

UK Care (Special Needs) Limited

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Inspection report

The Coach House Wildwoods Private
Theobalds Park Road
Enfield
Middlesex
EN2 9BW

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23 March 2016

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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 is the first inspection of this service since it was registered with the Care Quality Commission (CQC) in December 2014.

UK Care (Special Needs) Limited provides personal care to young people living at a supported living project in Bedfordshire. Each person has their own room and they share communal lounges, a kitchen and laundry facilities. At the time of our inspection there were four people using the service. Staff provide support to people that is either on a one to one basis or one staff is shared between two people. The project provides 24 hour staff support for people.

There was a registered manager in post at the time of our inspection. 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.

Relatives told us that trusted the staff that provided support to the young people in the supported living project.

Systems to monitor health and safety and quality were basic and did not address important issues such as medicines, support plan audits or monitoring of people's healthcare needs.

Staff could explain how they would recognise and report abuse and they understood their responsibilities in keeping people safe.

Where any risks to people's safety had been identified, the management had thought about and recorded ways to mitigate risks.

The service was following appropriate recruitment procedures to make sure that only suitable staff were employed at the supported living project.

Relatives told us and records confirmed that medicines were being managed appropriately and safely.

Staff were provided with training in the areas they needed in order to support people effectively.

Staff understood that it was not right to make choices for people when they could make choices for themselves and people's ability around decision making, preferences and choices were recorded in their care plans and followed by staff.

People were receiving appropriate and safe support with eating and drinking and staff were aware of people's dietary requirements and preferences.

People were involved as much as they wanted to be, and was possible, in the planning of their care and support. Support plans included the views of people using the service and their relatives. Relatives told us they were kept up to date about any changes by staff.

Relatives told us that the management and staff were quick to respond to any changes in people's needs and care plans reflected how people were supported to receive care and treatment in accordance with their needs and preferences.

Relatives told us they had no complaints about the service but said they felt able to raise any concerns without worry.

Staff were aware of the organisation's visions and values and put these values into practice in their day to day work.

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. Relatives told us that they trusted the staff at the supported living project and had no concerns about people's safety.

Where any risks to people's safety had been identified, the management had thought about and recorded ways to mitigate risks.

There were systems in place to ensure medicines were administered to people safely and appropriately.

Is the service effective?

Good ●

The service was effective. Relatives were positive about the staff and felt they had the knowledge and skills necessary to support people properly.

Staff understood the principles of the Mental Capacity Act (2005) and told us they would always presume a person could make their own decisions about their care and treatment.

Staff were provided with training in the areas they needed in order to support people effectively.

Is the service caring?

Good ●

The service was caring. Relatives told us that the staff had supportive and meaningful relationships with the people they supported and that they treated people with compassion and kindness.

Staff demonstrated a good understanding of people's likes and dislikes and their life history.

Is the service responsive?

Good ●

The service was responsive. Relatives told us that the management and staff listened to them and acted on their suggestions and wishes. They told us they were happy to raise any concerns they had with any of the staff and management of the service.

Is the service well-led?

The service was not always well-led. Systems to monitor health and safety and quality were basic and did not address important issues such as medicines, support plan audits or monitoring of people's healthcare needs.

Staff understood the organisation's visions and values and put these into practice in their day to day interactions and support of people who used the service.

Requires Improvement 

UK Care(Special Needs) Limited

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 checked 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 was undertaken on 23 March 2016. We gave the provider one days' notice that we would be visiting their head office. We gave the provider notice as we wanted to make sure the registered manager was available on the day of our inspection. The inspection was carried out by one inspector over two days.

Before the inspection we reviewed information we have about the provider, including notifications of any safeguarding or other incidents affecting the safety and well-being of people.

The provider informed us that we would not be able to gain people's views, over the phone, regarding the quality of service provision. Because of this we looked at the results of quality assurance surveys and minutes of house meetings to see what people felt about the service. We also spoke with all of their parents, four staff and the registered manager. After the inspection we spoke with a social care professional who had regular contact with people using the service and their families.

We looked at four people's care plans and other documents relating to their care including risk assessments and medicines records. We visited the office to check records including staffing files, staff meeting minutes, health and safety documents, complaint records, quality audits and surveys.

Is the service safe?

Our findings

Relatives told us that they trusted the staff at the supported living project and had no concerns about peoples' safety.

Staff could explain how they would recognise and report abuse. They told us and records confirmed that staff had received training in safeguarding adults. Staff understood how to "whistle-blow" and were confident that the management would take action if they had any concerns. Staff were aware that they could also report any concerns to outside organisations such as the Care Quality Commission (CQC), police or the local authority.

Some people had been identified as being at risk from possible financial abuse and measures had been put in place to safeguard people in this area. One parent told us, "The staff are brilliant with money and every penny is accounted for."

Before people were offered a place at the supported living project, a pre assessment was undertaken by the registered manager. This included looking at risks to people's safety that had previously been identified by the placing authority. We saw that these risks had been accurately included in the person's support plan. Risk assessments had been undertaken in relation eating and drinking, nutrition, road safety awareness and possible behaviours that may challenge the service. Where risks had been identified, the management had thought about and recorded the action needed to mitigate these risks. Parents told us they had been involved in this risk assessment process. Staff were aware of the different risks people faced and described the action needed to reduce these risks.

For example, some people were able to go out of the home unaccompanied but other people needed staff with them at all times when they went out because they did not have an awareness of road safety.

We saw that accidents, incident and near misses were recorded and discussed with staff to identify any learning points and information was shared with other people including parents and social workers where appropriate. In some cases accidents or near misses had informed changes to people's risk assessments.

We saw that risk assessments had not always been undertaken in relation to staff safety. This included the development of a lone working policy for staff working on their own. After the inspection the registered manager sent us a draft policy on lone working.

Staff told us that they had enough time to carry out the tasks required and that they would inform their manager if they felt they needed more time to complete complex tasks or any additional tasks. Parents did not raise any concerns with us about staffing levels.

We checked six staff files to see if the service was following recruitment procedures to make sure that only suitable staff were employed at the agency. Recruitment files contained the necessary documentation including references, criminal record checks and information about the experience and skills of the

individual. Staff confirmed that they were not allowed to start work at the agency until satisfactory references and criminal record checks had been received.

Staff had undertaken training in the management of medicines and were aware of their responsibilities in this area including what they should and should not do when supporting people or prompting people with their medicines. Relatives told us they were satisfied with the way that medicines were managed at the project. One relative told us that staff were, "Excellent with medication and following the GP's prescriptions."

We noted that medicines were not regularly audited as part of the provider's quality and safety assurance systems and that observed competencies had not been carried out with staff. The registered manager told us that he would be implementing this as part of a wider review of quality assurance systems.

Is the service effective?

Our findings

Relatives and the social care professional we spoke with were positive about the staff and told us they had confidence in their abilities. One relative told us the staff had a "Professional approach." However, people also told us that they sometimes found it difficult to understand some staff because of their accents. The social care professional informed us they had also raised this with the provider. The registered manager told us he would look at ways of addressing this issue.

Staff were positive about the support they received in relation to supervision and training. Staff were provided with training in the areas they needed in order to support people effectively.

Staff told us about recent training they had undertaken including safeguarding adults, food hygiene, moving and handling, infection control and the management of medicines. Staff told us that they would discuss any training needs in their supervision. Staff had completed training in Autism awareness. Staff told us that this training had given them a better understanding of people's needs and how to support them safely.

Staff told us they were "up to date" with their training requirements. Training records also showed when refresher training was due.

Staff confirmed they received regular supervision and that they found this a helpful and supportive experience. Staff told us that supervision was a good way to improve their care practices.

Staff also confirmed that they undertook an induction when they first started at the service. This involved shadowing more experienced staff, looking at people's support plans and completing a workbook. One staff member told us, "I had to fill out a big book."

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.

Staff understood the principles of the MCA (2005) and told us that they would always presume a person could make their own decisions about their care and treatment. They told us that if the person could not make certain decisions then they would have to think about what was in that person's "best interests" which would involve asking people close to the person as well as other professionals and advocates. The registered manager and staff gave us examples of best interest meetings that had taken place for people using the service.

Relatives told us that they observed that staff asked for people's permission before carrying out any required tasks for them and did not do anything they did not want them to do.

Staff told us it was not right to make choices for people when they could make choices for themselves. People's ability around decision making, preferences and choices were recorded in their care plans and staff were aware of these preferences. One parent told us, "He is making his own choices."

There was information incorporated into people's support plans so that the food they received was to their preference and met their health requirements. Details of people's dietary needs and eating and drinking needs assessments were recorded in their support plan and indicated food likes and dislikes.

We also saw nutritional risk assessments had been completed where needed to make sure that staff supported people safely. This included any recommendations by the speech and language therapist (SALT) following an assessment. Staff were aware of the dietary needs and requirements of each person they supported.

Relatives told us that they would organise and arrange healthcare appointments and the staff at the service also took responsibility for ensuring that people's healthcare needs were addressed. Relatives of people using the service told us there was good communication between the staff and themselves and that they were kept informed and updated about people's health. A parent told us, "They listen and are keen to involve parents."

Support plans recorded people's healthcare needs and staff had a good understanding of the current medical and health conditions of the people they supported. They knew who to contact if they had concerns about a person's health including emergency contacts. Records showed that people had access to their GP and other healthcare and social care professionals.

People's healthcare appointments and visits to their GP were included in the general notes that were completed by staff daily. This made finding specific healthcare information difficult as the registered manager had to go through all the notes to find, for example, when someone last went to the dentist. The registered manager agreed that a separate record would be kept of all healthcare related appointments so this could be monitored more efficiently.

Is the service caring?

Our findings

Relatives of the young people using the service told us the staff were caring and that their family members enjoyed the company of the staff. One relative told us, "The staff are extremely kind, very caring and their heart is in the right place." Another relative commented, "My son is very happy and has grown in independence."

Relatives told us that staff had developed positive caring relationships with the young people they supported. Staff told us they enjoyed supporting people and demonstrated a good understanding of people's likes and dislikes and their life history.

Staff understood that racism, homophobia or ageism were forms of abuse. They gave us examples of how they valued and supported people's differences. They told us that it was important to respect people's culture and customs. We saw from support plan records that people were supported to follow their chosen faiths.

Support plans included the views of people using the service and their relatives. Support plans had been signed by the person to indicate they agreed with the way they wanted to be supported. Relatives told us they were kept up to date about any changes and that they had seen their relative's support plan and had input into this. Relatives also confirmed they were involved in regular care reviews. The healthcare professional was positive about how people were included in decisions about their care and that the review meetings were regular and any actions required as a result of these reviews were acted upon by staff.

People who used the service took part in regular house meetings. We saw from the records of these meetings that people could talk about how they felt about their care provision and make suggestions for improvements.

All the people using the service had their own key to their room and staff told us they would always knock on people's doors and wait for permission before going in. Staff gave us examples of how they maintained people's dignity and privacy, not just in relation to personal care, but also in relation to sharing personal information. Staff understood that personal information about people should not be shared with others and that maintaining people's privacy when giving personal care was vital in protecting people's dignity. One parent told us, "[The staff] don't talk about other residents."

Is the service responsive?

Our findings

We saw from people's care records and by talking with staff that if any changes to people's health were noted, they would discuss these with the registered manager and the team as appropriate. Parents told us they were informed by staff if there were any changes to people's health or wellbeing. One parent told us, "If they [the staff] have any concerns they ring me. They keep me updated."

The registered manager gave us examples of where people's needs had changed and what staff had done as a result. Parents told us they were involved in any review of their relative's care and that they had suggested changes that had been taken on board by the staff.

We checked the support plans for all four people that used the service. These contained a pre-admission document which showed people had been assessed before they decided to use the service. Relatives confirmed that the registered manager from the service had visited them to carry out an assessment of their relative's needs. These assessments had ensured that the service only supported people whose care needs could be met. One parent commented, "The assessment was very thorough."

People's needs were being regularly reviewed by the staff and management, the person receiving the service, their relatives and the placing authority. Where these needs had changed, this was recorded and changes were made to the person's support plan.

The care plans included a detailed account of all aspects of people's care, including personal and medical history, likes and dislikes, recent care and treatment and the involvement of family members.

The supported living service took primary responsibility to ensure that people were occupied and engaged both within the house and the wider community. Records showed that people attended colleges, undertook voluntary work or paid employment. People went out in the community and were involved in activities of daily living such as, food shopping and following their chosen hobbies and interests.

Relatives told us they were generally happy with the activities that happened outside the house and had organised and suggested a number of these activities themselves. However, relatives did mention that they would like more group activities which involved all the young people in the house. Relatives acknowledged that staff had tried to encourage group activities but it had proved difficult to engage everyone in this.

Parents were positive about how the staff ensured that people maintained their independence as much as possible. Support plans gave staff clear guidance about what each person could do for themselves and where they needed specific support. For example, a relative told us that staff were patient when the person was dressing and allowed the person to do what they could do themselves without rushing them or intervening. A relative told us, "[My son] has grown in independence."

People using the service and their relatives had no complaints about the service but said they felt able to raise any concerns without worry. We asked relatives who they would raise any complaints or concerns with;

they told us they could speak to the staff or the registered manager.

The registered manager told us that only formal, written complaints were currently being recorded and any other concerns or verbal complaints were dealt informally. This meant that it was difficult to audit and look for any potential patterns or trends which made learning from complaints more difficult. The registered manager told us that from now on all concerns or complaints would be recorded and monitored.

Is the service well-led?

Our findings

Relatives of the young people using the service were positive about the registered manager and described him as "friendly "and "kind. One staff member told us that the registered manager was, "Helpful and supportive."

The registered manager told us he visited the house every week and that the day to day management of the house was undertaken by a house manager. Currently the registered manager was recruiting for a new house manager following a recent resignation.

Relatives told us they felt there was "room for improvement" with regard to communication about staffing issues. Relatives said that they were not informed about any staff changes and found this to be frustrating. Comments included, "The staff are caring but there is a high turnover", "They don't tell you if someone is leaving they just disappear" and "I'm not informed about staff changes."

There were some systems in place to monitor the safety and quality of the service provided. These included yearly quality surveys and regular reviews of service provision but did not include spot checks on staff working at the service. The registered manager told us he carried out monthly monitoring visits however; the format of these visits was basic and did not address important issues such as medicine and support plan audits or monitoring of people's healthcare needs.

Relatives confirmed that they were asked about the quality of service provision and that they had completed quality assurance surveys. These surveys were also given to people using the service to complete on a regular basis. We saw that the results of these surveys showed people were positive about how they were being supported.

The registered manager acknowledged that there were improvements required in relation to health and safety monitoring and the organisation's quality assurance processes.

Staff told us that they were aware of the organisation's visions and values. All staff had attended in house training by the registered manager in relation to the "Six Values" of the service. They told us that people using the service were always their priority and that they must treat people with dignity and respect. When we discussed these visions and values with the registered manager it was clear that these values were shared across the service.