

Guideposts Trust Limited

Guideposts Trust Norfolk & Suffolk Adult Placement Scheme

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?	Requires Improvement ●

Summary of findings

Overall summary

This was an announced inspection that took place on 15 December 2016, with follow up phone calls to carers on 16 and 19 December 2016.

Guideposts Trust Limited provides a 'shared lives' service for adults who need support and who want to live as part of a family or household. It is an alternative to residential care for people and provides a flexible form of accommodation, care or support inside or outside the Shared lives carer's home. It provides services for people with learning, physical or sensory disabilities and people with mental health problems. The service provides long term placements, short term placements and For the purposes of this report we will refer to those who provide support to service users as 'carers'. The support workers from Guideposts, who provide support to these carers, will be referred to as 'staff'. respite care. It is responsible for co-ordination between the people who use the service and the carers with whom people live.

At the time of this inspection there were 132 people using the service. Of these, 63 were receiving personal care, which is regulated by CQC.

There was a registered manager in place. 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 and associated Regulations about how the service is run. At the time of the inspection the registered manager was not at work, and the regional manager was overseeing the service with support from the director of services.

The service worked closely with social workers and health professionals who were involved in the care management of the people who used the service to ensure their needs were fully met. The staff directly employed to work for Guideposts were responsible for recruiting and reviewing carers who provided the care and support that people needed within their own homes. People received personalised care from carers who had been carefully chosen by the service to provide support to the person. The carers were supported by the service to do this effectively. They had received enough training to enable them to keep people safe and to meet their needs.

There were systems in place which identified whether carers had the training and support they required and to check whether people were satisfied with the service they received.

However, there was a lack of effective systems in place to monitor the accuracy of the records relating to people's care. There was no system in place for ensuring that all service users had comprehensive support plans in place, which presented a risk that there was not always guidance for potential carers on how best to support people. Audits and spot checks that the registered manager had in place had not identified that this was an area in need of improvement.

There was not always good leadership in place. The registered manager had not always checked new staff training, and had not supported new staff to go through the comprehensive induction process expected by the organisation.

There were systems in place which promoted people's safety which included ensuring that carers received training in safeguarding. The staff ensured that risks associated with people's needs were assessed and mitigated as much as possible. They also ensured that they recruited carers who were deemed suitable to work with people and that their homes were safe for people to live in.

Where carers supported people to take their medicines, they received the appropriate support and training to administer these.

Staff and carers maintained regular contact to ensure that carers had the training they needed to deliver their roles, and where gaps were identified they carried out further training. Carers and staff were knowledgeable about mental capacity and the surrounding legislation.

People were supported to eat a healthy diet and carers supported people to follow their dietary requirements. Guideposts staff ensured that they gathered up to date information about people which included how they were accessing health care. Carers worked closely with health care practitioners and supported people to access health care when they needed.

Carers communicated with people in a way that enabled them to make choices, and involved people and their families about decisions relating to their care. They supported people to access the community and engage in activities that they enjoyed, and encouraged people to maintain their independence.

There was a system whereby carers reported to the organisation monthly or as needed, so that staff could support them with any advice and support when they needed it.

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.

Carers and staff were aware of safeguarding procedures and reporting. Staff supported carers to mitigate risks relating to people's care.

Carers and staff were recruited with systems in place to check their suitability to work with people.

Carers supported people to take their medicines as prescribed.

Is the service effective?

Good ●

The service was effective.

Carers received training and supervision they required to carry out their roles. Staff attended training that was relevant to their roles.

Carers worked closely with healthcare professionals and supported people to access health care when they needed.

Carers promoted a healthy diet and ensured people ate and drank enough, meeting dietary needs when required.

Is the service caring?

Good ●

The service was caring.

People lived with carers in their own homes. The carers promoted their independence and supported people's communication needs.

People's families were involved in decisions relating to their care, and wherever possible people were supported to make their own decisions.

Carers respected and promoted people's privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

People received individualised care based on their own needs, and thorough assessments were carried out before carers were matched with people.

People were supported to access activities and spend time in the community.

Carers knew how to complain if they needed to and asked for support when they needed it.

Is the service well-led?

The service was not always well-led.

The quality assurance and audit systems were not always effective in picking up areas where improvements were needed. As a result, people`s care records did not always reflect their current needs and the support they received.

New staff member's had not always had their training records checked.

The service sought the views of carers and the people they supported in order to monitor and improve the service.

Staff worked well together as a strong team.

Requires Improvement 

Guideposts Trust Norfolk & Suffolk Adult Placement Scheme

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 was carried out by one inspector. The provider was given 48 hours' notice because we needed to be sure that someone would be in the office. Therefore the provider and staff operate from a central office and we needed to be sure that they would be on the premises so we could talk to them during the inspection.

Before the inspection, we reviewed the information available to us about the service, such as the notifications that they had sent us. A notification is information about important events which the provider is required to send us by law.

During the inspection, we spoke with the director of services, the regional manager and two members of staff. We also spoke with a healthcare professional who had regular contact with the services and four carers.

We looked at care records and associated risk assessments for three people and other documentation around the monitoring of the service provided.

Is the service safe?

Our findings

The carers we spoke with said they knew what to do if they had any concerns relating to the safety of the people they cared for. They had received safeguarding training, and where their training was overdue, they were organising to go on a refresher course. They had good awareness of safeguarding procedures. The staff we spoke with at Guideposts also had a thorough knowledge of how to report any safeguarding concerns. They had also undertaken safeguarding training.

We saw that in people's care and support records, Guideposts staff had carried out risk assessments with the input of other relevant healthcare professionals and social workers. These risks included those associated with people's mobility, their medicines or their health conditions. They contained guidance on how carers could mitigate risks to people's safety and risks associated with people's health conditions.

Other risks were mitigated through staff ensuring that people had a safe place to live. This included obtaining details to ensure the carer's home was safe, such as gas safety certificates as well as relevant insurance certificates. Staff also attended the homes of carers to ensure they were a safe place to live, and discussed any concerns with carers and people.

There was a comprehensive system for carers to report incidents and accidents to Guideposts. They included details of what had happened and any action they had taken following the event. If needed, Guideposts staff followed up any problems related to incidents or accidents to offer guidance or advice. For example, when one person had increasing needs to do with behaviour that the carers could find challenging, staff supported the carer to access services and liaise with the person's family in order to mitigate associated risks.

There were enough staff to provide the support to carers that they needed. Support workers were allocated to specific carers so that the carers knew who to contact for support. All of the carers we spoke with said that their support worker had been there when they had needed them.

There were systems in place to ensure that people were supported by carers who were deemed suitable for their roles. These included criminal records checks, collection of four references in addition to a carer's GP reference and full histories. The staff met the potential carers on several occasions prior to placing a person in their care. This was to carry out a thorough assessment of the potential carer's knowledge and understanding of the role they were considering, and to deem whether or not they would be a suitable candidate. They were then matched with an appropriate person. These systems contributed to keeping people safe. Likewise, the staff themselves also undertook these checks prior to being employed by Guideposts.

The Guideposts staff ensured that where carers assisted people with taking their medicines, they attended relevant training. The carers told us they knew who to go to if people were in need of a review of their medicines. Where people had PRN (as required) medicines, the carers had consultations with the GP regarding when and how these should be given. Guideposts staff checked in their review meetings with

carers that medicines were stored securely.

Is the service effective?

Our findings

All of the carers we spoke with said that the staff were competent, knowledgeable and reliable. Staff supported carers to attend relevant training for themselves, and this was tailored to people's needs. For example, staff supported some carers to attend further training in learning disabilities as this aided their knowledge of people's needs. Carers had training to carry out their roles effectively, including first aid. One carer told us that Guideposts had supported them to attend training in autism. They explained how helpful this had been in teaching them how best to communicate with the person they were supporting at home. This included how to manage behaviour which some people could find challenging.

The organisation was in the process of updating training requirements for carers to include a 'mandatory' list which will include safeguarding, moving and handling and first aid. There was a training officer who was implementing these developments nationally. At the time of the inspection training included safeguarding and first aid for all carers, and the additional training was adapted to suit the carer and the person they were supporting.

The staff undertook training which equipped them with the knowledge they required to support carers, which included specialist areas in mental health and learning disabilities for some staff. New staff were supported to undertake the Care Certificate which is a set of standards expected from staff working within health and social care.

Staff carried out supervisions with carers, which are meetings in which they can discuss any training needs, issues or concerns relating to the person they are supporting. We saw records of supervision meetings carried out and saw that actions were taken forward from these meetings.

Carers also told us that the staff carried out yearly appraisals with them. They carried out thorough reviews within these meetings to ensure that carers were confident and supported in their roles.

Staff had an induction programme which included shadowing a more experienced member of staff. However, one new member of staff we spoke with said that they had not been fully supported to go through the induction process before taking a caseload of their own. They felt this needed improving. The registered manager had not checked new staff competency before giving them cases to manage, and furthermore had not checked their training records. We discussed this with the regional manager. They said they had resolved some of their concerns around this and they were continuing to work with the new members of staff.

There were some events held by the organisation for carers to attend for further information and peer support as well as speaking to staff. One carer did tell us that the events held had been too far away from them and that they would like to have more. The director of services told us they planned to hold events to include some further training in these days in the future.

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.

The carers we spoke with demonstrated knowledge of people's capacity and who they would go to for advice if they had any concerns. We saw that carers and staff undertook Mental Capacity Act training. Where there were concerns about people's capacity, the carers explained to us that they advised the social worker, who took responsibility for carrying out an assessment and taking appropriate action when needed. The staff we spoke with had received training in MCA and were knowledgeable about this.

Carers explained how they sought consent from people they supported, and we saw that the people had signed their records to give consent for carers to support them. Carers also explained how they sought consent from people when they had difficulty communicating. For example, one carer had known the person they supported for thirty years, and they were not always able to explicitly consent, but the carer knew if the person was not happy with something. This was through their behaviours and body language.

Carers supported people to follow a healthy diet and drink enough. Where people had dietary requirements, the carers followed this. One carer explained how they prepared a soft diet for the person they cared for. Another explained how they had liaised with the person's GP to enable them to be referred to speech therapy when they had difficulty swallowing. Another explained that an important part of the person living at home with the family was having something to eat and drink whenever they liked. We saw records that carers had sent in to Guideposts detailing dietary requirements and informing them of any changes. People's preferences and dislikes were also recorded in their service user support plans, and carers were able to tell us about them. Where there were concerns around people's nutrition, carers explained that they supported the person they were caring for to access further advice about this.

Carers supported people to access healthcare according to their needs. One carer we spoke with explained how they were supporting someone to access psychology support. Carers liaised with staff at Guideposts to keep them informed of any appointments attended and outcomes so that they could follow this up with further advice if needed.

Is the service caring?

Our findings

The carers we spoke with told us the staff were all caring. One said, "[Staff member] is always genuinely interested in how things are going." Another said their designated staff member was, "Very helpful and diplomatic." One carer said that their role was very meaningful, and "The best job I've ever had." The carers we spoke with explained how they had developed close relationships with people they supported over a period of time. The people they supported lived in their homes as part of the family.

One carer explained that the staff member from Guideposts had offered additional one to one advice and support for their family member who was also involved in providing care and support where appropriate. They said this had been very helpful in supporting their relative to better understand their role and enable them to meet the needs of the person they were caring for appropriately.

Carers we spoke with explained how the people they supported lived as part of the family in the home environment. Some carers we spoke with told us how it had given them the opportunity to enable a person to live as full a life as possible without living in a care setting. One carer explained how they gave the person they were supporting opportunities to have different experiences and make choices. For example, as the person had some difficulties making decisions, the carer explained how they gave a choice of up to three options to choose from so they understood the information.

People's independence was promoted. One carer explained how when they delivered respite support for someone, the person enjoyed cooking with their support. People were supported to go out and attend work placements, day centres and activities in the community if they wanted to. We saw in people's feedback on the surveys, that some people had said they enjoyed the aspect of independence Guideposts carers gave them.

Another carer explained how they had developed a close relationship with the person they supported and their parents who also maintained regular contact with the carer. People were treated as part of the family and carers knew them well. Carers supported people with their communication needs as they developed relationships with them. For example, one carer explained how they used pictures to support communication with the person they were caring for.

Carers and people they were supporting were involved directly in their care planning with the relevant health care professionals. One carer explained how Guideposts facilitated meetings involving the person who required support, their family and the relevant healthcare professionals in planning the person's care. They told us the staff had very adaptable communication skills and were able to negotiate and agree various aspects of people's care with everyone involved so that the approach was consistent. For example, when people went to respite care with a carer, everyone involved including the family who usually cared for the person, the professionals and the carer knew how to support the person. This was closely echoed by another carer we spoke with, who explained that they supported the person to maintain involvement and a close relationship with their family.

Carers referred to people with dignity and respect, for example, when relaying any concerns to the staff at Guideposts. They explained to us how they respected people's privacy and they had their own rooms. One carer explained how they supported someone to preserve their dignity as much as possible as the person had complex needs relating to their personal care.

Is the service responsive?

Our findings

Guideposts staff carried out a thorough pre-assessment of people's needs and preferences with carers and this involved discussions about what would be involved in supporting people. This was followed by a matching process to find a person who required support a suitable placement.

There was a comprehensive system for staff to check that carers were appropriately meeting people's needs and felt supported in their roles. This included an annual carer review meeting, where the staff member went through any progress which they had made, any training requirements and discussed their role as carers. This included how they supported people's dignity, independence, equality and diversity and accessing health services.

We spoke with one carer who provided respite care, and they explained how Guideposts supported them to decide at what level they felt comfortable with delivering care. For example, they supported the carer to look after people with different needs for short periods of time on respite, in order to ascertain what level the carer wanted to work at in the longer term. They explained how Guideposts matched them with a person whose needs they could meet well. They said that the process was thorough in assessing the person, and themselves as a carer, to see that they met the person's needs. The relationship between themselves and the person they were supporting was then facilitated by involving the family, and gradually having the person stay for longer periods of time at the carer's house. This ensured a smooth transition into having regular respite care.

People's files detailed the care that was required to meet their individual needs. Carers and staff had access to information about people's complex health needs. For example, we saw for one person that there was information about their specific medical conditions within their file. This information demonstrated to us that the carers had access to the tools and knowledge they needed to provide appropriate care for people.

The carers we spoke with said that Guideposts staff were always available when they needed any advice or support. They told us that their designated staff members at Guideposts were always responsive to phone calls or emails and would maintain contact when they required it. One carer told us that the service was very proactive with their initial review and took steps to ensure they had any information they needed. Staff told us they were, "A resource for troubleshooting and extra support."

The carer sent in a monthly report to their support worker, detailing any changes to the person's care needs, any health concerns and a general overview of the past month's activities and any concerns. We looked at these within people's records and found that where carers identified changing needs, the staff had responded appropriately to discuss this with the carer or suggest further referrals, or liaise with the person's social worker.

We saw that where people had full support plans in place, these detailed the person's life history, social and emotional needs, personal care needs and included detailed information about the person's medicines. We saw that there were support documents written in an easy read format so that people could be involved in

their care planning as much as possible.

However, we did see that some people did not have comprehensive service user plans in place. The staff told us this was because these people had gone on to live with a family who had known them for many years, then becoming Guideposts carers. This had meant that they knew the person's needs very well. The carers we spoke with reflected this. However, this meant that there was not always a plan which could be handed over to another potential carer containing guidance on how to support the person, if needed. Therefore there were not always contingency plans with regard to having care plans in place if they were needed. We spoke with the regional manager and the director of services about this, and they said they would review the care and support plans straight away.

One member of staff we spoke with told us that they had taken on a complex case within their first few weeks of work, and that they had not felt confidently equipped to manage the case. This was because the appropriate care and support plan was not in place for the person in order to equip the carer with the guidance they needed for complex mental health needs, and had in turn caused disruption to the person. We spoke with the regional manager and director of services about this and they were aware of this, and were now managing the case appropriately.

People were supported by their carers to engage in various activities to enhance their wellbeing. These included day centres, holidays and educational settings when they wanted. The matching process which the staff undertook following the assessment of an appropriate carer with a person requiring support meant that people were placed with carers who best met their needs. In some instances, this included carers who shared their interests or had the required time available to support the person. One carer described various activities they did with the person they supported that they enjoyed such as bowling.

The carers we spoke with said they felt comfortable to complain if they needed to and would go to their support worker. They said they felt listened to when they contacted their designated staff member. We also spoke with the director of services during the inspection who explained how the organisation was dealing with some current complaints. We concluded that complaints were investigated properly and dealt with appropriately.

Is the service well-led?

Our findings

There were two complaints which had been received by the service and the regional manager was overseeing the service whilst these were being investigated. The director of services explained how they had become aware of some concerns with regards to how the service was being run.

A member of staff told us about a situation where a potential carer did not have the full information and support plan in place before they agreed to support a person. This had led to risks being overlooked and therefore not mitigated, as the carer was not supported properly to meet the person's needs.

The newest member of staff we spoke with told us that their competencies had not been checked before they were given a caseload. They said they had not been supported to follow the organisation's induction processes properly. As the registered manager was not at work at the time of our visit, the regional manager was overseeing the service. They told us that they had been made aware of some of these issues and were taking action to rectify them. The regional manager had visited the service during the week prior to the inspection and spoken to all staff individually to get their feedback on whether they required any further support.

The regional manager told us that the registered manager was required to send them weekly reports which detailed if there were any problems, incidents or issues relating to the service. Some of the problems which we identified such as service users not having support plans in place, had not been raised by the registered manager in their weekly reports.

The registered manager had carried out spot checks which had identified some people's records required action to keep them up to date. However this was not consistent and had not been done for the records relating to each person. It had not been identified that several people being supported by carers did not have a 'service user plan' in place.

We asked for three sets of care records during our inspection and these were not available. Staff explained that they had not prioritised writing these and the registered manager had not checked that they were in place. The director of services told us that it was an expectation that each person had this, which was a document outlining the person's preferences, details about them and their lives including how carers should support them. Three of these that we asked for during our inspection had not been completed. The director of services told us that the operational manager had carried out some spot checks on people's files, however they had not found people without files. They said they would carry out a full audit with the regional manager following our visit and take action to develop the service user plans that were not yet completed.

The provider had carried out audits which we looked at, which ensured that carers had undertaken the appropriate training, and where gaps were identified this was organised. The audits also identified when carers had had the last meeting with staff and their annual appraisal. This enabled the organisation to take action when a meeting was due.

The service had sought feedback from carers and the people they supported. We looked at feedback received in the form of surveys throughout this year and found predominantly positive feedback was received.

The service had strong links with other organisations such as the local authorities who worked in conjunction with them concerning people's care. They worked collaboratively with social services and other healthcare professionals to ensure that people received the support they needed.

The staff we spoke with said they worked well together as a strong team. We spoke with a new member of staff who said that they received a great deal of advice and support from the team.

The organisation had a quality assurance lead who had developed new ways of auditing services. The quality management system included reviewing carers, ensuring supervisions were carried out with carers, and ensuring the carers had regular breaks. It also included checking whether everyone had a service user support plan in place. The director of services told us this system was to be used nationally to ensure that omitted records are identified and the service is consistent.