Advance Housing and Support Ltd

Nottingham Domiciliary Care Service

Inspection report

11 Florence Road
Mapperley
Nottingham
Notts
NG3 6LJ

Tel: 01162473900
Website: www.advanceuk.org

Date of inspection visit:
16 June 2016
22 June 2016

Date of publication:
15 July 2016

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

We carried out an announced inspection of the service on 16 June 2016.

Nottingham Domiciliary Care Service is a domiciliary care agency that is registered to provide personal care to people in their own homes. At the time of our inspection, the service was supporting one people across the city and County of Nottingham. The service supported people living with mental health conditions or learning disabilities.

Nottingham Domiciliary Care Service is required by the Care Quality Commission to have a registered manager. A registered manager was 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 2008 and associated Regulations about how the service is run.

People were supported by staff who were trained to recognise the signs of harm and knew what actions to take to keep people safe and protect them. Risks were recognised, and managed through the use of risk assessments. The risk assessments advised staff of the best ways to promote people's safety.

There were enough staff to meet people's needs, and people usually received support from the same staff members. The provider had carried out relevant checks to make sure staff were recruited safely.

At the time of our inspection, no one required support with their medication. However, the provider arranged training for staff. This was to ensure that staff were able to administer medicines correctly should the situation change.

People were supported by staff who had been trained to work under the guidance of the Mental Capacity Act 2005 (MCA). The MCA is the legal framework to ensure that where people are assessed as lacking capacity to make decisions for themselves, decisions are made in their best interests. People using the service were deemed to have capacity to make everyday decisions, staff had received training in relation to Mental Capacity Act, and understood relevant issues relating to consent and capacity.

People were supported by staff who had knowledge of their needs and routines, and who had the necessary training to carry out their roles and responsibilities. Staff received training, and were given regular supervision and support to ensure they maintained the necessary skills to fulfil their roles.

People were satisfied with their support, and were positive about the way staff assisted and interacted with them. Staff demonstrated clear understanding of the needs and preferences of the people they supported. Staff showed care and respect in discussion about the people they supported

People were involved in planning their support, and participated in assessments before their support began.

People's choices and preferences were always considered and they received support that was suitable for their needs. Care records gave information to staff about the support that people needed and how it would be provided. Where relevant staff were able to seek support from healthcare professionals in order to meet people's health care needs.

The registered manager and provider checked people's satisfaction with the support they received. This included reviews, personal visits from senior staff telephone calls, and satisfaction surveys. Concerns or complaints were responded to adequately.

There was an open and supportive culture within the service, and staff spoke positively about the management and the leadership. Staff felt confident to raise concerns or suggestions with the management team, and trusted that any issues would be readily dealt with.

Support plans and risk assessments were regularly checked and amended to ensure they provided up-to-date information on each person's support needs .
The service kept records of incidents and accidents, and recorded what relevance actions had been taken as a result.

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 were protected from the risk of harm by staff who were trained to identify signs of abuse and recognise what actions to take to keep people safe.

Risks were managed, and measures were implemented to reduce any risks.

There were safe recruitment procedures, which ensured that only suitable care staff were employed. There were sufficient staff to meet people's needs.

Is the service effective?

Good

The service was effective.

People's individual support needs were met by staff who were trained to give the assistance people required. Staff were trained to ensure their increase their knowledge and skills was kept up to date to meet people's needs.

Staff understood their responsibilities under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People were assisted access relevant healthcare services when required.

Is the service caring?

Good

The service was caring.

People reported caring and positive relationships with staff.

People were central in planning their support, and staff always sought people's preferences about their support needs. People's dignity and privacy were respected and maintained.

Is the service responsive?

Good

The service was responsive.

Staff were knowledgeable about peoples' support needs , and people received support based on their individual needs and preferences.

People understood how to complain when required. The registered manager and provider responded to complaints, and there was a clear complaints process.

Is the service well-led?

Good

The service was well led.

People were given opportunities to share their views and opinions of the service.

People and staff felt there was a positive and open culture within the service.

There were systems in place to monitor the safety and quality of the service.

Nottingham Domiciliary Care Service

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 16 June 2016. We gave the provider 48 hours notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection was carried out by one inspector. Before the inspection, we contacted the local commissioners for health and social care to obtain feedback. We also contacted the local Healthwatch team. We looked at the statutory notifications that the service sent to us. These contain important or serious information which the provider must tell us about.

Prior to the inspection, we asked the provider to complete 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 what improvements they plan to make.

On the day of our inspection, we spoke with the registered manager and a support team leader We looked at the care records of one person who used the service, and we also looked at files for three members of staff. We also looked at accident and incident records, any received complaints and compliments. We checked the policies and procedures that were used by the service. We reviewed staff training records, and checked how the service showed they were maintaining the quality of the service.

After the inspection, we spoke with one person who used the service, one support worker, and a social care professional.

Good

Is the service safe?

Our findings

People felt safe using the service. One person told us, "Yes, I feel safe. It's just to know someone's there for me." A support staff member explained how they would react if a person had raised any safeguarding concerns. The staff member said, "I would record the details, but not ask leading questions. I would let my manager know, and report to the safeguarding team." Another staff member told us, "If I see a situation of concern, I would always report it." We saw records and staff confirmed that they had received training in safeguarding adults procedures. This training was updated regularly. The provider had a whistleblowing policy. Staff understood how to raise concerns and although no one had any concerns at the time of our inspection , the staff felt confident that they could report any concerns. This showed us that people were supported by staff who could recognised if people were at risk of harm and understood what actions they were required to take.

People's individual care plans contained risk assessment to help manage and reduce the risks to people's safety. For example, where staff were assisting to prepare food , the risk assessment gave detailed information on how to reduce any risks. This included information such as hand washing , wearing gloves and aprons, and ensuring food was safely stored and adequately cooked. Another risk assessment advised staff on how to reduce the risk of slips and trips when a person was having a shower. The risk assessments were developed in conjunction with each person. A staff member explained. "We complete risk assessments together with the person, and they sign a copy of the risk assessment." This demonstrated that the registered manager and staff understood any potential risks and put measures in place to address these.

The support plans and risk assessments were reviewed regularly, and updated as people's needs changed by the team leader. All support plans and risk assessments were reviewed at least every six months, but if a person's support needs changed, then a review would be arranged sooner. This demonstrated that any risks to people were considered and managed as much as possible.

Accidents and incidents were recorded electronically as well as on paper. The registered manager explained that once logged, a follow-up e-mail was sent to the manager, saying what actions were needed. This cannot be closed down until the necessary actions are completed. A team within advance housing considered any themes or trends of accidents. The registered manager was then informed of any trends, and discussions took place on how to address these within the organisation. This helped ensure that any necessary actions after an accident or incident were carried out.

Safe recruitment practices in order to ensure people were protected against the risk of being supported by staff who were not suitable to work in care. Before staff started work at the service, they had been checked for any criminal convictions, and had their identities and addresses verified. Previous employment references had also been. Staff confirmed that these checks had been completed before they were allowed to start working with people who used the service.

People thought there was enough staff to meet their needs. One person said, "Yes, I think there are enough staff ." The registered manager explained that the service has recently recruited more staff and waiting for

the pre-employment checks. A staff member commented, "There are definitely enough staff now. We were short staffed, but the registered manager has sorted it out." Staff told us that they were allocated travel time, and tended to support the same people.

People told us that staff usually turned up at the right time and that their support calls were not missed . One person said, "The staff turn up on time. In the rare event that they are delayed, they phone and let me know." All staff were given a mobile phone, and the service used a system whereby support staff logged in and out using the phone after each visit. This helped the registered manager and team leader ensure that calls were not missed.

The provider had a whistleblowing policy which staff were aware of and felt confident to use should the need arise. One staff member told how they had historically reported some

At the time of our inspection, no one was being supported with their medication..

Good

Is the service effective?

Our findings

People received support from staff who had the skills and knowledge to effectively carry out their roles. People had confidence in staff and felt they were all well trained and understood what was needed. One person told us, "I think the staff are well trained. Well, the ones I have are anyway."

Staff explained about the training they had been given. One staff member said , "I've just completed some training on the Mental Capacity Act." Another staff member talked about the induction and commented, "I shadowed another team leader until I was okay to support people by myself."

New staff completed The Care Certificate. The Care Certificate is a nationally accredited set of standards introduced by the Skills for Care Council. All new staff completed a four-day induction programme which covered areas such as mental health awareness, safeguarding adults before they worked alone in people's homes. New staff were put on a six-month probation period, and were supervised more closely during this time. One staff member said, "I am still on probation. Everybody has been so supportive in the team." New staff felt the induction process had helped them in their working roles.

Staff told us, and records showed, that staff were receiving regular supervision. One staff member confirmed this , and said "I have supervision every month." Supervisions were structured and involved various discussions such as any safeguarding concerns, training needs, and the support needs of people used the service. One of the staff members commented, "The supervisions are really good. If I have any problems, I bring them up in supervision." The registered manager told us, and records confirmed, that that staff received individual supervisions every four to six weeks. In addition, all staff had an annual appraisal, to look at their performance , and consider future training needs.

The registered manager told us that newer staff to the service had completed the Care Certificate. The Care Certificate is a nationally accredited set of standards introduced by the Skills for Care Council. Staff received training in both classroom settings and by e-learning. This was an on-going process. Examples of training completed by staff were MCA and DoLS, food hygiene, infection control, equality and diversity and epilepsy awareness. This ensured that staff had the right skills and knowledge to carry out their roles and responsibilities.

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. 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. Any applications for people living in the community must be made to the Court of Protection (CoP). We checked whether the service was working within the principles of the MCA. At the time of our inspection, no applications to the CoP had been required.

We checked to see if the service was working within the principles of the MCA and we saw that they were.

People were consulted about their support needs. One person told us, "I met with the social worker and staff from the agency before my support started."

Staff demonstrated they understood the need to ask the person's consent undertaking any support. One person told us, "Staff always ask me" before providing support. A support worker explained, "We assume a person has capacity, and therefore they can make choices. Sometimes we may not agree with their choices, but they are their choices."

At the time of our inspection people using the service were able to give their consent to their support needs. One care staff member said, "We always speak to people to ask what they want before we start" another staff member told us how they coped if a person declined support. The staff member explained, "If [person's name] says 'no,' I leave it and ask again later." This demonstrated that staff understood the need to obtain consent before supporting people.

When people required support to prepare their meals people told us they were well supported. One person said, "They help me get my meals ready. The staff do the tasks I can't do." A staff member told us, "If necessary we will encourage a person to follow healthy eating options, but ultimately it is their choice." Staff members also explained how they followed hygiene guidelines and used protective equipment such as gloves and aprons when preparing food. Staff we spoke with showed clear understanding of what actions they would take if they had concerns about unexpected weight loss. We were confident, that when needed, people were supported with their nutrition and hydration needs by staff that were suitably trained and experienced.

People were supported to access healthcare services such as outpatient clinics and GP appointments when required by the support staff. One staff member said, "Sometimes we will take [person's name] to hospital appointments. We wait in the waiting room to give them privacy." Another staff member explained how they had contacted a GP on a person's behalf.

Good

Is the service caring?

Our findings

People told us that support staff at Nottingham Domiciliary Care Agency were caring and kind to them. One person said, "The staff are really good. They are patient, and definitely caring." Staff were passionate about their role, and spoke positively about their work. One staff member said, "I treat people like I would like to be treated." Another staff member added, "The person is always at the centre of support here."

People were supported by staff that were caring and compassionate. Staff spoke with enthusiasm and care about their role. One staff member said, "I love my job. I like it because I'm helping people, and I'm making a difference." The registered manager told us, "I've got a brilliant team that I can trust here." A professional we spoke with told us , "The staff are really flexible and patient. They provide a good service."

People were involved in decision making and developing their support plans. One person explained, "In the beginning my social worker helped me tell the staff about my support needs." One staff member told us, "We ask the person what their goals are, and what they want support with. Then we build the support around this." The registered manager explained how people took part in developing their support plans, and said, "When we do the support plans and risk assessments, we talk to the person and they are always involved."

People had signed their support plans and risk assessments to say they had agreed with the contents of them. When people first started to use the service, they were visited by the registered manager or team leader to look at their support needs, and consider any preferences before the support began.

People were involved in support and were given choices. One person said, "The staff respect my choices." One staff member told us, "We work with the person, and they decide on the day what we're going to do."

People told us their privacy and dignity respected by staff. One person said, "If I'm not too good, staff will stand outside the bathroom door, so they are close by." One staff member said, "I ask what [person's name] can do for themselves. I turn my back to maintain their privacy." Another staff member explained how they would ensure the bathroom door was closed and the person was covered with towels as much as possible to protect their dignity. The support plans were written in respectful and caring language, and staff spoke about people in a sensitive manner. This all demonstrated that the service treated people with dignity and respect.

Good

Is the service responsive?

Our findings

People told us that their support was provided in the way they had chosen, and that it met their needs. One person stated, "The staff know my needs. I think."

Every person had their own support plan, which provided staff with detailed information about what support the person required. This included the person's routines, preferences and choices. One person told us, "My needs are in my support plan, but if I'm not well, we change it around." This demonstrated that the service was flexible to people's changing needs.

One support plan we looked at included details of what was important to the person, such as what interests the person had, and what family members and pets were important to them. The support plan gave staff members specific information about the level of support the person required. For example, one support plan advised staff to wash the areas that the person could not manage for themselves. We saw that, where food preparation was carried out, specific guidance had been written for staff to ensure the person's needs were met, whilst still considering any risks to health and safety.

The support plan plans and any risk assessments contained within, both showed people's signatures. This is important as it shows people had been consulted about, and agreed with the content of their support plan.

Support plans were reviewed at least every six months, or sooner if a person's needs changed. One person said, "My support is reviewed regularly. I am involved, and if there was anything I didn't want, I would say so." One staff member advised, "We ask the person what their needs are, and we build the support around this." In addition, the information recorded in support plans was checked regularly by the team leader. One person told us, "The team leader looks at the paper work regularly when they visit." Staff confirmed this. One staff member said, "The management checks to make sure we fill the paper work in properly." Another staff member said, "The support plans are essential to provide up-to-date information on each person for staff."

The provider had a system of peer reviews called Checkmates. The Registered Manager explained that any person can request this type of review. A person who used the service , and comes from a different location carried out the review, and managers of both services communicated to establish the most suitable individual for the person to be paired with for the review.

People told us and staff confirmed that their support needs were usually matched by the same staff members. This helped developed people's trust, and enabled staff to know the needs of people they work with well.

People were supported to access their local community and follow any interests they had. One person told us they went swimming, and had been shopping with their support staff. We saw that the team leader was organising a coffee morning at a community venue to encourage people who may be isolated to meet other people. This demonstrated that the service was enabling people to follow their interests, and access the local community.

The service had a complaints policy which was part of Advance Housing's policy. People told us they would know how to raise any concerns. One person said, "I think there is a phone number in my support file." The people we spoke did not have any complaints, but felt confident they could raise concerns if required. One person told us, "I would feel happy to contact the manager if I needed to." A staff member explained how they would react should be receive a complaint. The staff member said, "I would tell the person about our complaints procedure and support them to make a complaint. I would be impartial." The registered manager explained that the provider's customer engagement team received any complaints made and then initially requested that the registered manager investigate these. We saw that historical complaints had been managed systematically and had followed the providers complaints policy.

Good

Is the service well-led?

Our findings

People knew who the registered manager was and felt confident that they were approachable. One person said, "Yes, I know who the registered manager is. I would be happy to contact them if needed. " People spoke positively of the registered manager and the team leader. One person explained, "They check I'm happy with the support. It is well led now."

One person told us, "[Staff member's name] does spot checks to make sure staff are doing what they should be doing. I'm happy."People said there was an honest and open culture within the organisation, and that new suggestions or ideas would be welcomed. One staff member said, "We can give our opinions, the manager always listens." Another staff member said, "I'm never spoke down to (by the manager). I'm always spoken to in a nice way."

Staff spoke with enthusiasm about their work at the service and and felt they delivered good support to people. Staff felt supported and valued by their line managers and were positive about the support they were given. One staff member told us, "The support is excellent. We talk about everything and it doesn't feel rushed." Another staff member stated, "[Person's name] is a fantastic boss; very human." One staff member said, "We are a small team, but we work really well together." The registered manager explained that there was a forum within the organisation to nominate staff members as a way to formally thank them for the work that they did.

There were clearly designated roles and responsibilities for staff within the service. Staff received feedback about their performance in a variety of ways. For example, in supervision, and by observational checks carried out by the management team. A staff member told us, "I get lots of feedback on how I'm doing." Another staff member said, "If I was ever to make a mistake, I do feel I could report it here."

Staff told us and we saw records that confirmed regular staff meetings took place at least every two months. This was another way of staff and management communicating, and for staff to receive support and feel valued.

Staff were clear about the values of the service to enable people to live as independently as possible and to be treated as equally valued people. It was clear from talking to staff and reading support plans that the use values were embedded within the service.

The registered manager and provider carried out regular quality checks on order it's to make sure people continued to receive quality support. One person we spoke with could not remember whether they had received satisfaction questionnaires, but confirmed that they were regularly asked for their views of the service. This person said, "The manager rings or visits to check I'm happy with everything." Staff confirmed this was happening.

The registered manager told us that local satisfaction surveys were sent out every six months to people who used the service. The provider carried out two yearly satisfaction surveys for all people using the

organisation. The last survey was carried out in December 2014 and showed that the majority of people were satisfied with their support. The findings were analysed and any necessary actions found as a result, agreed upon. For example, the last survey identified that some people did not feel they had enough control in their lives. As a response to this, the provider had agreed to increase the use of their 'Checkmates' peer auditing system as one of the actions. This demonstrated that the management took action from feedback to drive forward improvements.

The registered manager showed us the quality and compliance system that all managers at Advance Housing used. This included areas such as health and safety, care plan audits, and spot checks on staff performance. The registered manager together with a team of managers at the provider checked for themes and trends and, then agreed on any required actions. This ensured that the quality of the service was developed and maintained.

The management were committed to ensuring staff were well trained and motivated. The majority of staff had worked at the service for a number of years and developed positive relationships with people who used the service. Staff were given a handbook which had guidance and information about what was expected of them. This helped ensure the standards of care were maintained.