

Royal Mencap Society

Somerset Domiciliary Service and Floating Support (Minehead)

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

This inspection was announced and took place on 20 and 21 July 2016. The service was given 48 hours' notice of the inspection because we wanted to make sure we would be able to speak with staff and people who used the service.

Somerset domiciliary service and floating support (Minehead) provides personal care to people in their own homes. Some people who receive the service live in a house with shared communal facilities and some shared support hours but all have individual tenancies. This is known as supported living. The service specialises in providing care to people who have a learning disability.

At the time of this inspection the service was providing personal care to 14 people. Seven people lived in the supported living house and the other seven lived in and around the Minehead area. Hours of support provided to people ranged from four hours a week to 32 hours per week.

The last inspection of the service was carried out in August 2014. No concerns were identified with the service provided at that inspection.

There is 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.

The registered manager for this service was also registered to manage three other services owned by the same provider. This meant they were not always available at this location and therefore two team managers managed the service on a day to day basis. People described the management of the service as very open and approachable.

People felt safe with the staff who supported them. One person said "They make you feel safe and talk to you about how to keep safe." People were fully involved in planning their care and support and any risk assessments in place were discussed with them.

There were adequate numbers of well trained and experienced staff to ensure people received the care and support they required. The service was flexible to meet people's changing needs and wishes.

Staff were well motivated and people described them as friendly and easy to talk with. Staff felt well supported by the provider which enabled them to provide consistent care to people.

People were able to make choices about all aspects of the support they received. People chose when they received their allocated hours and which staff supported them. Staff encouraged and enabled people to maintain and develop their independence.

Staff helped people to access healthcare professionals and ensured they received regular health check-ups. Staff supported people to attend appointments if people wished them to. People were offered advice on healthy eating and staff assisted some people to shop and cook for themselves.

Information was provided to people in a range of formats which meant they had access to the information they needed to make informed choices. Each person had a care plan which was very personal to them and set out their goals as well as their needs.

People were offered a range of opportunities to meet their social needs and staff supported people to find and access community facilities in line with their interests.

There were ways for people to share their views about the service. These included satisfaction surveys and tenants meetings for people who lived in the supported living house. People knew how to make a complaint and were confident that staff would sort out any worries or concerns. One person said "You just tell staff. They'd make things better."

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 felt safe and comfortable with the staff who supported them.

Risk assessments were undertaken with people to minimise risks and promote their independence.

All new staff were checked to make sure they were safe to work with vulnerable people.

Staff knew how to make sure people received their medicines safely.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who received training appropriate to their roles.

Staff supported people to access healthcare professionals according to their specific needs.

Staff assisted people to make healthy choices about meals and snacks.

Is the service caring?

Good ●

The service was caring.

People were fully involved in all decisions about their care and support.

People were supported by kind and friendly staff.

People were treated with respect and dignity.

Is the service responsive?

Good ●

The service was responsive.

Staff responded to changes in people's needs to make sure the care they received met their changing needs and wishes.

People were supported to take part in activities in line with their interests and hobbies.

People knew how to make a complaint and were confident any concerns raised would be dealt with.

Is the service well-led?

Good ●

The service was well led.

The managers of the service were open and approachable which enabled people to discuss issues with them and make suggestions.

The provider had systems in place to monitor quality and ensure ongoing improvements for people who used the service.

People benefitted from a staff team who were well supported and happy in their jobs.

Somerset Domiciliary Service and Floating Support (Minehead)

Detailed findings

Background to this inspection

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

This inspection took place on 20 and 21 July 2016 and was announced. It was carried out by an adult social care inspector.

Before the inspection, the provider completed 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 looked at the information in the PIR and also looked at other information we held about the service before the inspection visit. At our last inspection of the service in August 2014 we did not identify any concerns with the care provided to people.

During the inspection we visited the supported living house and the office for the service. We spoke with eight people who used the service and six members of staff. The registered manager was not available but one of the team managers was available throughout the inspection.

We looked at a selection of records which related to individual care and the running of the service. These included four care and support plans, one staff personal file and records relating to the quality monitoring within the service.

Is the service safe?

Our findings

People felt safe with the staff who supported them. One person said "They make you feel safe and talk to you about how to keep safe." At the last satisfaction survey carried out by the provider everyone who responded answered 'Yes' to the question; 'Do we help people to feel safe?' One person's representative wrote on their survey "So good for me to be able to trust them completely and know they are safe and happy."

Care plans contained risks assessments which outlined measures to enable people to maintain their independence with minimum risk. People had been involved in the creation of their risk assessments and had signed to state they agreed with the measures in place to minimise risks. One person had wanted to ride a bike and as part of the risk assessment staff had arranged for them to be assessed by a cycling proficiency teacher. Following this, safety equipment such as a cycling helmet, had been purchased and the person was enjoying riding their bike on a regular basis.

Another person had a risk assessment to minimise the risks involved in going out to pubs and clubs in the town. They said "[Staff's name] talked about when was a good time to go to the pub and when it may be best not to." Other risk assessments enabled people to maintain and develop their independent living skills such as cooking, ironing and allowing people into their homes.

The provider told us in their Provider Information Return (PIR) that risks of abuse to people were minimised because they had a rigorous recruitment procedure. Before commencing work all new staff were thoroughly checked to make sure they were suitable to work for the service. These checks included seeking references from previous employers and carrying out disclosure and barring service (DBS) checks. The DBS checks people's criminal record history and their suitability to work with vulnerable people. New staff told us they had not been able to start work until all checks had been carried. Staff files gave evidence of this.

Staff received training in how to recognise and report abuse and we noticed this had also been discussed during a staff meeting. Staff spoken with had a clear understanding of what may constitute abuse and how to report it. All were confident that any concerns reported would be fully investigated and action would be taken to make sure people were safe. One member of staff told us "I would certainly report anything I wasn't happy with. If I didn't it would make me just as bad. Something would definitely be done."

There were posters around the office which gave people information about how to report any suspicions of abuse. This made sure people and staff had easy access to contact numbers if they did not feel able to report their concerns within the organisation. Staff were aware people could be vulnerable when out in the community or using social media and discussed issues with people who used the service. One person said "They help me to be safe."

There were sufficient numbers of staff employed to make sure people received their allocated hours of support. People receiving care and support told us there were always staff available to provide their support. People said the service was flexible and they were able to rearrange the times of their support visits to fit

around their lifestyles. One person said "I can change the times if I give them notice. They are very flexible."

The supported living house was staffed throughout the day and there was a member of staff who slept in at night to respond to any emergency situations. Staff were aware of how many hours of support each person was allocated in addition to the core hours shared by everyone. Time spent with each person was clearly recorded in their personal files. One person said "I always get my one to one time."

People received fortnightly rotas which showed when they would receive support and who would be providing it. Rotas were personalised to each person. If people were unable to read words they received a rota in picture format to make sure they had the information they needed.

All staff received training in the safe administration of medicines although most people who used the service took responsibility for any medicines they were prescribed. In the supported living house staff administered medicines to some people and clear records were kept to show when these had been administered or refused.

We were told in the PIR that all accidents and incidents were audited monthly to pick up on any trends or patterns. This enabled the provider to make changes to care to minimise the risks of re occurrence. Records showed there were very few incidents or accidents involving people who used the service.

Is the service effective?

Our findings

People received effective care and support from staff who had the skills and knowledge to meet their needs. People felt staff were good at their jobs and knew how to support them. One person said "Staff help me with all the things I need." Another person said "They are really good and really helpful. They understand me."

People were supported by staff who had undergone a thorough induction programme which gave them the basic skills to care for people safely. One member of staff described their induction training as "Fantastic." Another said the induction they had received had been very thorough and gave them the confidence to do the job well."

In addition to completing induction training new staff had opportunities to shadow more experienced staff. This enabled them to get to know people and how they liked to be cared for. It also allowed people time to become familiar with new staff. Staff told us they never went to support people on their own until they had met and been introduced to the person. The manager sought feedback from people and other members of the team on new staff which enabled them to address any issues promptly and provide any additional training required.

After staff had completed their induction training they were able to undertake further training in health and safety issues and subjects relevant to the people who used the service. A high number of staff had nationally recognised qualifications in care which ensured they were competent in their roles. Where specific issues occurred staff received training in a timely manner to enable them to confidently deal with new situations. For example where one person had become unwell and displayed specific behaviours staff had quickly received training in how to deal with these. One member of staff said "The extra training really helped. I think it made us all focus on how they were feeling not just dealing with the situation."

Staff advised people about how to make healthy food choices and supported some people to shop and cook meals. Risk assessments were carried out to enable people to cook meals with and without staff support. In the supported living house people shopped for their own provisions for some meals and snacks. We were told by one person that they used to cook their main meal with staff but had decided at a tenants meeting to all have the same meal each evening. They said "Now we decide every week what to have each day and everyone chooses a meal a week. I think it works better." The person showed us the weeks' menu. It was in pictorial format and showed who had made the days' choice and what the meal was.

The service supported people to see healthcare professionals according to their individual needs. On the first day of our inspection staff supported one person to attend a GP appointment. Other people told us "Staff help you with appointments" and "Staff help you when you aren't well." Records showed that people were supported to attend appointments to monitor their health including regular dental check-ups and eye tests.

Staff had been inventive in making sure people were able to express any pain or discomfort. For example one person did not verbally communicate with staff if they were feeling unwell. The staff had produced a

large body map which the person was able to mark if they wished to. Staff told us the person had put a tick by the mouth on the body map which had told staff they had a problem and arranged for them to see a dentist. In another instance they had marked the foot which alerted staff they had a blister from wearing new shoes.

Some people had 'hospital passports' These were documents that gave information about the person and their needs including how to communicate with them. These helped to ensure that other healthcare professionals had sufficient information about the person to provide care and treatment if they needed to be cared for in hospital. Some people who used the service had decided they did not wish to have a hospital passport and this was recorded in their care and support plan.

Where people became acutely mentally or physically unwell staff ensured people received appropriate care and treatment. Two people had recently spent time in hospital and staff told us they had visited them regularly to make sure they had everything they needed. One person said "It's nice to be home but the staff were very kind when I was in hospital and bought me things."

People who used the service were able to make decisions about what care or treatment they received. Staff told us about one person who required an operation and to make sure they fully understood the implications of the procedure they had held a meeting with them, their family and healthcare professionals. This had helped them to make a decision with support from people who knew them well.

The MCA provides a legal framework for making 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 a person lacks the mental capacity to make a particular decision, any made on their behalf must be in their best interests and the least restrictive option available. Staff had a good understanding of how to support people to make choices. For example where people were unable to verbalise their wishes staff used pictures and sign language to make sure people were able to express themselves. This ensured people's legal rights were protected and decisions were not made on their behalf when they were able to make their own choices.

Is the service caring?

Our findings

People said they were supported by kind and caring staff. Comments included; "Staff are nice and kind," "I love them all" and "They are all really kind to me."

The majority of staff had worked for the service for a number of years which had enabled them to build strong relationships with people. Each person had a key member of staff and a small team who provided support to them. People we saw with the staff who supported them were extremely comfortable and relaxed together. One person who had used the service for several years said "They're really friendly. You can talk to them about anything. They're like my family." Another person told us how staff had helped them to cope with bereavement. They said "They understood and really helped me."

Some people who used the service had formed friendships with each other and socialised together. A small group of people from the supported living house had chosen to go on holiday to Torquay together and another group of people had gone away to Euro Disney together.

The manager told us they matched staff to people to make sure they were compatible. For example one person liked staff to support them to go out for bike rides so they had been matched to a staff member who shared this interest. Other people had chosen the staff who supported them. One person had wanted someone of a similar age so they could share social time together and this had been arranged.

The provider told us in their Provider information return (PIR) that all staff received ongoing training to make sure people's dignity was always respected. Staff spoken with said people's rights and the need to respect people and their homes was constantly reinforced by the management of the service. One member of staff told us they had been asked about respect and dignity during their interview and this was an ongoing discussion at team and one to one meetings. One person said "We treat each other with respect. They respect me and I respect them."

Staff were aware of issues of confidentiality and did not speak about people in front of other people. When they discussed people's care needs with us they did so in a respectful and compassionate way.

People were encouraged to maintain their relationships with friends and family. Staff supported one person, who used sign language to communicate, to keep in touch with their family using face time. We saw that another person had expressed a wish to visit their family using public transport. Staff had supported them to do this by initially traveling with them. Then travelling part of the way until they were able to make the journey on their own.

People told us they felt fully involved in all aspects of their care and support. People said everything that happened was discussed with them including risk. People said staff offered advice but they always made decisions about what they did. One person who received a large package of care said they had decided not to have care one day a week. They said "It's all my choice." Another person said "I do what I want to do."

Staff made sure that people who did not have verbal communication were fully involved in decisions. One person had a number of small photo books with pictures of them communicating through sign. This was to make sure any new staff who were not familiar with their sign language were able to effectively communicate with them and involve them in choices.

Care and support plans showed that these were created with people. Pictures were used to make them meaningful to people and all had been signed when they were written and when they had been reviewed and changed. Running records written by staff when they provided support to people showed there was constant discussion to make sure people were given all the information required to help them to make choices.

Is the service responsive?

Our findings

The service provided support that was very individual and tailored to people's wishes and needs. People were able to make choices about all aspects of their day to day lives. People were able to choose how they used their support hours. In addition to support with personal care some people used their hours for to learn and develop independent living skills and others used them to access community and social facilities.

Each person had their needs assessed before they began to use the service. This was to make sure it was appropriate to meet the person's needs and expectations. From the initial assessments care plans were devised to ensure staff had information about how people wanted their care needs to be met. Care plans gave information about people's abilities and the things they wished to take responsibility for as well as their needs and preferences.

Care plans were personalised to each individual and contained information to assist staff to provide care in a manner that respected people's wishes. One member of staff told us "Care plans are very detailed they tell you everything. We have communication books in people's houses too so we know exactly what we need to do. Obviously we are flexible too and on a day to day basis we take our instructions from the people we are supporting."

Care plans gave details of the things people wanted to achieve as well as the support they required. Records were kept of how people were progressing to meet their goals. One person's care plan said their dream was to play the drums. Staff had arranged for them to have a taster session and as they had enjoyed the experience they were then enabled to have lessons. They also wanted to learn to play tennis and a member of staff had found out about a local tennis club which they would be able to join.

The staff responded to changes in people's needs and made sure people received support that met their changing needs. One person had been in hospital and their care plan had been up dated to show how staff needed to support the person whilst they were convalescing. They told us "I have to do breathing exercises and staff remind me to do them. I think they help." The manager told us about a person whose behaviour changed significantly. The manager had arranged for a trainer who specialised in working with people with autism to see the person and give advice to staff about how to best support them. The person's care plan had been up dated to reflect the advice given. The new ways of working had resulted in the person becoming calmer and happier.

Staff supported some people to take part in activities in accordance with their interests and hobbies. Where people were able to access community and social facilities without staff support staff helped them to find activities which reflected their interests. For example some people were interested in arts and crafts and staff had helped people to find courses and clubs in the local area.

One person who lived at the supported living home showed us photographs of activities they had taken part in. These ranged from abseiling in their wheelchair to being part of a drama group. Another person said they regularly went horse riding and swimming. A member of staff said "People tell us what they like and we try to

give people opportunities to take part in things. We don't see disability as a barrier to having fun and experiencing new things."

There were ways for people to give feedback on the service provided and to make a complaint. In the supported living house there were monthly tenants meetings where people were able to discuss issues and make suggestions. It was also a chance to people to make decisions as a group. For example at the last meeting all the tenants agreed to buy a new dishwasher.

There was an annual satisfaction survey for people and their representatives. The last survey showed a very high level of satisfaction with the support people received.

People told us the staff and managers were very approachable and they would be able to raise any concerns or worries with them. One person told us "I know how to complain and [manager's name] would sort it out." Another person said "You just tell staff. They'd make things better."

Each person received a red card when they began to use the service. This was marked with a unique number and it could be posted to the provider if people did not feel able to make a complaint within the service. The unique number enabled the provider to identify the person and get in touch to deal with their concerns.

Is the service well-led?

Our findings

The registered manager was registered to manage four services owned by the same provider which meant they were not always present at this location. The service was therefore managed on a day to day basis by two managers. One manager took a lead role in managing the supported living house and the other managed the community support service.

The main office was located close to the supported living home in a position that was accessible to all people who used the service. People said they could go to the office during office hours and were always able to speak with one of the managers. One person said "You can pop in when you want."

The registered manager promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment. The registered manager told us in their Provider Information Return (PIR) that they aimed to create a culture of openness and trust. People felt this culture was put into practice by managers and staff who worked for the service. One person said "You can talk to any of them about anything." Another person said "The managers are always about for you to talk to. They treat you properly and respect your decisions."

All staff described the managers as very open and approachable which enabled them to seek advice and support to ensure they provided a good quality of support to people. One member of staff said "All the managers are really approachable and helpful." Another member of staff told us "I wouldn't hesitate to report anything to them because they would be understanding and would listen to your concerns."

Information was made available to people in formats which promoted their independence. The provider used pictures and symbols to share information, such as minutes of tenants meetings, with people. The complaints procedure, rotas, care plans and the service user guide were all provided to people in a format that reflected their needs and abilities.

The managers kept their skills and knowledge up to date by meeting with other managers, training and reading. Information and learning was passed to staff through regular meetings. This all helped to ensure that people were supported by staff who were up to date with current good practice and initiatives.

Staff spoken with were extremely happy in their work and said there was good communication and team work. The core staff team were well established but newer staff felt they had been welcomed into the team. Staff had regular one to one supervision sessions with one of the managers where they could discuss their work and highlight any training needs. It was also an opportunity for any poor practice to be addressed. This all helped to ensure people received care from staff who were well motivated and cheerful.

There were regular staff meeting and minutes showed these were used to discuss working practices and training up dates. We saw staff discussed the needs and aspirations of people using the service to make sure people received consistent care and support. Service reflection events were also held with staff to enable

them to examine their work as a team and identify good practice. At the last event the staff highlighted the top three things that they thought they did well. These were; Offering choices to enable people to fulfil aspirations and goals, person centred working and planning and empowering people to live the lives they chose. The team had decided that at three monthly care reviews they would add a section about outcomes to make sure people who did not wish to have a goal identified continued to have this as a choice.

The provider had policies and procedures which were available to staff through an internal intranet. Policies and procedures were updated to make sure they were reflective of up to date guidelines and legislation which promoted people's rights.

The provider had effective quality assurance systems which enabled them monitor care and plan ongoing improvements. There were audits and checks in place to monitor safety and quality of care. Where shortfalls in the service had been identified action had been taken to improve practice. The managers completed compliance confirmation tools each month which made sure all care plans were reviewed, staff training and supervision was kept up to date and regular health checks were carried out for people the service supported. A continuous improvement plan with dates was created from monthly audits which ensured that any areas for development were acted upon.