

Assist Teignbridge

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Inspection report

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26 July 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?

Good ●

Summary of findings

Overall summary

Assist Teignbridge is a charity which provides care and support to mostly older people, who live in their own homes. The services provided include a sitting service to enable carers to have a break, a nail trimming service, an enabling service and domestic help. People who use the service live in the Teignbridge area. At the time of the inspection the only personal care being provided was nail trimming. The service was not carrying out personal care such as washing, dressing, or assistance with eating and drinking. However this service was available if people needed it.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We visited the office on 25 July 2016 and carried out phone calls to people and their relatives on 26 July 2016. At the time of this announced inspection, the service was carrying out 28 visits per week. There was also a monthly clinic which was held at the service's location at Manor House.

People were really pleased with the way staff treated them. Each person we spoke with told us staff were kind, caring and compassionate. Comments included "They're very good"; "I'm very happy" and "(Staff name) is a friend now". People told us staff were respectful and polite.

People told us they felt safe and comfortable when staff were in their home and when they received care. People told us "I feel safe" and "There's no reason to feel uncomfortable". Staff knew how to recognise signs of potential abuse and understood how to report any concerns in line with the service's safeguarding policy. Safe staff recruitment procedures were in place. This helped reduce the risk of the provider employing a person who may be a risk to vulnerable people.

People told us staff knew how to meet their needs. Comments included "They do the job beautifully" and "They know what they're doing". Staff told us they were happy with the training they received. They said they felt well supported and had regular opportunities to discuss their work. Staff spoke about the people they cared for with compassion and concern. Staff took the time to identify when people may benefit from other services. For example, this had resulted in some people being matched with a befriender.

Assessments were carried out with the person before they used the service. Staff checked people's medical information at each visit to make sure there had not been any changes. When staff identified any concerns these were referred to healthcare professionals to ensure appropriate treatment was given. People told us staff were on time. They arranged their appointments with the staff member who visited them. If staff were off at short notice, the appointment was rearranged or the registered manager provided the service.

The service sought regular feedback. People told us they were asked for feedback over the phone or during

visits and staff observations. An annual questionnaire was sent out and feedback from this was positive. The majority of people said they were very satisfied with the service.

People and their relatives felt able to raise concerns or make a complaint. They were confident their concerns would be taken seriously. People told us they didn't have any complaints. Comments included "I can't think of anything that could be better" and "No complaints". The service had a complaints policy but had not received any complaints.

People told us the management were approachable and they were happy with the service. Comments included "I could pick up the phone but don't ever need to" and "Things are going extremely well". Staff told us there was open culture. Staff said "The manager is brilliant, amazing" and "job satisfaction is through the roof". Staff felt well supported and enjoyed their work.

The registered manager was keen to develop and improve the service. They kept up-to-date with best practice and met up with other care providers to share good practice. Records were clear, well organised and up-to-date. An audit system was in place to monitor the quality of the service. The registered manager carried out checks to observe staff's competency on a regular basis.

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.

People and their relatives told us they felt safe when they received care.

Staff knew how to recognise signs of potential abuse and understood how to report any concerns in line with the service's safeguarding policy.

Safe staff recruitment procedures were in place. This helped reduce the risk of the provider employing a person who may be a risk to vulnerable people.

Is the service effective?

Good ●

The service was effective.

People received care from staff who had the appropriate skills to meet their needs.

When staff had concerns about people's health, referrals were made to healthcare professionals.

Staff had completed training and were well supported in their role.

Is the service caring?

Good ●

The service was caring.

People were positive about the way staff treated them.

Care workers were kind and compassionate.

Staff took the time to identify when people may benefit from other services and supported people to arrange this.

Is the service responsive?

Good ●

The service was responsive.

Assessments were carried out with the person before they used the service. Staff checked people's medical information at each visit to make sure there had not been any changes.

Staff responded to changes in people's needs and wellbeing.

People were offered the opportunity to attend events in the local community.

People and their relatives felt able to raise concerns or make a complaint if the need arose.

Is the service well-led?

The service was well-led.

There was an open culture. The management team were approachable.

Records were clear and well organised.

An audit system was in place to monitor the quality of the service and make further improvements.

Good ●

Assist Teignbridge

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 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.

Before the inspection we reviewed the information we held about the service. This included notifications of events the service is required by law to send us.

This inspection visit took place on 25 and 26 July 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 staff were available to speak with us. We made telephone calls to people. We received feedback from two health and social care professionals.

One social care inspector carried out this inspection. At the time of our visit the staff were providing a nail trimming service and carrying out 28 visits per week. We used a range of different methods to help us understand people's experience. We spoke with four people and two relatives. We spoke with three staff and the registered manager. We looked at care assessments, three staff files, audits, policies and records relating to the management of the service.

Is the service safe?

Our findings

People and their relatives told us they felt safe when staff were in their home and when they received care. People told us "I feel safe" and "There's no reason to feel uncomfortable". People were offered a bottle which contained essential personal and medical details. This was kept in the person's fridge so emergency services would know where to find it.

Staff had completed training in safeguarding vulnerable adults. Staff had a good understanding of safeguarding and knew how to recognise signs of potential abuse. They knew how to report any concerns in line with the service's safeguarding policy. Staff told us they felt confident the provider would respond and take appropriate action if they raised concerns.

A new risk assessment was carried out at every visit for each person. Staff checked whether their medical condition had changed to ensure they were still able to meet the person's needs.

Risk assessments relating to each person's home environment had been completed. Staff were able to identify risks and had taken action when they had concerns. For example, one person didn't have any electric when staff visited. The supplier had said they would come out the following day. Staff were concerned that it would get dark and the person may be at risk of falling. Staff contacted the supplier and an electrician visited the same day. On another occasion, staff raised concerns that a smoke alarm was not working. They contacted the fire brigade who carried out a home safety check and fitted a new smoke alarm.

Recruitment practices were safe. Staff files showed the relevant checks had been completed. The staff files included evidence that pre-employment checks had been made including written references, satisfactory police checks (Disclosure and Barring Service clearance (DBS)), health screening and evidence of their identity had also been obtained. New staff told us references and a DBS check had been completed before they started to work in the community. This helped reduce the risk of the provider employing a person who may be a risk to vulnerable adults.

The service had enough staff to carry out people's visits. People were able to contact staff directly. If staff were off at short notice, the appointment was rearranged or the registered manager would carry out the visit. Due to the service being provided, this did not pose any risk to people.

Is the service effective?

Our findings

People told us staff knew how to meet their needs. Comments included "They do the job beautifully" and "They know what they're doing".

Staff told us they were happy with the training they received. Staff told us they had completed training which was up-to-date in areas relating to care practice, people's needs, and health and safety. Staff who carried out nail trimming had completed NHS training which was updated annually. Staff training certificates were kept in their individual files. All the staff we spoke with told us they felt well supported. Staff had regular supervisions to discuss their work. The registered manager carried out checks to observe the staff member's work practice. Staff had an annual evaluation of their work. Staff had commented "The level of support from management is excellent" and "I have always been impressed with the high standard of training".

Some people who used the service were living with dementia. We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA). The 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 registered manager had a good awareness of the MCA. At the time of our inspection, each person had capacity to make decisions relating to their care. Staff gained consent from people before carrying out personal care.

The service held a monthly nail trimming clinic at Manor House. This was an alternative to a home visit. The Manor House was located centrally and was wheelchair accessible. Most people who used the service were able to contact healthcare services independently. Staff told us if they had concerns about people's health they would let the office know. We saw that six people had been referred to NHS Podiatry services when people needed more in-depth treatment.

Is the service caring?

Our findings

People and their relatives were really pleased with the way staff treated them. Each person we spoke with told us their care workers were kind, caring and compassionate. Comments included "They're very good"; "I'm very happy" and "(Staff name) is a friend now".

Staff spoke about the people they cared for with compassion and concern. Staff members said "They've become friends"; "I always see if anything else is needed, it's part and parcel of caring" and "We try to do the little things". One staff member told us people enjoyed a chat and looked forward to them coming, adding that they had a laugh together.

People told us staff were respectful and polite. People told us, "They always ask how I am" and "They always check what I would like them to do".

The registered manager had written in their annual report "Through all our actions it is our belief that people should be treated with dignity, compassion and respect". Staff's work practice was observed to make sure they used caring values within their work. During observations, the registered manager had written "Allowed (name) to be independent but offered help when she saw he was struggling to take one of his trainers off, which was accepted" and "Ensured (name) was comfortable and chatted whilst delivering the nail trimming".

Staff had completed training to help them identify when people may be struggling with something. Staff provided people with information about other services that may be able to provide support to them. For example, during our inspection the registered manager spoke with a person on the phone and signposted them to the Citizens Advice Bureau. They gave the person the telephone number and opening hours and then told them how they could make an appointment. The service also had its own volunteer centre which provided free support to people in the community. For example, volunteers could support people: to get to hospital appointments; to go on outings; with gardening and dog walking. They also had trained benefits advisors who could check people were accessing all the monies they were entitled to.

The service had received lots of compliments from people and their relatives thanking them for their care, kindness and compassion. Comments included "Excellent service" and "Very good, everyone so kind and considerate".

Is the service responsive?

Our findings

People's needs were assessed before they started to use the service. An initial visit was carried out to ensure the service would be able to meet the person's needs. A social care professional said "I have found Assist Teignbridge very responsive and reliable at all times. I like the way they always have an initial assessment visit, take care of the clients and ensure that their needs are met".

Staff carried out an assessment at each visit to make sure there had not been any changes in the person's medical condition. People told us staff were on time and had time to meet their needs in the way they wanted.

When staff had observed a change or deterioration in a person's wellbeing during a visit they had raised concerns. For example, one staff member found that one person wasn't their usual self and contacted their family. Following a GP visit the person was admitted to hospital. Staff arrived at another visit to find a person was finding it difficult to breathe and was anxious. Staff called an ambulance and stayed with the person until they arrived and took them to hospital. During a routine visit, staff identified that one person's socks were cutting their circulation. The staff raised concerns with the family and looser socks were purchased.

People were offered the opportunity to attend events in the local community. Recent events had included quiz nights, cookery demonstrations, fundraising events, and information days. Staff were aware that some people could be at risk of social isolation. One staff member said "Sometimes people don't see anyone else". The service had identified that although the service may have been started for a particular care need, the visits helped to alleviate loneliness and isolation. The volunteer centre could organise regular befriender visits if people wanted regular conversation and contact. Staff told us how befrienders were matched to each person to ensure they had a shared interest.

People and their relatives felt able to raise concerns or make a complaint. They were confident their concerns would be taken seriously. People told us they didn't have any complaints. Comments included "I can't think of anything that could be better" and "No complaints". The service had a complaints policy but had not received any complaints.

The service sought regular feedback. People told us they were asked for feedback over the phone or during visits and staff observations. An annual questionnaire was sent out and feedback from this was positive. The majority of people said they were very satisfied with the service.

Is the service well-led?

Our findings

People told us the management were approachable and they were happy with the service. Comments included "I could pick up the phone but don't ever need to" and "Things are going extremely well". The local MP had written to the service and congratulated them on the fantastic work they had done in the local community.

The registered manager had completed a Level 5 Diploma in The Management of Volunteers. This showed the registered manager was keen to develop their knowledge and improve the service.

Staff knew their roles and responsibilities. The team included the registered manager, an administrator, a co-ordinator, staff, and volunteers. Comments from staff included "We get on well as a team" and "We enable independence". Staff told us there was open culture. Staff said "The manager is brilliant, amazing" and "She's wonderful". Staff felt well supported and enjoyed their work. Staff told us they felt valued by the provider and registered manager. Staff commented "I couldn't wish for a better place to work" and "job satisfaction is through the roof".

The service had strong links with the local community. For example, the service co-ordinated a memory box project which was supported by Dawlish Museum. Sessions were run for older people and those living with dementia. They could touch and handle items to bring back memories from the past. A carer's support officer told us the service had always been helpful in supporting a local carers' group. The service provided a volunteer to support the group.

Records were clear, well organised and up to date. An audit system was in place to monitor the quality of the service. As a registered charity, the service produced an annual report. This included their objectives, information about their services, their values, information about staffing, events, and quality assurance. The charity held an annual general meeting and this was usually chaired by the local Mayor. Management meetings were held regularly to discuss the services provided. The registered manager carried out checks to observe staff's competency on a regular basis.

The registered manager was keen to develop and improve the service. They kept up-to-date with best practice by accessing professional websites. They met up with other care providers to share good practice. They had recently taken part in a dementia partnership meeting and dementia friendly communities conference. The registered manager was taking part in a needs analysis project with a local community centre. This was focused on the needs of people over the age of 50 living in the local community. The results of the project were going to be used to feed into future development plans.

The registered manager had notified the Care Quality Commission of events which had occurred in line with their legal responsibilities.