needed in an emergency. People had personal emergency evacuation plans (PEEP) which provided details of their individual support needs should the service need to be evacuated in an emergency.

Good

Is the service effective?

Our findings

Care workers told us they received good support from management and colleagues. One care worker said, "We have a good staff team, everyone can talk to each other. If I had any worries I could go to the manager and talk to them." Another care worker told us, "I feel very supported. We have regular supervision which gets typed up and we sign. [Registered manager] asks if we have any concerns. They ask how we are which is nice. I can say if I don't understand anything and they will help." We viewed records which showed most care workers had received at least five supervisions and an annual appraisal.

Care workers had completed training relevant to their role. Care workers confirmed the provider supported them to complete essential training and any other additional training appropriate to their work. One care worker commented, "If there is any extra training we want to go on we can bring it up in supervisions. In the past I have done epilepsy, death and bereavement training." Another care worker said, "Training is mentioned in supervision." Training records confirmed essential training was up to date. This included safeguarding adults, food hygiene, moving and handling and first aid.

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

People can only be deprived of their liberty so that they can 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. Care workers told us most people currently using the service could understand verbal communication and were able to make daily living choices. They told us they had previously used various strategies to support people with decision making such as using picture cards. Some people had also been supported to access independent advocates to help with making some decisions.

People were asked for permission before receiving care. Care workers told us they would always ask for consent first. We also observed this during our visit to the service. For instance, the registered manager introduced us to people. They always asked for permission first before entering their flat, as did other care workers.

People's flats were self-contained and had facilities for people to make food and drinks in their accommodation. People were supported with nutritional needs in line with their agreed support plan. People required support with food preparation. Nobody using the service required practical assistance with eating or any alterations to the texture or consistency of their meals. Care workers told us they always asked people what they would like and help them to make it. One care worker told us, "We work together for example to make a sandwich." Each person had support to do their shopping. Care workers said they encouraged people to make healthy choices. One care worker said, "We direct people to healthy options when we are shopping." Care workers went on to stress they offered advice but people were still able to

make their own choices.

People confirmed they knew who to speak with if they were ill or had injured themselves. We briefly spoke with one relative about their family member's access to health care. They told us they were happy with a GP review that had occurred previously and did not have any concerns. Care workers told us they supported people with accessing health care services. They said they would make appointments for people and attend with them of needed. Records showed people had regular input from a range of health care professionals, such as GPs, occupational therapists, audiologists and community nurses.

Good

Is the service caring?

Our findings

People gave us positive views about their care. One person told us they liked living at Danesfield and said it was "very quiet and peaceful." Another person commented, "I like it, living here." People said they would recommend the service to a friend.

We observed warm and friendly interactions between people and care workers as well as the registered manager. For example, people had a positive rapport with the registered manager, who had worked with people using the service for over 10 years.

People told us they received support from kind and considerate care workers. They described care workers as "friendly", "helpful", and "nice". One person said, "The staff always help you." Another person commented, "Staff are nice and that."

We observed care workers prioritised people's dignity and respect. The registered manager ensured people were comfortable and ready to speak with us. They asked people where they preferred to speak and provided options so that it was evident their choice and comfort was a priority. Care workers told us they promoted dignity whenever they supported people. They gave us examples of how they aimed to achieve this. For example, keeping people covered when providing personal care, making sure doors were closed, explaining what they were doing and offering choices.

People confirmed they had enough support to enable them to go out when they wanted to. They also told us they were able to choose how they spent their time. One person said, "I can do everything I want." Most people had support networks in place from relatives and some friendship groups had developed between people.

Care records contained information about people's life history and their care preferences. This enabled care workers to have access to information about each person to help them better understand people's needs. Life histories included details of people's childhood memories, family contacts and special interests. For example, one person had specific memories from holidays they had been on as a child. They also had interests relating to swimming, attending college and going to shows and concerts. Care records clearly recorded things that were particularly important for each person. For one person this was being able to go shopping, visits from family and watching soaps on TV.

People told us about goals they were working towards. These were based around people's hobbies and interest and also developing skills to promote independence. One person commented they would "like to go to the beach". One care workers said, "One person has a new goal plan working towards self-medicating." Other examples of goals included saving money for a particular holiday and to lose weight. Where goals had been identified, a plan was developed detailing the steps needed to achieve the goal. These plans were reviewed periodically to check whether people were on track.

Good

Is the service responsive?

Our findings

People's needs were assessed shortly after moving to the service to help ensure they received care appropriate to their particular needs. The assessment was used as a way of gathering information about people. This allowed care workers to develop a better understanding of people's needs. For example, whether people had any specific cultural or religious beliefs or particular preferences or routines that were important to them. The assessment covered a range of areas such as daily living skills, nutrition, medicines and things that must happen for each person. For example, for one person this was to be supported to have a bath, to see family regularly and to have support with taking medicines.

The initial assessment was used to develop a range of personalised care plans for each person. Care plans had been rewritten into a more individualised document for each person. This provided clear guidance for care workers about how each person wanted and needed to be supported. Care plans incorporated people's preferences where relevant. For example, one person wanted support so they could have their hair in their preferred style and to follow a particular bedtime and breakfast routine. Care plans were discussed with people to check they were happy with the information contained in the plan. One care worker said, "We read the support plan and check they are happy. We add in if they make suggestions."

Care plans had been reviewed consistently every month to help keep them up to date. We noted the record of the review provided very little information about the outcome of the review and whether the plans were still relevant to people's current needs. The record usually constituted a brief statement that there were 'no changes required this month.' People met with their key worker each month to discuss their care and review goals. These meetings were recorded in more detail.

People had regular opportunities to take part in activities. People told us there were a wide range of activities available to them both within Danesfield and in the local community. Support was provided for people to access these activities. Examples of activities included going to the shops, college, local day clubs, out for walks, swimming, visiting relatives, going to the pub, the pool club and the gym. A DVD library and televisions were available within communal areas.

People were happy with their care and did not raise any concerns with us. People also knew how to raise concerns or problems and were confident that if they had any they would be sorted out quickly. Information about how to complain was made available to people. There had been no complaints made about the service since April 2014.

People had the opportunity to attend regular meetings with other people using the service to share their views and provide feedback. Topics discussed usually included health and safety and suggestions for activities. Activities suggested during a recent meeting were a cinema trip, bowling and crafts. People were also involved in discussing a planned garden project at the service and the fire service had attended to talk to people about fire safety.

Requires Improvement

Is the service well-led?

Our findings

The provider had established systems in place to check on the quality of people's care. A range of weekly checks were carried out. These included health and safety related checks and a medicines audit. The weekly medicines audit included a check of MARs and a medicines stock check. However, we found the effectiveness of the medicines audits was inconsistent. Whilst discrepancies in the quality of the recording on MARs had been identified and investigated, inaccuracies in the information contained in medicines care plans had not.

Senior care workers also carried out monthly service reviews. This included additional checks of health and safety, medicines, support plans and goal plans. Although these were carried out consistently each month, these had also been unsuccessful in identifying the inaccuracies in people's medicines support plans.

The service had a registered manager who had registered with the CQC on 23 December 2016. We received positive feedback about the approach of the new registered manager from both people and care workers. One person told us, "[Registered manager] is good." One care worker commented, "I know [registered manager] would listen, she would help in any way she could. She is definitely approachable, she is lovely." Another care worker said, "[Registered manager] is very approachable, you feel at ease going to them. They are always helpful."

We observed there was a calm and relaxed atmosphere within the service. People readily approached care workers and the registered manager to chat and ask questions. One care worker described the atmosphere as "happy" and "not a bad place to work".

Care workers had opportunities to share their views and suggestions to improve the care people received. They told us they could give feedback in supervisions, staff meetings or to the registered manager directly. One care worker said, "They (staff meetings) are good. We feel like we can get things off our chest." Another care worker told us, "It is a nice atmosphere when we have staff meetings."

The provider had recently sent people and relatives questionnaires to gather feedback about the service. At the time of our visit five people and three relatives had replied. We viewed the completed questionnaires and found the feedback was mostly positive. For example, five out five people had stated care workers observed privacy and dignity, treated people with respect and were kind towards people. Four people stated they were overall 'very satisfied' with their care, the other person stated they were 'satisfied'. Relatives gave similar ratings as well as specific comments about people's care and the approach of the care workers. Relatives described care workers as 'friendly', and 'approachable'. They also stated people's care was of a 'high standard' and people were 'well looked after'.

The local authority commissioning team carried out external quality checks of the service on behalf of the provider. Following the last review an action plan had been developed which identified specific actions to improve the quality of the care people received. These included plans to improve the process for recording incidents and accidents, improvements to care plans and ensuring people received the medicines they

needed. The most recent version of the action plan showed progress had been made with 23 out of 26 actions signed off as completed. The remaining actions were to complete a review of all support plans and risk assessments, review support hours and develop champion roles in end of life care, medicines, dementia and infection control.