

Andover and District Mencap

Opportunities for Adults and Children

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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 took place on 26 and 27 January 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be available in the office.

Opportunities for Adults and Children provides personal care and support to people in their own homes. At the time of our inspection the agency was providing a service for 36 people with a variety of care needs, including people living with a learning disability or who have autism spectrum disorder. The agency was managed from a centrally located office base in Andover.

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

The manager oversaw the running of the service and was supported by five support managers who were allocated a geographical area to manage. Support managers were responsible for individual parts of the service, for example support to people in a supported living unit or support to people living in their own home.

Some family members felt staffing levels needed to be improved. The manager was aware of our concerns and actions to address them had already been put in place. The agency was actively recruiting to fill staff vacancies and agency staff had been used appropriately to ensure all planned shifts were covered.

People and their families told us they felt safe and secure when receiving care. Relevant recruitment checks were conducted before staff started working at Opportunities for Adults and Children to make sure they were of good character and had the necessary skills.

Staff received training in safeguarding adults and children. They completed a wide range of training and felt it supported them in their job role. New staff completed an induction designed to ensure staff understood their new role before being permitted to work unsupervised. Staff told us they felt supported and received regular supervision and support to discuss areas of development. Staff meetings were held every other month.

The risks to people were minimized through risk assessments and staff were aware of how to keep people safe and the information provided staff with clear guidelines to follow. There were plans in place for foreseeable emergencies.

People who used the service felt they were treated with kindness and said their privacy and dignity was

respected. People received their medicines safely. Staff had an understanding of legislation designed to protect people's rights and were clear that people had the right to make their own choices.

Staff knew what was important to people and encouraged them to be as independent as possible. People were supported to lead full and varied lives and encouraged to make choices.

Staff were responsive to people's needs which were detailed in people's care plans. Care plans provided comprehensive information which helped ensure people received personalised care. People felt listened to and a complaints procedure was in place.

Staff felt supported by the manager and could visit the office to discuss any concerns. There were systems in place to monitor the quality and safety of the service provided. Accidents and incidents were monitored, analysed and remedial actions identified to reduce the risk of reoccurrence.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not always safe.

Some family members felt staffing levels were not always sufficient to meet people's needs. We recommended the service monitor and review their staffing levels to ensure they are sufficient.

People felt safe and secure when receiving support from staff members. Staff received training in safeguarding adults and knew how to report concerns.

Staff were trained and assessed as competent to support people with medicines and risks were managed appropriately.

Is the service effective?

Good 

The service was effective.

Staff sought consent from people before providing care and followed legislation designed to protect people's rights.

Staff received appropriate training and one to one supervisions.

People chose what they wanted to eat and drink. People were supported to access health professionals and treatments.

Is the service caring?

Good 

The service was caring.

People and their families felt staff treated them with kindness and compassion.

People were encouraged to remain as independent as possible.

They were involved in planning the care and support they received. Their dignity and privacy was respected at all times.

Is the service responsive?

Good 

The service was responsive.

People's care plans were detailed and personalised and their needs were reviewed regularly to ensure their care plans remained appropriate.

The registered manager sought feedback from people. An effective complaints procedure was in place.

Is the service well-led?

Good ●

The service was well led.

People and staff spoke highly of the manager, who was approachable and supportive.

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

The service had appropriate policies in place.

Opportunities for Adults and Children

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 26 and 27 January 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in.

The inspection was carried out by one inspector. Before 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 improvements they plan to make. We reviewed the completed PIR before the inspection. We also checked other information we held about the service and the service provider, including previous inspection reports and notifications about important events which the provider is required to tell us about by law.

During the inspection we spoke to three people who used the service and we spoke to five family members, by telephone and visited two people in their home. We spoke with the manager, one support manager and six staff members. We looked at care records for four people. We also reviewed records about how the service was managed, including staff training and recruitment records.

The service was last inspected in June 2014, where we identified no concerns.

Is the service safe?

Our findings

People and their families told us they felt safe and that the service provided staff who kept them safe whilst providing them with personal care. One person told us, "I do feel safe with the staff." A family member told us, "Feel safe with the staff the main ones are excellent." Another family member said, "Absolutely safe, we go out and are more than happy to leave our daughter with staff to look after her."

We received mixed views about staffing from people's families. Most people told us that staffing levels were fine and comments included, "Feel there is enough staff my calls are always covered" and "Staff I think there is enough seems fine." A couple of family members thought staffing could be improved. One family member said, "Downfall, not enough staff to do their job probably. Even though we have cover it can be the same person and staff can get worn out as a result. Staff always seems to be on holiday at the same time as well." Another family member told us, "Even though they are better than the previous agency. We are very disappointed, as at times we have been left with no care."

We spoke to the manager about our concerns who told us that they have made improvements and worked hard and have now subcontracted an outside agency to help cover the calls while they are recruiting more staff so no one is left without care and support. They said, "We are currently in consultation with staff about contracts and if they wanted any extra permanent hours. We will then have a better idea of what we need to recruit to. Looking at clients' needs and staff speciality and training. We will be speaking to clients and their carers about the changes and hoping to be completed by the end of March. At the moment we are using current staff, bank staff and agency staff to help cover the calls."

Although the agency was short staffed at the time of the inspection appropriate measures had been put in place to ensure people's care and support needs were met. Staffing levels were determined by the number of people using the service and their needs. These could be adjusted according to the needs of people using the service. Staff said they had sufficient time to support everyone. Support managers and care coordinators were also available on call out of hours for emergencies or advice, or to provide hands on care if needed. One staff told us, "Been struggling a little bit. Everything does get covered and we don't have to use agency much." Other comments included, "Communication has got a lot better now which has improved cover for staff training and holidays as they are not all off at once," and, "I feel enough staff; it feels like it has got better than what it was."

We recommend the provider continues to keep staffing levels under review to ensure there are always sufficient, suitably skilled staff available to meet people's individual needs.

People were protected against the risks of potential abuse. A safeguarding policy was available and support staff were required to read this and complete safeguarding training as part of their induction. Staff members were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. One staff member said, "I've had safeguarding training for adults and children. If I had any concerns I would go straight to my line manager, all very approachable here with any concerns I have." Another staff member said, "If I had any concerns would call my manager or out of hours and fill in an incident form and return to

the office."

Robust recruitment processes were followed that meant staff were checked for suitability before being employed by the service. Staff records included an application form, two written references and a check with the disclosure and barring service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Staff confirmed this process was followed before they started working at the service. The manager told us, "Clients are involved in the interview process. This is so we can observe how potential staff interact with our clients."

Peoples' medicines were managed and administered safely. There were up to date policies and procedures in place to support staff and to ensure that medicines were managed in accordance with current regulations and guidance. When staff assisted people to take their medicines they signed a medication administration record (MAR) to confirm the person had taken it. People received their medicines as prescribed. Where people had been prescribed 'as required' medicines staff were provided with detailed guidance on how and when these medicines should be used. Care files contained a list of medicines people were prescribed and whether these were to be administered by care staff or family members. Care plans included specific information to direct care staff as to how people should be supported with their medicines. We saw safe systems were in place and followed by care staff to support people who were prescribed topical creams. This information was included in care plans and on MARs. All staff received medicine management training, which was refreshed annually and their competence was assessed to make sure they were safe to administer people's medicines.

Risks and harm to people were minimised through individual risk assessments that identified potential risks and provided information for staff to help them avoid or reduce the risks of harm. Staff understood people's risk assessments which were monitored and reviewed every month. These included environmental risks and any risks due to health and support needs of the person. Risk assessments were also available for moving and handling, use of equipment, medicines and falls. For example, the risk assessment for one person informed staff to check the moving and handling equipment and that the maintenance service record was still in date, if out of date for staff not to use and inform the office.

Opportunities for Adults and Children supported people to take some risks where this was their choice and would promote independence and wellbeing. For example, one person liked to take their insulin medicine to control their diabetes themselves. They had been assessed as being able to inject themselves if supported by the agency and records showed this had been in conjunction with the person's GP and health professionals. Risk assessments for this person showed how staff should support them without risk to care staff and minimising the risks to the person.

The service had a business continuity plan in case of emergencies. This contained a set of procedures for staff to follow in an emergency situation. Staff also had information in people's homes which stated the location of the gas; water and electric so in an emergency staff would know where to locate these. In addition, risk assessments about each person were available; these documents highlighted the support the person required during an emergency. For example, for staff to check the person's smoke alarm was working and to know the escape routes out of the building.

Is the service effective?

Our findings

People who used the service appeared happy with the care and support they received. One person told us, "Staff are good. They help me to go shopping to get my bits and bobs I need." Another person said, "Staff always ask me before they do something." A family member told us, "Very good, very happy with the service provided."

Staff followed the principles of the Mental Capacity Act, 2005 (MCA) and its code of practice, although this was not always supported by appropriate records. 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 decisions made on their behalf must be in their best interests and as least restrictive as possible.

We observed that staff sought verbal consent from people before providing them with care or support. However, during the care planning process, senior staff did not always document decisions, which they had made on behalf of people, in accordance with the legislation. We saw that mental capacity assessments were in place for some people using the service when it had been identified that a person was unable to make specific decisions regarding their care. The information in people's assessments and support plans reflected their capacity when they needed support to make decisions. Staff had received MCA training and were able to tell us how they applied this in practice. Where it was necessary to make decisions in a person's best interest people were supported by Independent Mental Capacity Advocates and /or family members and involved wherever possible in the decision making process.

We recommend the provider reviews their process of recording decisions on behalf of people who may lack the capacity to do so for themselves.

People were supported by staff who had access to a range of training to develop the skills and knowledge they needed to meet people's needs. Staff told us that their training included moving and handling, safeguarding, health and safety, medication administration and first aid. This ensured that staff were competent and had the skills and knowledge to safely deliver care. One staff member told us, "Training is really good it helps me improve my knowledge." Another staff member said, "I've been offered lots of different training. I support one service user with very complex needs and the organisation were happy for us to arrange training for staff to support them very quickly." Records showed staff had completed additional specific training to ensure they had the skills necessary to meet people's needs. For example, the provider funded Makaton teacher training for one staff member who then provide training and support for staff on basic Makaton signs for staff to use to improve communication with people. Makaton is a language programme using signs and symbols to help people to communicate.

People told us new staff members were accompanied by a regular staff member and shown how people like things done. New staff completed a comprehensive induction programme before working on their own. Arrangements were in place for staff who were new to care to complete, The Care Certificate. The Care

Certificate is awarded to staff who complete a learning programme designed to enable them to provide safe and compassionate support to people. One staff member told us, "If I am going to someone new, I will normally shadow with someone who knows the client. Also talk to the client as they will tell you what they want." Another staff member said, "I had shadowing for two weeks before I went out on my own which gave me confidence."

People were supported by staff who had supervisions (one to one meetings) with their manager and yearly appraisals. Staff told us supervisions were carried out regularly and enabled them to discuss any training needs or concerns they had. Staff received on going monitoring and support from their managers. One staff member told us, "I have supervisions every other month and I can discuss any concerns I may have. I can also discuss my own personal opinions." Another staff member said, "I've completed my health and social care qualification level 2 and been offered level 3. For my development needs it great to be offered options."

People were supported at meal times to access food and drink of their choice. The support people received varied depending on their individual circumstances. Some people lived with family members who prepared meals. In other cases, staff members prepared or reheated meals and ensured they were accessible to people who received a service from the agency. Care staff involved in the preparation of food told us they would always ask the person what they wanted. Where people were at risk of malnutrition or dehydration staff recorded and monitored their food and fluid intake.

People's health care needs were monitored and any changes in their health or well-being prompted a referral to their GP or other health care professional. Information about people's health needs was included within their care files and care plans included information as to what support people may need in relation to these. In addition each person at the agency had an hospital passport, which would go with the person should they need to access emergency or planned medical treatment, to assist healthcare staff in the provision of the person's care and support.

Is the service caring?

Our findings

People told us they got on well with their support staff and enjoyed their company. One person told us, "[Person's name] is lovely, she really is very nice." Other comments included, "Staff are caring, and [staff member's name] is my favourite," and "I enjoy seeing the staff." People's families felt support staff treated them with care, compassion and kindness. A family member told us, "Staff are very caring." Another family member said, "My daughter seems happy and knows who staff are." Other comments included, "Staff are very friendly", and, "My daughter looks forward to seeing staff."

People were treated with dignity and respect. One person told us, "Staff help me with putting on my clothes and provide good privacy." Staff explained how they respected people's privacy and dignity, particularly when supporting them with personal care. Staff told us that information was contained in the person's care plan, including their personal likes and dislikes. They would knock on people's doors and identified themselves before entering. They ensured doors were closed and people were covered when they were delivering personal care. One staff member told us, "I make sure people are covered up, comfortable and happy before providing personal care."

People were encouraged to be as independent as possible. Support staff knew the level of support each person needed and what aspects of their care they could do themselves. They were aware that people's independence was paramount and described how they assisted people to maintain this whilst also providing care safely. One staff member told us, how they were supporting a person who is currently living with his parents but wants to live independently. They said, "We help [person's name] to cook and budget for meals as well as housework and laundry." They were also supporting a person who wants to live independently and have their own cat. They told us how they are teaching the person about animal care which included how to clean a litter tray.

People were supported by staff who adjusted their communication style to meet people's needs. We observed some people's care taking place in their own homes. During these visits staff knew how to best communicate with each person they cared for. Staff were responsive to people's communication styles and gave people information and choices in ways that they could understand. Staff were patient when speaking with people and understood and respected that some people needed more time to respond.

People said care staff consulted with them about their care and how it was provided. One person told us, "They always ask me" and we saw this was the case. Staff were aware that some people may have gender preferences regarding who supported them with personal care. Staff told us people could choose female or male staff and explained one person who used to have female staff has now requested male staff. This choice was respected and male staff were provided.

All records relating to people were kept secure within the agency office with access restricted to only staff who should have need of access. Records kept on computer systems were also secure with passwords to restrict access.

Is the service responsive?

Our findings

People received individualised care from staff who understood their needs. One person said, "Staff help me with my needs as I don't go out on my own. Staff go through my calendar for the day with me about things to do for the day." A family member said, "Very happy always been proactive and moving forward." Another family member told us, "My son is getting on really well. He's really happy."

People received care which met their assessed needs. Assessments were undertaken to identify people's individual support needs and their care plans were developed, outlining how these needs were to be met. Care plans were comprehensive and detailed, including physical health needs and people's mental health needs. Care plans were easy to follow and supported independence. For example, a section on 'What's important to me' showed for one person it was important for them to be left alone when they have covered their head and gone to their room.

People and their families when required were involved in their care planning. A family member told us, "In the process of a person centred pathway which is a sensory route and our daughter is involved, staff, my husband and myself." Care plans were reviewed regularly by the support manager, or their keyworker. A keyworker is a member of staff who is responsible for working with certain people, taking responsibility for planning that person's care and liaising with family members. Staff reviewed care plans with people. One staff member told us about one person who likes to watch a tv programme at the time they called to visit. Staff worked with the person by changing the time of the call to suit the person which meant the person was now able to enjoy their tv show.

People experienced care and support from staff who were knowledgeable about their needs and the things that were important to them in their lives. Staff's understanding of the care people required was enhanced through the use of their care plans, which detailed people's preferences, backgrounds, medical conditions and behaviours. One member of care staff told us "Care plans are helpful when you come across risks in behaviours as it details what to do to keep you and service users safe."

Staff were aware of people's interests and how people liked to spend their time. Some people were able to go out on their own and others were accompanied by staff members. One staff member told us about how they have been liaising with the person's GP for the person to access the community independently. They had been issued with a card fitted with a tracking device which meant if they fell or needed help it would direct people to where help is needed.

The provider sought feedback from people or their families through the use of a quality assurance survey questionnaire. These were sent to people using the service every three – six months. The manager informed us that due to the lack of response from these surveys they were looking at more engaging questions and guidance for staff on how to support people, if needed to provide feedback about the service. The manager has also arranged a service user forum to engage feedback from people to improve the service. The first service user forum is planned in February 2017. A relative quality assurance survey questionnaire was sent out yearly seeking families views, at the time of our inspection the agency were still waiting feedback from

this as the survey had just been sent out. The provider had started a parent and carer forum and had their first meeting in December 2016 where it was discussed that if a meeting like this would be useful to provide feedback about their experiences of care and support. People agreed to meet on a monthly basis and to review as the meetings progressed.

People told us they knew how to make a complaint. Staff knew how to deal with any complaints or concerns according to the service's policy. Information about how to make a complaint was included in information about the service provided to each person. The provider had a complaints policy and procedure in place, which detailed the timeframes in which complaints would be acknowledged and investigated. There had been four complaints about the service over the last year which had been investigated thoroughly and people and their families were satisfied with their response.

Is the service well-led?

Our findings

People and their families told us the service was well run. One person told us, "Managers really nice." A family member said, "Management I have come into contact with have been good."

There was a clear management structure, which consisted of a registered manager, five support managers and three support coordinators who support the staff in the homes. Staff understood the role each person played within this structure. At the time of our inspection the manager we spoke to was running the service and has applied to be registered with CQC and their application was being processed.

The management team promoted a positive culture and had an 'open door' policy. Staff felt supported by the manager and support managers. One staff member told us, "Always really liked management here. If I had any problems at all I can ring or email my manager who would help me out." Other comments included, "I've been with the company sixteen years and I started as a volunteer. I love working here it's amazing, clients are amazing and the staff are lovely," and "So far no issues with management I feel supported."

Staff meetings were held every other month, but could happen more frequently if something needed to be discussed with staff. The manager told us that the meetings were changing to monthly with a choice of two dates for staff to attend to improve communication amongst staff. Staff meetings were used to discuss issues raised about people and staff were invited to make suggestions about how to improve the service. One staff member told us, "Staff meetings are always good and I can air any concerns I may have." Another staff member said, "If anything is discussed I get information back. Keep me updated with information." Minutes showed these had been used to reinforce the values, vision and purpose of the service, which were customer excellence, trust and respect, communication, team work and embracing change.

A monthly newsletter was sent to all staff to update them on staffing issues, training and any updates to the service. A newsletter in November 2016 showed members of staff who had been nominated for annual staff awards called 'shining star award'. These awards were held to motivate staff and give recognition for outstanding performance. The awards took place yearly and staff could be nominated by other members of staff, people using the service and their families. Awards included outstanding service, team work, extra mile, unsung hero and shining star.

The manager and service managers used a system of audits to monitor and assess the quality of the service provided. These included medicines, care plans, food and fluid charts, weight checks, finance checks, daily logs and health and safety. Where issues were identified, remedial action was taken. The provider also used an outside auditor yearly to further assess the quality of the care provided.

There were processes in place to enable the registered manager to monitor accidents, adverse incidents or near misses. This helped ensure that any themes or trends could be identified and investigated further. It also meant that any potential learning from such incidents could be identified and cascaded to the staff team, resulting in continual improvements in safety.

The manager informed us they kept up to date by attending training. They told us they kept updated by attending provider forums and sharing best practice as well as meeting up with the learning disabilities teams for sharing information and keeping updated.

People benefited from staff that understood and were confident about using the whistleblowing procedure. Whistleblowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations. The provider had appropriate policies in place as well as a policy on Duty of Candour to ensure staff acted in an open way when people came to harm. The provider had notified CQC about significant events. We used this information to monitor the service and ensure they responded appropriately to keep people safe. The provider produced a local newsletter which included stories about the services and peoples achievements.