Kent County Council

Dover and Deal Independent Living 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?	Good

Summary of findings

Overall summary

The inspection took place on 2 February 2016 and was announced.

The Dover and Deal Independent Living Service is registered to provide personal care to people with learning disabilities, living in their own homes. The scheme can provide support to people living in one bedroom flats and to others in shared accommodation, such as two/three bedroom houses, where they share communal areas with other people. Each person had a tenancy agreement and rents their accommodation. The Care Quality Commission inspects the care and support the service provides to people but does not inspect the accommodation they live in. People received support in line with their assessed personal care needs. The support hours varied from a few hours per day/week to 24 hour support. With this support people were able to live in their own homes in the community as independently as possible. At the time of the inspection the service was supporting three people who lived in shared accommodation.

There was a registered manager in post. 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.

Staff were trained in how to protect people from abuse and harm. They were aware of the procedures to follow in case of abuse, or suspicion of abuse, and whistleblowing.

The service had effective procedures for ensuring that any risks about a person's safety within their home and community were appropriately reported. People were being supported and enabled to remain safe as any risks were appropriately assessed, managed, monitored and reviewed. The assessments reflected each person's specific risks, including risks associated with daily living, such as facilitating trips, shopping and travelling on public transport. Accidents and incidents were recorded and monitored to identify any possible risks so that measures could be implemented to reduce similar occurrences in the future.

There were enough qualified, skilled and experienced staff to meet people's needs. Staff were recruited safely and had been through a selection process that ensured they were suitable to support people in the community. There was an ongoing training programme for established staff and systems were in place to ensure that new staff received an induction, to ensure that they had the skills and knowledge required to meet people's needs. Staff received regular one to one meetings with their line manager, including observational supervision sessions, to ensure they had the competencies to fulfil their role. They also received an annual appraisal to discuss their performance, and training and development needs.

Staff could access management support and guidance at any time, as there was an out of office number to call during evenings and at weekends if they had concerns about people. There were contingency plans in place so that the service could continue to run in the event of an emergency, such as technical failures with the computer programme.

People were supported to maintain good health. They received their medicines safely and were supported to attend health care appointments as required. Staff knew each person well and understood how to meet their needs. Care plans were personalised in places, but further details were required to ensure that people's personal histories, preferences and choices were fully recorded. The registered manager had identified this shortfall and told us that a new format of care planning was being introduced to show in detail what people's likes and preferences were, together with information about each person's personal history. This was an area for improvement. The care plans had been regularly reviewed and updated to ensure that staff were aware of people's current care and support needs.

Staff had received mental capacity training to ensure that they had understood the current guidance to support people to make decisions, and consent to the care and support they received. The Mental Capacity Act provides the legal framework to assess people's capacity to make certain decisions, at a certain time.

Deprivation of Liberty Safeguards (DoLs) provides a process by which a person can be deprived of their liberty, in a care home or hospital, when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. However in domiciliary care these safeguards are only available through the Court of Protection. At the time of the inspection no one was subject to an order of the Court of Protection. People were supported to make their own decisions and they told us their consent was gained at each visit. People had also signed and agreed with the care to be provided, as part of their care plan.

People were being supported to choose their food and staff helped them in the preparation of their meals. Staff supported people when they planned their individual menus, and ensured people made informed choices that promoted their health.

People felt staff were kind and caring. They were satisfied with how their support was delivered. Clear information about the service, the management, the facilities, and how to complain was provided to people. Information was available in a format that met people's needs.

Staff treated people in a dignified manner, promoted their independence and respected their choices. Staff were very knowledgeable about people they were supporting, and were able to talk about what was important to them.

Feedback about the service had been sought from people, relatives, staff and outside professionals to promote and drive improvements in the service.

There were comprehensive systems in place to monitor the safety and quality of the service being provided. The service was open and transparent, with an emphasis of learning and development to continuously improve 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?

Good

The service was safe.

Staff were trained in the safeguarding of adults and knew how to protect people from abuse and harm.

The service had effective systems to manage risks to people so that they could participate in daily life and activities of their choice, and be as safe as possible.

Medicines were administered safely by competent staff.

There was sufficient staff to deliver care to people safely, and the recruitment systems in place were robust to ensure that staff were suitable to work at the service.

Is the service effective?

Good

The service was effective.

People received care from staff that were trained to meet their individual needs. Staff received regular one to one meetings with their line manager and an annual appraisal to discuss their ongoing training and development needs.

Staff understood that people should make their own decisions and had Mental Capacity Act training. They understood their responsibilities under the Act and what actions to take to ensure that people were supported to make decisions in their bests interests.

People were supported to maintain good health and access appropriate health care appointments when required. Staff encouraged and supported people to maintain a healthy diet.

Is the service caring?

Good

The service is caring.

People said the staff were kind and caring. They were treated as

individuals, and able to make choices about their care.

Staff knew the people they were supporting and caring for. They were able to tell us about people's life histories, their interests, preferences and what was important to them.

People told us that staff were polite and respected their privacy and dignity.

People had been involved in planning their care and their views were taken into account. They were supported to maintain and develop their independence.

Is the service responsive?

Good

The service was responsive to people's needs.

People were involved and knew about their care and support plans, which had been reviewed and updated regularly.

People were being supported to undertake a range of activities to maximise their independence, and continue to lead an active life.

There was a complaints procedure in place, which included a pictorial format, to make sure people using the service had the opportunity to understand and raise any concerns.

Is the service well-led?

Good

The service was well led.

The registered manager promoted an open and inclusive culture that encouraged continual feedback. Regular audits and checks were undertaken at the service to make sure it was safe and running effectively.

The staff had a clear understanding of their roles and what their responsibilities were. They told us that the service was well led and the management team were approachable and supportive.

People, relatives and staff had opportunities to provide feedback about the service provided so that their views would be included in the continuous improvement of the service.

Records were stored securely.

Dover and Deal Independent Living 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 was 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 carried out by one inspector and took place on 2 February 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we wanted to make sure we are able to speak with people who use the service and the staff who support them. We visited people being supported in their shared accommodation to gain their views on the service.

On this occasion the provider had not received a Provider Information Return (PIR). 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 gathered and reviewed information about the service
before the inspection, including notifications. A notification is information about important events, which the provider is required to tell us about by law.

The service had a registered manager who oversaw other locations within the organisation and each location had a unit manager. At the time of the inspection a new unit manager had been appointed and the previous unit manager was also in attendance to hand over the service. During the inspection we spoke with the registered manager, two unit managers, and two support staff. We also consulted with the local authority case managers who oversaw people's care in the community. We obtained their feedback about their experience of the service.

We reviewed people's records and a variety of documents. These included three people's care plans and risk assessments, three staff recruitment files, the staff induction records, training and supervision schedules, staff rotas, medicines records and quality assurance surveys.

The previous inspection of this service was carried out in November 2013. At this inspection no concerns were identified.

Good

Is the service safe?

Our findings

People indicated that they were safe living at the service and receiving support. Staff told us how they supported people so they were protected from abuse and remained as safe as possible.

Risks associated with people's care and support had been assessed and procedures were in place to keep people safe. There were risk assessments for when people were at home or in the local community. They set out the type and level of risk, as well as measures taken to reduce risk, and keep people as safe as possible. These enabled people to be as independent as possible, .

One risk assessment did not inform staff what they should do if and when the risk occurred. For example, when people were living with epilepsy there was no information to guide staff what to do in the event of the person suffering a seizure. Staff were able to tell us what they would do in the event of a seizure, but this information had not been recorded in the care plan. Staff explained that the people concerned had not suffered a seizure for many years and they had received epilepsy training so they were aware of what action to take, and they had an understanding of the condition. This was an area for improvement.

There were robust systems in place to protect people from abuse. Staff were trained in recognising the signs of abuse and were confident to raise any issues with the registered manager or the local authority safeguarding team if they suspected abuse. Although no referrals to the local safeguarding authority had been required from the service, clear procedures were in place to enable this to happen. Staff were aware of the whistle blowing policy and were confident that the registered manager would listen and take appropriate action if needed. They said they knew they would be protected to raise any concerns.

People were protected from financial abuse. There were procedures in place to help people manage their money, with clear guidelines in their care and support plans to ensure they could access the money they needed, when they wanted to. People told us how they were supported to go to their bank to withdraw their money.

There were sufficient numbers of suitably skilled staff to support people in their own homes and in the community and to meet their care and support needs. Staff rotas confirmed that people received care and support from a consistent staff team who had worked for the organisation for some considerable years. People had one to one quality hours, which were provided consistently each week. There was an 'out of hours' service so that staff could be supported by a manager during evenings and weekends. Staff told us that there was always a manager available if they needed guidance and support.

Staff had been through an interview and selection process and people were protected because staff were recruited safely. We viewed three staff recruitment records and found that all of the relevant checks had been completed before staff started work. This included completing an application form, evidence of a Disclosure and Barring Service (DBS) check having been undertaken, proof of the person's identity and evidence of their conduct in previous employments. The DBS checks a person's criminal background. People were given the opportunity to interview prospective staff as one of the selection panel, and this was

facilitated by the registered manager.

Accidents and incidents forms contained detailed information about what had happened, and the action that had been taken as a result, to reduce the risks in the future. Staff were very clear of the process to report any changes in people's care and behaviour to protect their safety.

There were contingency plans in place to ensure that the service would continue in the event of an emergency, for example, the failure of technology or bad weather. People also received individual support and guidance to understand the fire alarm systems and evacuate their premises. There were pictorial plans in place to guide them how to leave the premises in an emergency.

People's medicines were well managed so that they received them safely as instructed by the person's doctor. Staff had received appropriate training in the recording, handling, safe keeping, administration and disposal of medicines. There were also observed to ensure they were competent to administer medicines safely. People who were able to self-medicate were supported to do so safely and were sensitively monitored. The local pharmacy had provided the medicines in dedicated containers and staff ensured that these were stored safely and securely. Medicine records were in good order and staff consistently signed the records to confirm people had received their medicines. Audits of the medication records were in place to ensure that people were receiving their medicines safely and in line with the policies and procedures of the service.

Good

Is the service effective?

Our findings

People told us they received the care and support they needed.

The staff group providing support to people at the service were long standing members of staff, and there had been no new staff recruited for over two years. Staff told us that they received good training in line with their roles and also specialist training in line with people's needs, such as epilepsy. There was an on-going programme of training, which included face to face training and on line training. Although there had been no new recruits recently there was a thorough induction training programme in place, including staff shadowing more experienced staff until they were confident to work alone. The registered manager was knowledgeable about the Care Certificate which sets standards for the induction of health care support workers and adult social care workers.

Records showed that all essential training was provided annually, was up to date and staff had the opportunity to receive further training specific to the needs of the people they supported. Staff were motivated and felt supported to develop their skills and achieve recognised qualifications. They were fully supported to study and gain qualifications in health and social care while working in the service, and all of the staff had gained vocational diplomas at level two or above.

Staff received regular one to one meetings with their line manager to discuss their work, and in addition an annual appraisal ensured that their training and ongoing development needs were addressed. Observational and competency checks were also carried out by the managers to monitor the quality of care being provided by staff.

The Mental Capacity Act 2005 (MCA) 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. In domiciliary care, these safeguards are only available through the Court of Protection. At the time of the inspection no one was subject to an order of the court.

Staff told us how they supported people to make their own decisions and care plans contained mental capacity assessments to ensure that people had the support they needed. Staff explained how they asked people and gained their consent before commencing any tasks. People, who were able, had also signed and agreed with the care to be provided as part of their care plan. Staff spoken with demonstrated that they had an understanding of the Mental Capacity Act and had received training to ensure they were aware of the current guidance to support people to make decisions in line with their best interests.

A health care professional told us that the service had a good understanding of the Mental Capacity Act and how to apply the process to ensure that people were supported to make decisions about their care.

People told us that their health care needs were met. They said that staff were observant if they did not feel

well and supported them to visit their doctor or to attend routine appointments, including dentists and opticians. Each person had details in their care plans to accompany them to hospital should the need occur. This contained detailed information about their health care needs, including their current medicines and medical conditions.

Staff were able to demonstrate that they knew the people they supported very well and they were able to give us up to date information about all aspects of the people's care and support. They were proactive and sought advice from health care professionals to support people positively with their health care needs. They understood the supported living scheme and what support people needed to live as independently as possible.

People were involved in planning their meals and their shopping was delivered by the local supermarket. They were able to tell staff what they would like and staff supported them to maintain a healthy diet. Staff knew about people's favourite foods and drinks, and there was no one at the time of the inspection that required a special diet. People were supported in the kitchen to make tea or prepare sandwiches.

Good

Is the service caring?

Our findings

People told us that the staff were kind and caring. People said: "The staff are good".

Staff told us they enjoyed working with the people at the service, they said: "I have worked here for many years, I love working here".

Staff told us they valued people and enjoyed spending time and talking with them while they provided support. We observed that staff paused in conversation to make sure people had the time they needed to make decisions about what they wanted to say.

People's preferred name was recorded in their care plan. People told us that they were given choices and told us that the staff responded to their wishes. They told us how staff would be flexible to support them to go out to the community or to attend appointments. People were encouraged to maintain relationships with their family regularly and maintain their friendships.

Staff were aware of people's likes and dislikes to ensure the support they provided was in line with what people wanted. People's support plans included their preferences about their daily routine, such as when they liked to get up and what clothes they liked to wear.

Some people who needed support with their communication skills had pictorial aids and used Makaton (sign language) to help them with their conversations. Care plans also included facial expression when people had limited verbal communication, that people could point to, to help staff understand what they wanted.

People told us they had been asked about their views and experiences of using the service. There were meetings in the communal areas of the service to make sure people could voice their opinions and be involved in their daily routines.

People held keys to the front doors and to their bedrooms; they chose what they wanted to wear, what they wanted to do, and where they wanted to go. One person was able to go out when they pleased and decided where and when they wanted to go. They told us how they took a taxi to church each week and went to the bank regularly.

People told us that staff treated them in a dignified manner. There were policies and procedures in place to give staff guidance on treating people with dignity and respecting their privacy. Staff explained to us how they made sure people received help with their personal care in a way which promoted their dignity and privacy. For example, closing doors and waiting for people to ask for support with their personal care.

Advocacy services were available but there was no one at the time of the inspection who required this support. An advocate is someone who supports a person to make sure their views are heard and their rights upheld.

Staff were aware of the need to protect people's personal information and records were kept safely and securely. Meetings where people's needs were reviewed and discussed were carried out in private.

Good

Is the service responsive?

Our findings

People told us they were happy with the care and support they received from the staff. They said they were supported to do what activities they preferred.

A health care professional told us that the staff were responsive to advice and suggestions to support people with their specific needs. They said: "The service seeks support when needed and responds to any issues that may arise. My client is satisfied with the service".

Staff told us that they responded quickly to people's needs and made sure they received the care they needed in line with their preferences and choices. They said: "We support people to remain as independent as possible, making sure they have their choice in everything we do".

Some people told us they had been involved in planning their care and knew about their care plan. There had not been any new referrals to the service to support people with their personal care for some considerable time. People had assessment packs on file, which covered all aspects of their care, including communication, medication, mobility, finances and activities. This information was used as part of the care and support plan, which also included risk assessments for every daily living task.

Information in the care and support plans was provided in a format that met people's communication needs and their ability to understand, such as using signs and pictures. The unit manager told us that a new format of care plans was being implemented to ensure that people's care plans were more person centred. Care plans contained some detailed information, such as what people's bed time routines included, such as putting clothes in the laundry basket, and how they cleared tables and washed up, but did not show what 'prompt' meant when being supported to shower and clean their teeth.

People were able to tell the staff how and what support they needed, and the care plans did include details such as what medicines they were taking, how they communicated, and support with regard to their finances and travel. Guidance was also in place to positively support people with their behaviour, and when they may need support from health care professionals such as the psychology department. Support plans showed how people had consented to their care and we saw that people were encouraged to sign documents, such as for their medicines and finances.

Care and support plans were regularly reviewed to ensure that staff had up to date information about people's individual care needs. Where appropriate, family members were invited to the reviews to support their relative in decisions about their care.

People and their families had the opportunity to feedback during review meetings. People confirmed that they had been supported by staff to complete surveys about the quality of the service being provided. People who shared communal space also had 'house meetings' to give them an opportunity to voice their opinions of the service.

People were supported to enjoy activities of their choice and also supported to access the local community. Some people went to the local social education centre to access activities. They attended monthly quizzes and were supported to meet their relatives regularly. People were also being supported to go swimming or to the local boccia (a ball game) club. One person told us how they enjoyed going to the local pub, and was looking forward to going on holiday.

Each person has three hours one to one sessions with the staff every week, where people could arrange exactly what they wished to do. This included their personal shopping, being supported to go to the bank, and going out for lunch in the local cafes. Staff told us they responded and rearranged the activities if people changed their minds. People told us they looked forward to these sessions.

People did not have any complaints but said they would speak with a member of staff if they were unhappy. The service had policies and procedures in place to explain how they would respond and act on any complaints that they received. The complaints procedure was in a format which would be more meaningful to people and included pictures and symbols. There had been no formal complaints made this year.

Good

Is the service well-led?

Our findings

People were satisfied with the service and said the staff were good. One person said: "Everything works, not sure how they could improve, I am satisfied with the service".

Staff understood the visions and values of the service. They said: "We put people first, treat them with dignity and protect their rights". "This organisation keeps people in their own homes and we do 'over and above' to make sure they get the care they need".

Staff told us that the organisation was well led and there was an open and transparent culture in place. They said the managers were approachable and they would listen and act on what they said. The service was committed to supporting people to achieve their full potential and quality of life in respect of their independence and ability to remain in their own home.

The service had a unit manager and an established dedicated staff team in place to ensure that people received the care they needed. Staff said they understood their role and responsibilities and felt they were supported. They told us that they were able to access policies and procedures on line and were confident they would be able to use the new system of computerising all records. Although care and support plans were online there was also a detailed copy of each person's plan within their own home. This ensured that people and staff had access to the plan at any time.

Staff one to one supervisions and annual appraisals were up to date and monthly staff meetings were held regularly, to give staff an opportunity to raise any issues or concerns. Each staff meeting included a section on CQC, mental capacity and safeguarding, to ensure that staff were aware of latest guidance or updates. These areas were also standard items in the staff's annual personal action and development plans. Systems were in place to ensure that staff received ongoing training to update their skills and competencies.

The service had an effective system in place to ensure the staff were recognised for good practice. Staff could receive an additional day's annual leave or vouchers in recognition of their achievements, which were then detailed in the monthly internal news bulletin.

A robust system of regular quality assurance checks were in place. The audits were linked to CQC's current methodology to ensure compliance with the regulations. The checks included health and safety checks, medicines, finances, and audits of documentation to ensure people's files and support plans were complete, updated appropriately, accurate and fit for purpose. When shortfalls were identified in the audits, actions were then checked to see if improvements had been made. For example, an audit carried out in May 2015, identified that spot checks needed to be recorded, logged and included in the staff handovers. Records showed that this was checked in June 2015 and confirmed this improvement had been made. Accidents and incidents had been recorded, actioned and analysed to look for patterns and trends to reduce the risk of re-occurrence.

People were encouraged to voice their opinions through surveys and meetings. The last quality assurance

survey was sent to people and relatives in October 2015. This was in a format with pictures so that it was more meaningful to people. Comments from people included: "I don't want any changes I am happy with all my support". "I am happy". The outcome had been analysed and the results were positive. The service liaised with case managers on a regular basis to ensure continuous improvement of the service. The results of the surveys were analysed with a report for the managers, and feedback to people using the service was discussed during their 'house meetings'.

The service had links with the local community such as charities who support homeless people. They also provided staff to an independent living service help desk situated in Deal library to support people with disabilities in the community. The service also had links with the local health walk organisation in Dover, who promote walking as part of a healthy living routine.

The service worked in partnership with the landlords to ensure that people were supported to maintain their tenancy agreements. They attended the District Partnership Group meetings who work with people with learning disabilities, and their carers. They liaised with the Clinical Commissioning Group and the East Kent Provider Forum where they discussed best practice and ideas within the care sector.

People's records were kept securely. The service was in the process of transferring information to the computer systems. This was an ongoing process and staff were fully aware of how to access these records. All computerised data was password protected to ensure only authorised staff could access these records. The computerised data was backed-up by external systems to ensure vital information about people could be retrieved promptly.