

Derbyshire County Council

High Peak Community Support

Inspection report

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Date of inspection visit:
12 August 2016

Date of publication:
02 November 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

This inspection was carried out on the 12 August 2016. High Peak Community Support provides care and support for people with a learning disability in their own homes. At the time of the inspection there were six people using the service. The inspection was announced, and we gave the provider 48 hours' notice to ensure there was a manager available to assist with the inspection process.

At the last inspection carried out on 28 and 31 October 2013 we found the provider was not meeting five regulations of the Health and Social Care Act 2008 (Regulated Activities) 2010. These were in relation to consent to care and treatment, care and welfare of people who use services, cooperating with other providers, assessing and monitoring the quality of service provision and people's records. At this inspection we found improvements had been made.

There was a registered manager and manager at the service. 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 day-to-day management of the service and staff was carried out by a manager who was supported by a management team. The manager and management team had worked at the service for many years and had excellent knowledge about the people who used the service. The service was focused on the needs of individuals and there was a commitment by the managers and staff to ensure people received the care and support they wanted and needed.

Staff were safely recruited and followed the provider's procedures. There were enough staff available to meet people's needs. Staff were aware of their responsibilities to maintain people's safety and protect them from avoidable harm and abuse.

Staff interacted with people in a kind, caring and supportive manner. People felt safe with the service they received. The care and support people received was reflective of their needs. People were supported to access health and social care professionals, to ensure they received the effective care and support they required.

There were safe and effective systems in place to ensure people received their medicines at the time they needed them. People were supported to eat and drink; specialist instruction regarding food and drink preparation was followed.

Staff were knowledgeable about the people they supported. Staff received training to ensure their knowledge and skills were up to date.

People knew how and who to make a complaint to; the complaint procedure was made available to people and was in an easy read format.

Systems were in place to monitor the quality of the service. People were encouraged to share their views and opinions on the service they received. People were able to provide feedback either in person, through questionnaires and in meetings.

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 with the staff who supported them. Staff understood local safeguarding procedures and knew and understood their role in protecting people from potential harm. The providers recruitment procedures were safe and followed to ensure staff were suitable to work with vulnerable people. Medicines were managed in a safe manner.

Is the service effective?

Good ●

The service was effective.

People's consent was sought before staff assisted them; people were included and involved in decision-making. Staff received training and understood the principles of the Mental Capacity Act (MCA). New staff completed an induction and shadowing prior to working alone with people. People were supported to attend health care appointments.

Is the service caring?

Good ●

The service was caring.

Staff supported people in a kind, caring and compassionate manner. Staff supported people to remain as independent as possible; people's dignity and privacy was maintained by staff.

Is the service responsive?

Good ●

The service was responsive.

People received care and support in a manner that was responsive to their needs. People were supported to undertake activities of their choosing. People knew how and who to make complaints to; information on how to make a complaint was in an easy read format.

Is the service well-led?

Good ●

The service was well-led.

There was an open and inclusive culture at the service. Staff felt they received a good level of support from the management team. There were systems in place to monitor the quality of the service being provided.

High Peak Community Support

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 the 12 August 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 office. The inspection team consisted of one inspector.

We reviewed information we held about the service, which included a review of the previous report for this service and a review of notifications they had sent us. A notification is information about important events which the provider is required to send us by law. 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. The PIR also provides data about the organisation and service. We reviewed this information as part of our inspection planning.

We visited and spoke with four people who used the service, one relative, four care staff, the manager, deputy manager and the registered manager. We looked at care plans for two people who used the service and reviewed the provider's recruitment processes. We looked at the training information for all the staff employed by the service, and information on how the service was managed. We spoke with another provider of some people's care, to ensure effective communication took place between the two services.

Is the service safe?

Our findings

People told us they were provided with a safe service; people said they felt safe with their carers. One person told us, "The staff are very good." Another person told us, "Staff look after me." People repeatedly told us they had confidence in the staff who visited them to provide care and support. People also told us if they had issues or concerns they would discuss them with the staff. A staff member told us, "We have a consistent staff team and work together to make sure the people we support are safe." Another staff member told us, "Safe? Most definitely."

The staff we spoke with demonstrated an understanding of signs of abuse to look out for when supporting people. Staff were clear about their responsibilities in how and who to report any concerns to. Staff knew the process for reporting potential abuse including informing the local authority and the Care Quality Commission (CQC). One staff member said, "I would always report any concerns about people." Another member of staff said, "People soon tell us if things aren't right and safe." They went to tell us how important it was to listen to people and report any concerns. The registered manager and staff were aware of their responsibilities and promoted people's safety.

One person took great pride in showing us their own personal identification card. The card had an up-to-date and current photograph of the person, as well as details of who to contact if the person was lost or without staff. The contact details included the telephone details for 'Call Derbyshire' and the local authority adult care department. The person told us they knew to show the card if they were lost or had become separated from their support staff. This showed the service had arrangements for people regarding personal safety.

We saw people's care records contained risk assessments to assist staff to support people's health, safety and well-being. People were involved in the completion of their care records and risk assessments. We saw there was a 'Don't Panic Book' kept at the service. The manager told us this book gave staff guidance and advice on what to do in unforeseen emergencies. We reviewed the book and saw it contained essential information in relation to situations such as, complaints, unforeseen emergencies, if a person goes missing, safe medicines administration. We saw information was available on how to report any incidents of concern to 'Call Derbyshire'. This is the local authority's adult care out of hours service. The information advised staff how to keep people safe should an untoward incident occur.

One person told us, "Staff give me my tablets." Another person told us, "The staff make sure we get our tablets." Staff told us and we saw they had received training and assessment in medicines administration and followed procedures for the safe management of medicines. We saw, and staff explained to us, how they ensured medicine administration record (MAR) charts were completed after they administered medicines.

We looked at MAR charts and found them to be correctly completed and signed. The manager recognised the need to ensure people received the correct medicines at the time they were required. The manager said it was important to ensure the staff had received appropriate training to support them before the

administration of medicines. The manager understood the importance of ensuring medicines were safely managed and systems in place supported this.

People told us they thought there was enough staff to meet their needs. A staff member told us the staff levels ensured people's needs were met. There was an effective recruitment process in place to help ensure staff who were employed were of good character and suitable to work with people who needed to be protected from harm or abuse. Staff confirmed they did not commence employment until the necessary checks such as, proof of identity, references and satisfactory Disclosure and Barring Service (DBS) certificates had been obtained. Staff confirmed new staff were not able to start working at the service until checks had been received from the DBS and reference requests had been returned. A review of records showed all the appropriate pre-employment checks had been made.

Is the service effective?

Our findings

At our last inspection in October 2013 we found there were not sufficient arrangements in relation to consent and people's capacity. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2010 which corresponds to Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We also found where people's care was shared with others, arrangements were not in place to ensure effective care planning took place. This was a breach of regulation 24 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2010 which corresponds to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following the inspection the provider sent us their action plan to tell us about the improvements they were going to make to rectify the breaches. At this inspection we found improvements had been made.

People told us staff asked for consent and involved them, before they provided any assistance with personal care. One person told us, "This is my home and staff help me when I need help." We saw people's care plans included information to support their decision-making. The information was in an easy read format to ensure people were involved in making decisions. We saw there was information which guided staff in the best way to assist people to communicate which was to ensure people's needs were met. We saw some people's care was shared with other social care providers. Some People's care was shared with other social care providers and we spoke with one of them. They confirmed communication had improved since the last inspection in 2013. They gave us an example of joint review of a person's care was being arranged by the service. This showed, the service was aware of involving others to ensure effective care planning of people's care took place.

Staff told us, and we saw records confirmed, they had received training in the Mental Capacity Act (MCA) 2005 and associated Deprivation of Liberty Safeguards (DoLS). 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. 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.

We checked whether the service was working within the principles of the MCA. Staff told us they gained consent and agreement from people before carrying out any tasks. One staff member said, "We (staff) should always offer people choice." Another person told us, "We must include service users in decision-making; we shouldn't make the decision for people." The staff were able to tell us how they would ensure people were included in decision making around their support needs and the care they required. Where people had made specific requests with regard to their personal care this was included in their care records. We saw people had been included in decisions relating to their care. This showed, the provider and staff understood and followed the principles of the MCA.

We saw new staff completed a comprehensive induction and period of shadowing more experienced staff, prior to supporting people. There was an expectation of the provider that new staff undertook the Care Certificate as part of the development of their caring role. The Care Certificate identifies a set of care

standards and introductory skills that non-regulated health and social care workers should consistently adhere to. This showed the provider recognised the need to ensure staff had the necessary training and skills to meet people's needs.

New staff also participated in training as part of their induction; this meant they completed training identified as mandatory by the provider. Staff who administered medicines said they had completed training and had a competency assessment to ensure they could administer medicines in the correct manner. Training records were available for us to review and see what training staff had completed and what was planned. Staff told us they were encouraged to attend training and they felt the training provided enabled them to provide people with care to meet their needs.

People told us they were supported by staff to attend appointments with health care professionals. One person told us they were visiting the doctor on the day of our inspection. They told us they felt reassured that the staff were accompanying them to visit the doctor. We saw people's health needs had been recorded within their care plans and they had a 'hospital passport'. This document is designed to be used should a person require a hospital admission or treatment. This document is considered by the National Health Service to be good practice to ensure people's needs are understood and met when they are away from their home. We saw these documents were readily available in case anyone was admitted to hospital. This meant information was available to help support effective admission to hospital.

We saw referrals were made when necessary for people to health professionals for specialist support and guidance. For example, speech and language therapist for guidance around supporting people with eating and drinking.

We asked people about what they liked to eat and drink. People told us staff assisted people with shopping for food and meal preparation. One person told us, "The staff do the cooking; I help setting the tables." They went on to tell us, "I make cups of tea and can make snacks and sandwiches." Another person told us, "As it is Friday, its fish and chips tonight; my favourite." Staff were able to describe how they supported people to make decisions about what they had to eat and drink. A staff member told us, "There's no set menu; service users choose what they want to eat." They went on to say, "We use pictures and photos to support people to make their choice and decision." Staff knew individual requirements regarding specialist diets. For example, a staff member told us, "[Persons name] has a stage 2 diet and [name] and [name] have stage 4." The staff member went on to tell us, "We have to make sure the food is the right consistency." We saw some training had taken place regarding the special requests for the specialist diets people needed. The manager told us the training ensured staff were able to understand why people needed specific consistency of drinks and meals. This meant staff understood the need for people's specialist dietary requirements.

Is the service caring?

Our findings

One person told us, "Staff are kind; they are my friends." Another person told us, "Staff are good; they look after us." As part of this inspection, we were invited by some people to visit them in their own homes. During the visits we saw staff took care to ensure people's independence was not undermined. For example, staff did not rush people to complete tasks, but allowed each person the time and space to complete as much as they could themselves. We looked at how staff interacted with people. We saw and heard staff supported individuals in a caring and compassionate manner.

It was evident that relationships between people and staff were positive and mutually respectful. Staff took time to ensure people understood what was happening in a reassuring and friendly manner. Staff were seen and heard to offer people choices. For example, one person had chosen to go shopping for a specific item and then out for lunch. We heard the staff member confirming the order of the events with the person. This showed, the staff being aware of respecting people's independence and promoting choice.

Staff were knowledgeable about the people they provided support to; the staff understood how to support each person to express their views and preferences. Staff were aware of how to give people information in a way that encouraged them to make their own choices and decisions. Staff gave people clear information about care being offered, and gave them time to respond. Evidence showed staff were aware of how to promote and respect people's individuality.

The manager and staff were aware of promoting person centred working. People were involved in discussions and decisions about their care and records we reviewed reflected this. We saw staff respected people's rights to privacy, dignity and independence. Staff told us, "It is essential we respect people's right to dignity and privacy." Another staff member told us, "I always encourage people to be as involved in their care as much as possible." Staff showed a commitment to supporting people in a way that promoted their rights and reflected their choice and preferences.

When we visited one person in their own home, they answered their front door and invited us in. We saw the staff discreetly observed to ensure the person did not allow any strangers into their home. Being able to answer their own front door was very important to the person; the staff recognised this and understood the importance of promoting independence in a safe manner.

Throughout our inspection visit we saw and heard staff responded to people in a kind and considerate manner. For example, we saw staff took the time to sit and chat to people about events of significance to them. For example, one person chatted to staff about an impending holiday and what activities they were looking forward to. Another person chatted to their staff member about places of special interest and significance to them. Staff understood the importance of including people in the conversation.

Is the service responsive?

Our findings

At our last inspection in October 2013 we found people's records were not accurately maintained and promptly located. This was a breach of regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2010 which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We also found the planning and delivery of care did not meet people's individual needs. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2010 which corresponds to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following the inspection the provider sent us their action plan to tell us about the improvements they were going to make to rectify the breach. At this inspection we found the improvements had been made.

People told us they felt their needs were met by the staff who supported them; people felt the staff understood their needs. Care plans were easy to read and easy to follow. Each person's care plan contained clear and concise information which was centred on individual need. Care plans guided people's personal preferences in how best to deliver care to meet their needs. We saw information was available for staff to refer to where people had specialist equipment for moving and transferring. Staff kept up to date with people's changing needs and preferences and they ensured the information was updated in people's care plans at their home and at the office. This ensured consistency was maintained and staff and manager were aware of changes to people's needs.

As well as their care needs, staff were aware of people's interests and hobbies. Staff knew what was important to each person and care was taken to ensure people's wishes and aspirations were fulfilled. For example, we saw one person enjoyed collecting items they were interested in. The staff had recognised how important this was to the person, but also recognised there needed to be an element of self-control. This was because the person had little understanding of the financial impact of their buying and collecting. Staff had worked with the person and had agreements about collecting. The staff had also worked with the person to use items they had collected in a proactive and positive manner within their home. For example, we saw displays of unique and bespoke pictures, which incorporated some of the person's collections. The person proudly showed us the displays and told us they had completed them with the help and assistance of staff. This showed the staff understood the need to involve people in meaningful activities.

People were supported to undertake activities of their choosing. This approach to people's care and support helped to ensure they had the opportunity to live a full life. One person told us they were really looking forward to their forthcoming holiday. We heard staff engaged in conversation with the person about what they were looking forward to most during their holiday. The staff member was heard to reminisce with the person about previous holidays and activities they had joined in together. Another staff member told us, "We go out and do what the service user's want to do." They went on to tell us, "It's great; we go bowling, out for meals. Whatever people want to do we try to help them achieve it." The staff member then said, "It really is rewarding; rewarding for the service user and I have a job which is great fun." This showed how people and staff worked together.

Staff were able to tell us in detail about people's assessed needs and how they met them. During our inspection visit, we were offered the opportunity to meet some people in their own homes. We saw staff encouraged people to carry out activities and household tasks in and around their home. One person proudly showed us their garden, which they maintained with the help of the staff. They told us their garden had been entered into Derbyshire County Councils Garden competition.

People were made aware of how to make a complaint and were confident any concerns raised would be addressed. We saw a complaints procedure was in place in a written and easy read format, with pictures and symbols. We saw the provider had systems and processes in place to ensure any complaints were reviewed, checked out and learned from.

Is the service well-led?

Our findings

At our last inspection in October 2013 we found systems were not fully effective in assessing and monitoring the services provided to people. Systems for analysing accidents and incidents were not effective. This was a breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2010 which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following the inspection the provider sent us their action plan to tell us about the improvements they were going to make to rectify the breach. At this inspection we found the improvements had been made.

The provider had monitoring systems in place to assess and evaluate the quality of service people received. People's views were sought through a number of ways, for example, direct contact and conversations with staff and managers, also questionnaires and surveys. A staff member told us, "We listen to the people we provide a service for; if they are unhappy then we listen and look at ways of finding a solution." We saw people had completed questionnaires regarding their care and support. The questionnaires were in an easy read, picture and faces format. The general feedback from the questionnaires was positive and people were happy with the service being provided.

Systems were in place to record and analyse accidents and untoward incidents. The provider had health and safety policies and procedures in place. A system of periodic health and safety checks was in place. We saw checks covered fire safety, general maintenance and equipment. For example, checks of equipment for safe moving and transferring of people. This showed the provider had systems in place to ensure people had a safe and good quality service.

The registered manager and manager were aware of their roles and responsibilities in relation to ensuring notifications were submitted to the Care Quality Commission (CQC). Notifications inform CQC of events as they happen at the service. The registered manager and management team reviewed any accidents, incidents and complaints in line with the providers policy and procedure. Accidents and incident documents contained actions from the manager to prevent reoccurrence. This meant the service learned from such incidents.

People were positive about the leadership and management of the service. The service had a newly appointed registered manager in place. There was also a well-established management team and this included a day-to-day manager. Staff said the registered manager, manager and management team were all approachable and supportive. Staff felt they could contact a member of the management team at any time for assistance and guidance should it be required. There was an open and transparent culture at the service. Staff were encouraged to recognise and address any practice which did not meet with people's needs. Staff were aware of the need for training and were open to putting their knowledge into practice.

Staff told us they enjoyed working at the service and felt the management team were proactive in the development of the service. Throughout our inspection we saw staff worked well together and promoted an inclusive environment. Staff told us they had regular supervision and appraisal by a member of the management team. They told us the supervision process provided them with the opportunity to discuss any

issues or concerns as well as their own personal development. Staff were aware of the providers whistleblowing and complaints procedure.