People in Action

People in Action Domiciliary Care - Solihull

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?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 21 and 25 January 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. The previous inspection took place in June 2014 when the provider was compliant with the CQC regulations it was inspected against.

People in Action is registered to provide domiciliary and supported living services to children 0-18, younger adults and older people who may have mental ill-health, dementia, sensory Impairment, physical disability or learning disabilities or autistic spectrum disorder. The regulated activity is for persons who require personal care. At the time of inspection, there were five people who received this activity from the provider. During the inspection, we visited some people in their homes to talk to them.

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.

People we spoke with felt safe and happy and felt they could approach staff for support. People looked relaxed and comfortable in the presence of staff. Relatives told us that they were confident that staff protected and kept their relative safe.

Support staff had the training and knowledge in protecting people from abuse. People had appropriate risk management plans. However, some staff did not always follow health management plans concerning people's physical health.

People's support needs were assessed and suitable staff numbers were arranged. People were supported by staff that were recruited following appropriate checks and had received the relevant training. We saw through people's engagement with staff, that they were happy and got on well with the staff.

People received their medicines safely and as prescribed to them.

The provider had systems in place to review people's support plans. Both people who used the service and their relatives were involved in writing and updating peoples' support plans.

Staff told us that they obtained consent from people and where appropriate relatives who held the responsibility to make decisions on people's behalf.

People were supported to buy and cook food that they enjoyed. Staff were aware of people's dietary needs.

People's family supported them with healthcare issues.

People and relatives felt that staff were caring and supportive and that most staff knew people well. Staff respected people's wishes and respected their privacy and dignity.

People were asked about their support plans by staff using easy read documents and communication aids. People received the care they needed from staff to do the things that were important to them.

A complaints procedure was in place with easy read complaints forms. People were aware and knew who to go to if they had a complaint. Although some people told us that, they preferred to share any complaints with their relatives and, let the relative liaise with the provider.

Organisations registered with CQC have a legal obligation to tell us about certain events at their service. With the exception of one recent incident, the provider had made appropriate notifications to the CQC.

Communication between staff and management was not always effective leaving staff feeling with low motivation.

Audits and checks were used to ensure the safety and quality of service provided was maintained but these were not always effective.

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 happy with the staff and felt safe in their presence.

People were protected by because of the systems the provider had in place combined with the knowledge of the staff.

Risks to people were assessed and staff understood how to keep people safe.

People currently received sufficient staff support to enable them to undertake their activities.

Is the service effective?

Good

The service was effective

People got on well with the staff.

People were supported by suitably trained staff. Staff sought people's consent before providing support.

Staff were knowledgeable about people's likes and dislikes.

People were supported by relatives with issues concerning their physical health.

Is the service caring?

Good

The service was caring

People were supported by staff that were caring and supportive.

Staff respected people's wishes and respected their privacy and dignity.

Is the service responsive?

Good

The service was responsive

People received the care they needed that enabled them to do the things that were important to them.

People and their relatives were involved and participated in reviewing their support needs.

An accessible complaints procedure was in place and people knew who to approach if they needed to complain.

Is the service well-led?

Requires Improvement

The service was not always well led

Communication between staff and management was not always effective leaving staff feeling unsupported by the management.

The provider did not have robust enough systems of collating feedback and demonstrating its use to improve and develop the service delivered to people.

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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 21 and 25 January 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

There were two inspectors on the first day and one inspector on the second day. Before the visit to the registered address, we reviewed information held by us on the provider. This included details of statutory notifications, which are details of incidents that the provider is required to send to us by law. We also spoke with the local social services and commissioning teams and reviewed information available from the local Healthwatch organisation.

During the inspection, we visited the registered location and two residences where people lived. We spoke to three people who used the service, four members of staff, the assistant manager and two service managers. We also spoke with two relatives of people who used the service and one health care professional on the telephone after the visit. We undertook observations of staff interaction with people who used the service during the inspection.

We looked at records held by the provider including; the care records of four people who used the service and the medicine and money management processes. We also looked at records about complaints, incident reporting, staffing, training and audits looking at the quality of the service.

Good

Is the service safe?

Our findings

All the people we spoke with were able to express that they felt safe and happy. One person we spoke with said, "I always feel safe because I have the staff with me" and another person gave us the thumbs up when asked how safe they felt. A third person told us they knew they could approach staff if they felt worried about their safety. People looked relaxed and comfortable in the presence of staff. Family members told us that they were confident that staff protected and kept their relative safe from abuse and harm.

Support staff told us they had received training in recognising and protecting people from abuse and harm. They were able to talk about different forms of abuse as well as, how to protect the people who used the service from bullying and harassment. Support staff told us if they had any concerns about incidents of potential harm and abuse to people, they would report it to the assistant or service manager. We saw records showing that the service manager notified social services and conducted internal investigations of potential safeguarding and abuse concerns raised by staff where necessary.

People were involved along with their family members and the provider in assessing risks to them and in writing their risk assessment and risk management plans. Staff told us, and the records showed that the provider wrote individual risk assessments for people. Staff gave us examples of people's individual risk issues. For example, the times of day that people liked to go out so that their individual preferences were met which as a result reduced people's anxiety.

All staff that we spoke to said they sat and spoke with people to review and discuss how people felt they were doing with undertaking both personal care and other daily activities. This included reviewing the risk issues associated with the activity so that people could do the things they wanted safely. This information was then included in reviews of care and risk plans ensuring people's risk assessments were up to date for all activities including when providing personal care.

There were arrangements in place to help protect people from the risk of financial abuse. Staff supported some people, having received written consent from the person or their representative, to budget their money on a weekly basis. Staff kept individual records of money spent by people. Staff told us that they checked these records and we saw records that the assistant or service manager reviewed these checks monthly ensuring appropriate accounting of people's money.

The service manager told us they assessed people's support needs at the time of their initial assessment. They then worked out the required staffing hours and the most suitable staff to support a person accordingly. The management team acknowledged that, in the recent past, due to high staff turnover, getting staff to cover shifts had been an issue, but that they had still ensured shifts were covered.

People told us that staff were available to them when they undertook the regulated activity. One member of staff said that there were enough staff on duty and if necessary, regular agency staff or the assistant manager covered shifts to make sure people continued to be supported to undertake their daily activities.

Staff spoken with confirmed they been asked to provide references, proof of identity and were asked to undertake a criminal record check with the Disclosure and Barring Service (DBS) before they commenced working with the provider. Staff records looked at confirmed that the provider undertook appropriate recruitment checks before a new member of staff started working for them.

Most people we spoke with were not taking prescribed medication. However, where people received regular or as required medication, appropriate records, procedures and checks were in place to ensure people received their medication on time. Staff all told us that they had received training in medication administration and records confirmed this to be the case. The assistant manager said staff could not work on their own without having medication training and observations that had confirmed their competence to administer medicine's safely.

Good

Is the service effective?

Our findings

We asked people for their views as to the level of care they received from staff. One person told us, "They are good" when referring to the staff. Family members told us, that staff had the skills and knowledge to meet people's needs. One family member said, "Each individual staff had their own skills and as a group of staff working together the staff were effective in meeting the needs of [Person who used the service]".

All staff spoken with said they received a good training and induction programme. One staff said, "One of the best things with People in Action is the extensive training programme". One member of staff said, "I find the training is helpful in helping me do my job, particularly the training tailored towards people's health for example autism awareness". Another two members of staff told us that they were going to attend training designed to enable them to better support people who used the service.

Staff told us that during induction, they were able to find out and know people's likes and dislikes. This was done by spending time with the person they were going to be working with. In addition, new staff spent time with a member of staff who knew the person well.

One family member said they had input into the staff induction programme so that they could communicate their relatives feelings and views to the new staff supporting them. All the family members and staff spoken with saw the induction as an opportunity for sharing knowledge with new staff. However all family members told us that despite the sharing of information some new staff did not always know how to follow health management plans concerning people's physical health.

The service manager told us that team meetings were held every three months and staff supervision every three months. Staff told us that they found supervisions helpful. One staff member told us they felt well supported. They said, "I can also call my service manager to discuss issues outside of supervision if needed".

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When people 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.

People were able to give consent in some every day matters and we saw that staff delivered MCA compliant care. For instance one staff said, "You offer people the options with the information and then they decide".

The service manager told us that relatives had a Lasting Power of Attorney (LPA) for finances and care and welfare for people. One of the relatives we spoke with also confirmed that they had an LPA. An LPA means

that specific people have the authority to make the important decisions about people's lives. The service manager was unable to show us records confirming this information.

People were involved in deciding what they bought to eat. People told us they made suggestions for the food on the shopping list. One person told us, "Staff involve me in writing the shopping list". Staff helped people prepare the evening meals. One person said, "I really like the food I have to eat here", and proceeded to give us a couple of examples of meals they enjoyed.

Staff spoken with knew the meals people they supported enjoyed eating. We saw that there were suitable types and quantities of food in cupboards and the fridge/ freezer. We observed during the inspection people were either independently helping themselves to food or drink, or that staff were supporting them.

Staff understood the individual dietary needs of people. Staff gave examples of where people needed prompting to eat. Staff told that they informally monitored people's food and fluid intake. However, staff said if they had any concerns they would record people's food and fluid intake to establish any pattern. We saw, from people's care plan reviews that staff talked with people about healthy eating. We also saw team meeting records that showed that the provider promoted healthy eating for the people they supported.

People we spoke to told us that their family supported them with any healthcare issues. One person said, "My [relative] takes me to the doctor". Another person told us, "It's my [Relative] that helps me, not the staff when I need to go to the dentist". Relatives told us that they were happy to continue supporting their relative with managing their health.

Good

Is the service caring?

Our findings

We saw through the way people conversed with staff, their facial expressions and body language that people were comfortable in the company of staff. One person told us, "Staff are fun and caring". One relative told us, "Staff group treat [Person] with care and respect". All relatives said their experience was that the support staff were caring and supportive.

People were involved in making decisions about their care. People told us that staff would talk with them about what they wanted to do. One person told us, "I tell staff what activities I want to do". A relative told us, "Staff know [Person's] interests and hobbies".

Staff said people's support plans helped them by providing them with the information they needed so they could get to know people well. Relatives told us that staff and the provider had regularly included them in the care and support being given to their relative. Relatives said this made them feel included in the care and were able to advocate on behalf of their relative, although one family member said that they had not felt fully involved.

We looked at people's care and support plans which showed how each person communicated. We saw that this had been taken into account because there was information available to people in accessible and easy read formats. This enabled staff to support people to express their views and make some choices and decisions about how they received their day-to-day support.

One relative told us, "Staff group treat [Person] with respect". We asked staff and they gave us examples of how they respect people's privacy. One staff said, "I respect people's private space and knock". People who used the service and their relatives confirmed staff knocked and asked to be invited in to people's rooms. Another staff said, "Before I deliver personal care I check they are happy for me to support them". We saw that staff recognised people's need to have their own space but were on hand and available when people asked for support.

One person we spoke with said, "I like living here because I'm learning skills to be independent". Their relative confirmed that the person had learnt new skills with staff support and that, "[Person] relishes having his own place" and that it made them feel like, "A normal young man".

Good

Is the service responsive?

Our findings

People we spoke with told us they received the care they needed from staff to do the things that were important to them. Staff we spoke with knew and understood people's routines with personal care, eating meals, and the things that might cause distress. Staff told us and showed the easy read documents and communication aids they used with some people to find out and meet people's needs.

One person said that staff asked them about how they wanted to be supported. People told us that staff took them out to do activities they liked. One person had a particular interest which staff had researched and supported the person to attend. One staff said, "We found out what [Person] wanted, supported them to research it and then planned how to get it done". However, one family reported that there had been occasions when staffing levels had prevented an activity taking place".

The assistant manager and service manager undertook monthly service visits. The service manager explained these were visits to people's homes to check a number of things including whether there had been any complaints from people.

We saw a complaints procedure in place and easy read complaints forms. One person told us that that, "I have not been upset or sad about anything. If I did, I would talk with [Staff member] because they help me". Other people told us that, they preferred to share any complaints with their relatives and, let them liaise with the provider. Staff we spoke with said that during monthly review discussions with people, staff asked people if they had any concerns or complaints.

Requires Improvement

Is the service well-led?

Our findings

The provider was meeting their legal responsibility of their registration, which stated that they must have a registered manager in place. A registered manager has legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Organisations registered with CQC have a legal obligation to tell us about certain events at the service, so that we can take any required follow up action needed. We saw records at the home that the service or registered managers had not appropriately notified the CQC of an allegation of abuse. This was in contradiction to the organisation's own policies and procedures.

The service manager accepted responsibility for not having sent the appropriate notification. This meant that the provider had not fulfilled their legal responsibility to the CQC.

However, the service manager showed us records confirming that the local authority was appropriately notified and that the matter was being investigated. In addition, records from the CQC showed that the provider had previously been compliant with sending their notifications.

From the discussions with staff, the service and assistant manager, we saw that communication between staff and management was not always effective. For example, we saw records that showed there was limited two-way communication taking place. Much of the information was one-way and instructional with a lack of evidence of the views of staff being sought.

Some staff said that information about changes with the provider were not given to them in a timely way. For instance, all staff told us that they were given short notice about changes in their shifts and were not clear about their working pattern. Staff told us this had a negative impact on their motivation.

One person told us they were aware of the survey by the provider that asked for their views. However, the person could not recall if the provider had given them feedback on any changes or actions that the provider was going to do as a result. Relatives told us the provider had not sought their views on the service being provided to people for some time. Relatives also felt that communication between them and the service manager was mixed.

Staff we spoke with could not recall having completed a staff survey and the provider was unable to produce a record showing they had surveyed staff for their views. The provider did not have effective systems for collating feedback and demonstrating how the information was used to improve and develop the service delivered to people.

The assistant and service manager carried out audits and checks to ensure the safety and quality of service was maintained. For example, weekly checks of medicines and money management and monthly audits of peoples risk management plans and complaints.

We saw from the complaints log that some complaints were recorded but that the action taken and lessons learnt were not noted. Therefore, the records were unclear about whether complaints had been investigated as per the providers own procedure.

The service manager told us information from the audits was passed onto the operations manager who devised action plans to improve the quality of the service. The service and assistant manager completed the action plans that were reviewed by the operations manager as part of the providers' periodic audits.

However, we did not see evidence that these audits had identified that the providers' own complaints procedure was not followed. This was a missed opportunity for the provider to identify and use the lessons learnt from issues raised to improve the quality of the service.

Staff we spoke to were aware of the Whistleblowing policy and the procedure for raising issues arising at the home. One staff said, "I would report any issue to my manager and expect they would take deal with it". Another staff told us they had been informed of the Whistleblowing procedure during their induction. We saw records confirming the provider had a Whistleblowing policy that was available to staff at the registered offices.

The assistant manager told us that they discussed people's roles and responsibilities during supervision and team meetings. Records confirmed this to be the case. The assistant manager told us about their positive experience of how they had asked for, and been supported by, senior colleagues to understand their role and responsibilities when taking up the post.