

New Directions Care And Support Services Ltd

New Directions Specialist Support Services

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

Our inspection of New Directions Specialist Support Services took place on 5 September 2018. We returned to the service on 10 September 2018 to complete our inspection.

New Directions Specialist Support Services is a domiciliary care service. It provides personal care for people with learning disabilities, physical impairments and mental health support needs. People receiving support lived in their own homes or in supported living services. At the time of this inspection there were 38 people using the service. In addition to personal care the service provides community support to people to support them to participate in activities of their choice.

At our last inspection on 7 January 2016 we rated the service Good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The service has a registered manager. Like registered providers, registered managers are 'registered persons'. Registered persons have legal responsibility for meeting the requirements of the Health and Social Care Act and associated Regulations about how the service is run.

People told us that they were satisfied with the quality of the support that they received. During our inspection people using the service came to the office and we saw that they were comfortable and familiar with the office staff and their support workers.

Staff members had received training in safeguarding of adults, and were able to demonstrate their understanding of what this meant for the people they were supporting. They were knowledgeable about their role in ensuring that people were safe and that concerns were reported appropriately.

Staff members supported some people to take their prescribed medicines. The medicines administration records that we viewed were correctly recorded with no gaps. Staff members had received training in the safe administration of medicines.

The service was meeting the requirements of The Mental Capacity Act 2005 (MCA). Information about people's capacity to make decisions was included in their support plans.

Staff who worked at the service received regular training and were knowledgeable about their roles and responsibilities. Appropriate checks had taken place as part of the recruitment process to ensure that staff were suitable for the work that they would be undertaking. All staff members received regular supervision from a manager and those whom we spoke with told us that they felt well supported.

People's support plans and risk assessments were person centred and provided detailed guidance for staff

around meeting people's needs. These were regularly reviewed and updated where there were any changes in people's needs. We saw that these were provided in picture assisted formats where required. A planned programme to develop and improve the format of people's support plans was underway with involvement from a service user focus group.

People were supported to participate in a range of activities in the local community. The service had recently developed a programme of group activities in partnership with their service user forum. The aim of this was to reduce isolation and support people to develop new relationships.

People's cultural, religious and social needs were supported by the service and detailed information about these was contained in their support plans. Where possible, support workers were matched with people according to their cultural and other preferences and interests.

The service had a complaints procedure that was provided in an easy read format. People were aware of this and knew how to make a complaint. All complaints received by the service were fully investigated.

The service's policies and procedures were up to date and reflected legal requirements and current best practice. Regular quality assurance monitoring had taken place and actions had been taken to ensure that concerns arising from these checks were addressed promptly.

People's care and support needs were regularly reviewed. The service liaised with other health and social care professionals to ensure that people received the support that they needed.

Further information is provided within the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

New Directions Specialist Support Services

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 was a comprehensive inspection which commenced on 5 September 2018. We returned to the service on 10 September 2018 to complete our inspection. Our first inspection visit was unannounced. However, we gave the service notice that we would be returning on 10 September so that they could arrange for us to meet with people who used the service and staff members. This inspection was carried out by a single inspector.

Before the inspection we reviewed our records about the service, including previous inspection reports, notifications and other information we had received from or about the provider. We also reviewed the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we spoke with four people who used the service, the registered manager, two quality officers, two care co-ordinators and three members of the support team. We also spoke with the provider's quality service improvement manager. We looked at records, which included seven people's care and support records, eight staff records, policies and procedures, medicines records, and other records relating to the management of the service.

Is the service safe?

Our findings

People told us that they felt safe with their support workers. One person told us, "They look after me very well."

The service had an up to date procedure on the safeguarding of adults and staff members had received training in this. Staff members that we spoke with demonstrated an understanding of the signs of abuse and neglect and were aware of their responsibilities in ensuring that people were safe. They knew how to report concerns or suspicions of abuse using the procedure. A staff member said, "We work with people to ensure that they understand risks in the community."

Risk assessments had been developed to ensure that staff knew how to ensure that people were protected from identified risks associated with day to day living and wellbeing. The risk assessments were personalised and had been completed for a range of areas including people's behaviours, physical and mental health needs, safety at home and within the community. The risk assessments included risk management plans with guidance for staff around how they should manage identified risks.

We looked at the staffing rotas for the service. These showed that people received support from the same regular staff. A care co-ordinator showed us how the rota was monitored. An electronic system was in place for monitoring of care and support calls. Staff members logged in and out using a mobile phone. A care co-ordinator showed us how the calls were monitored on a daily basis. She said, "We will contact the staff member immediately if they haven't logged in. Staff are very good at letting people know if they are running late."

The provider ensured that new staff members were not appointed until checks in relation to their suitability had taken place. The staff records that we viewed showed that two satisfactory references had been obtained along with enhanced criminal records checks and evidence of eligibility to work within the UK.

Some people were supported by staff to take their prescribed medicines. Staff members prompted or reminded people so that they could take their medicines independently. This was recorded in their support plans and risk assessments. We looked at the medicines administration records (MARs) for three people. We saw that these had been correctly completed. Staff members had received training in safe administration of medicines. Staff competency in medicines administration had been carried out during regular spot checks of care and support.

Staff members had received training in infection control and stocks of, for example, disposable gloves and aprons were provided. A staff member told us that they came to the office to collect these if they were running low.

Accident and incident reports were well maintained. These were monitored and analysed to ensure that risk assessments were updated where required.

Is the service effective?

Our findings

People spoke positively about the support that they received from the service. One person said, "They have helped me with things like money and appointments." Another person told us, "I can talk with [support worker] if I need help with anything."

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. We found that people's capacity to make decisions had been assessed. People's support plans included guidance for staff on how to support people in making decisions.

People had signed their support plans to show that they agreed with them. The service regularly asked people about their satisfaction with support that they received from staff. One person said, "They come and ask me what I think."

Staff members received mandatory training which was 'refreshed' on a regular basis. Their training records showed that this had included sessions on safeguarding, medicines administration, health and safety, record keeping and report writing, consent, capacity, communication, epilepsy, and positive behaviour management. New staff members had received an induction linked to the Care Certificate which provides a nationally recognised induction standard for staff working in health and social care services. The training for new staff included 5 days 'classroom' based training, followed by assessed shadowing of more experienced workers.

Staff members were encouraged to undertake a qualification in health and social care. At the time of our inspection, four support workers were commencing training towards this, and the registered manager was completing a management qualification. A staff member said, "I'm really pleased to be doing this training." Another staff member told us, "The training is really good here. It helps me to reflect on what I am doing to support people."

The service maintained regular liaison with other health and social care services who were also involved in people's support. People were supported to make and attend health appointments and to attend reviews with social workers and other professionals.

Is the service caring?

Our findings

A person said, "The support workers are good. The office is good too if I phone them". Another person told us, "They give me good help. They are very nice and kind to me".

During our inspection people came in to the office, sometimes accompanied by support workers. We observed that staff members communicated with people in a friendly positive and respectful manner.

We saw that people's dignity, privacy and independence was supported. People's support plans contained information about how they wished their support to be provided. A staff member working with a person who received 24-hour support told us, "Sometimes they don't want us in the lounge when they are watching tv or relaxing. We go in to the staff bedroom until they want company again or it is time to support them." The registered manager told us that the service had worked with housing services to enable a person who received 24-hour support to move from a one bed to a two-bed flat. She said, "They needed their own privacy throughout their home and they could not always have this when 'sleeping in' staff used their lounge."

Staff members described their roles in supporting people. One staff member said, "I'm here to support [person] to do as much as they can for themselves. We do things the way they want and I'm always guided by them when we're doing activities." Another said, "We are in the background, prompting and reminding and making sure [person] is safe and happy with what we are doing for them."

People were supported to maintain contact with family members where they wished. The registered manager and other staff members engaged with family members on behalf of people to achieve positive outcomes. For example, we saw that a family member had worked with staff and their relative to organise supported overseas holidays.

We asked if anyone using the service had an advocate. The registered manager told us that no one had an advocate at present but that information and support about accessing advocacy services would be provided if there was a need.

Is the service responsive?

Our findings

People's needs were regularly assessed and reviewed and they were involved in these assessments. The people we spoke with were aware of their support plans. One person said, "They talk with me about it and make sure I agree with what they are doing to help me."

People's support plans were up to date and person centred, and contained guidance for staff in relation to meeting people's identified needs. We saw that these had been updated where there had been changes in people's needs. The support plan for a person who had difficulty reading had been produced in a picture assisted version. The registered manager told us that the service would always ensure that people's support plans were produced in a format that was accessible to them.

Support plans included, for example, guidance about how staff members should support people around self-care, daily living skills and accessing the community. Information about people's anxieties and behaviours were also included in the plans, with guidance for staff members on how to support people showing signs of anxiety.

Staff members supported people to participate in a range of activities within the local community that included shopping, outings, classes and other day activities. The service had set up a service user forum to enable people to discuss ways in which the service could improve. As a result of this a programme of group social activities had been put in place. Two people told us that they had enjoyed a recent outing to Southend. One person said, "I didn't go because it was too expensive." We saw an activity programme that had been provided to people and noted that some activities were free or low cost. The registered manager told us that the service planned to continue to support people to participate in group activities. She said, "The people we support are very isolated. We are already seeing the development of friendships. In the future it would be good to support activities based on small friendship circles as well as the bigger group activities."

We saw that people's support plans included information about their personal cultural, religious and relationship needs and preferences. We asked about how the service supported these. A staff member told us that they supported a person to go to a local church service when they wished. They also told us that they supported a person to shop for and prepare cultural foods. The registered manager said, "We do our best to ensure that people are matched to staff who can support them with their cultural or other needs." We saw, for example, that the service had recruited a deaf support worker to work with a person who was deaf and used British Sign Language (BSL). The registered manager told us that this had made a significant difference to the person who was able to communicate with their support worker in their first language. Staff were in contact with a dating agency for people with learning disabilities in support of a person who was seeking a relationship.

The service had a complaints procedure that was written in an easy to read format. People told us that they knew how to complain. We looked at the service's complaints records and saw that all complaints had been fully investigated and that a response was provided to the person making the complaint.

Is the service well-led?

Our findings

People spoke positively about the registered manager and the office based team. One person said, "[Registered manager] is very nice. She is doing some good things." A staff member told us, "There have been some very positive changes since she came."

The registered manager was supported by two quality officers, two care co-ordinators and an administrator. During our inspection we saw that the registered manager spoke with people and staff members who came to the office in a way that showed that they were familiar with the staff members and with people's needs and interests.

The service had a strategy to support people to develop confidence and skills to enable them to live active lives. A programme was in place to develop support planning and risk assessment models that were more accessible to people. The provider's quality service improvement manager told us that a focus group had been set up to involve people using the service to be part of this process.

There were systems in place to monitor the quality of the service and we saw evidence that regular quality reviews had taken place. These included audits of records, for example, support documents, staffing records. The provider also undertook monthly monitoring visits to check compliance with regulations and policies and procedures. The registered manager submitted weekly reports to the provider on a range of quality and compliance issues, such as support planning and review, staff training and supervision, safeguarding concerns, complaints, accidents and incidents and service user engagement. Where actions had been identified as a result of quality reviews and audits, we saw evidence that these had been acted on and addressed immediately.

Minutes of staff team meetings showed that there were regular opportunities for discussion about quality issues and people's support needs. The registered manager told us that urgent information was communicated to staff immediately, and the staff members that we spoke with confirmed that this was the case. Staff members told us that they felt well supported by the registered manager and the office-based team and could contact them immediately for support and advice.

People who used the service were asked for their views through individual monthly satisfaction reviews. Most people preferred face to face contact so these were conducted at people's homes or when they visited the office. The records of these reviews showed high levels of satisfaction. Where people had raised concerns, these have been immediately addressed. A service user forum had been set up where people were asked for their views of the service and how it could be improved. We saw, for example, that the activities programme had been set up with support from the forum.

We reviewed the policies and procedures in place at the service and saw that these reflected current legislation and guidance in relation to best practice. There was a process in place to ensure that staff members were required to sign when they had read the policies.