

Prospects for People with Learning Disabilities

The Colebrook Centre

Inspection report

Colebrook Street
Winchester
Hampshire
SO23 9LH

Tel: 01962871729

Website: www.prospects.org.uk

Date of inspection visit:
08 June 2016

Date of publication:
20 July 2016

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

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 the 8 June 2016 and was announced. We gave the service 48 hours' notice of the inspection because it is a small domiciliary care service and the registered manager is not always based on site. We needed to be sure they would be in. The Colebrook Centre is a community based adult social care service that provides care and support to people in their own homes. At the time of our inspection there was one person receiving personal care (the regulated activity). The office is located in the town centre of Winchester.

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 person who used the service and their relatives told us they were cared for safely. Staff had completed training in safeguarding people from abuse and records showed any concerns raised were acted on appropriately. Staff understood how to report any concerns and were aware of how to protect people from the risk of abuse.

Risk management plans provided guidance for staff on supporting people safely and minimising risks to them and others. Other health and social care professionals were involved in supporting staff and people to manage risks so that people were cared for safely and appropriately.

There were enough staff available to meet the person's needs and care for them safely. Agency staff were used to cover staff vacancies and wherever possible the same agency staff were used to provide consistency of care. The person told us they were satisfied with the staffing arrangements. The provider carried out the required pre-employment checks to protect people from the employment of unsuitable staff.

The person's medicines were managed safely. Staff were trained and assessed as competent to administer people's medicines.

Staff had completed appropriate training to meet people's needs. Staff told us they were supported and received regular supervision with the registered manager. However, staff had not always received an annual appraisal in line with the providers' policy. Appraisal is a periodic meeting held with a supervisor to review staff performance and plan development objectives for the following year. There was a risk that people could receive care from staff who may have required additional training and development in order to provide effective care.

We looked to see if appropriate arrangements were in place to ensure that people's legal rights were protected by the implementation of the Mental Capacity Act 2005 (MCA). The MCA sets out what must be done to make sure the rights of people who need support to make decisions are protected. The one person

receiving personal care at the time of our inspection was able to make their own decisions about their care and treatment. Staff had completed training in the MCA and Deprivation of Liberty Safeguards (DoLS) and were able to describe the process they would follow if a person lacked the capacity to make their own decisions to ensure people's human and legal rights were respected.

Staff were aware of people's nutritional needs and how to support people to eat a healthy balanced diet. The person was satisfied with the support they received with preparing meals and drinks. People were supported to access healthcare as required and to maintain and improve their health.

The person and their relatives told us staff were kind and caring and staff knew about people's preferences and interests. The person said staff were 'respectful' and staff we spoke with understood how to provide dignified care in line with people's choices.

People's care plans were person-centred and included information about their needs, preferences and abilities. Where people's needs changed these were updated on their care plans so they continued to receive appropriate care.

The person confirmed they were able to talk to the registered manager and staff if they had concerns. A complaints procedure was in place and available to people in an accessible format, such as easy read and pictorial where required.

Staff confirmed the registered manager was available to them for support as required. The person told us the registered manager visited them in their home on a regular basis. Staff told us how they demonstrated the provider's values in their work with people and the person told us they were "happy and well looked after" by staff.

A system was in place to monitor the quality of the service and this included feedback from people and their relatives. An improvement plan was in place and acted on to drive continuous improvements to the service people received.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

People were protected from the risk of abuse, because staff understood how to identify report and address safeguarding concerns. Concerns about people's safety were acted on.

Risks affecting people were managed safely through a process of assessment and risk management.

There were enough staff to meet people's needs. Recruitment processes in use protected people from the employment of unsuitable staff.

People's medicines were managed safely

Is the service effective?

Requires Improvement ●

The service was not always effective

Staff did not always receive an appraisal to monitor and review their on-going professional and personal development. There was a risk that people could receive care from staff who may have required additional training and development in order to provide effective care.

Staff had completed training in the Mental Capacity Act 2005 (MCA) and knew how to protect and promote people rights in line with the legal requirements of the MCA.

People were supported to have enough to eat and drink and to maintain a balanced diet.

People were supported to maintain good health and to have access to a range of healthcare services.

Is the service caring?

Good ●

The service was caring.

The person told us staff were caring and kind and they were well looked after by staff.

People's rights to privacy, dignity and choice were respected by staff.

People were supported by staff who knew them well and understood their personal histories, needs and interests.

Is the service responsive?

Good ●

The service was responsive

People's care plans contained individual, person centred information about their needs and preferences. The person confirmed they received care which met their needs.

Procedures were in place to enable people to complain if necessary. A complaints process was available in an accessible easy read and pictorial format to meet people's needs if required.

Is the service well-led?

Good ●

The service was well led

People were supported by staff who acted in line with the provider's values.

Staff were supported by the registered manager to know and understand what was expected of them in their role.

Quality assurance processes were in place to monitor and assess the quality of care people received and to drive improvements.

The Colebrook Centre

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 checked 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 8 June 2015. This inspection was announced. We gave 48 hours short notice of our inspection because the location provides a domiciliary care service and we needed to be sure that staff and people would be available when we visited. When planning the inspection visit we took account the size of the service and as a result this inspection was carried out by one inspector.

Before the inspection we reviewed the information we held about the service. This included previous inspection reports and statutory notifications. A notification is information about important events which providers are required to notify us by law. We did not request a Provider Information Return (PIR) before our visit. The PIR is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make. We obtained this information during the inspection.

Following the inspection we spoke with two social workers from the local authority about the service.

We spoke with the person who received personal care. We spoke with the registered manager and two members of staff. After the inspection we telephoned the relatives of the person receiving personal care. We also reviewed the person's care records and medicines administration records. During the inspection visit we reviewed a range of records including two staff files, agency worker profiles, policies, quality monitoring audits and other records relating to the management of the service. This service was last inspected in May 2013 where no concerns were identified.

Is the service safe?

Our findings

The person who used the service told us they were cared for safely. Staff were confident that the registered manager would act on any concerns they raised about people's safety and staff knew how to recognise and report any concerns. We spoke with the person's relatives and they told us the person was cared for safely.

We looked at the arrangements in place for safeguarding adults and managing allegations or suspicions of abuse. Procedures were in place to guide staff on how to protect people from abuse and all staff were required to complete training in safeguarding during induction and at intervals throughout their employment. Records showed staff had completed safeguarding training. Staff told us about the issues which may leave people vulnerable to abuse and were able to describe the systems in place to protect people in these circumstances.

We spoke with the registered manager about how they had used the learning from a safeguarding incident to improve the support people received. This had included training delivered by a healthcare professional to all staff to ensure they had the required skills to support people safely. We spoke with an adult services team member who confirmed the provider had acted promptly to make the required improvements and provide safe care.

We looked at how risks to individuals were managed so that people were protected and their freedom was supported and respected. Staff we spoke with had a good understanding of people's risks and explained how they supported people to manage these safely. Risk assessments were completed which detailed the risk and the assistance, equipment and strategies in place to minimise the risk. The information given to us by staff was consistent with the risk assessments in place for the person they supported. Risk assessments included people's rights and freedoms and how these could be compromised for example; if people were not supported to express choices and have privacy. Records showed that other professionals were involved in the assessment of risks to people's health and welfare and that guidance was available and followed by staff.

There were sufficient numbers of staff to keep people safe and meet their needs. The person supported with the regulated activity of personal care was allocated support hours based on their local authority needs assessment. Staff were able to respond flexibly to their needs because staff were based in the service where the person lived. The person we spoke with confirmed there were enough staff available and they were able to contact staff as required. The person was supported by the provider's own staff or agency staff. Agency staff were being used to cover staff vacancies and absence whilst the local authority completed a tendering process to determine the future provider of this service. The person told us they knew the agency staff and were satisfied with this arrangement. The registered manager told us they used the same agency staff as far as possible to ensure people experienced a continuity of care.

Procedures were in place to protect people from the employment of unsuitable staff. The provider completed all of the required pre-employment checks when recruiting staff. This included; a full employment history, character references and a criminal records check. Records confirmed staff recruited

by the agency had a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent the employment of staff that may be unsuitable to work with people who use care services. Information was also provided on the qualifications and training agency staff had completed so the registered manager could monitor that staff used had the appropriate skills to support people safely. This meant people were supported by staff who were suitable for their role.

We looked at the arrangements in place to ensure that people received their medicines safely. The medicines of the person receiving the regulated activity of personal care were provided by the pharmacist in a pre-filled container. This helped staff to identify the correct medicines the person required at the correct time each day. A Medicine Administration Record (MAR) was completed by staff and confirmed the medicines had been given as prescribed. People are sometimes prescribed medicines to be taken 'as required' for example for pain relief. The registered manager explained that when these medicines were required staff had to inform the registered manager. This helped to prevent errors for example; if an 'as required' medicine had been given and not recorded there could be a risk the person could receive a second dose which may be harmful. Information was available about the medicines in use and this included the dose, time required and what the medicine was for. Staff completed training in the safe handling of medication and records showed their competency was assessed on an annual basis to ensure they remained competent to do so safely.

Is the service effective?

Our findings

We looked at how the registered provider ensured that people received effective care from staff who had the knowledge and skills they needed to carry out their roles and responsibilities. The person who used the service told us the staff involved in the delivery of their personal care understood their (person) needs and were competent in their role.

We looked at the training records of the care staff employed by the provider to support the person with their personal care and the records of two of the agency staff. Records showed staff had completed training in subjects such as; first aid, moving and assisting, food hygiene, infection control, health and safety, fire safety, safeguarding adults, mental capacity, and the deprivation of liberty safeguards (DoLS). Agency staff had completed training in medication, safeguarding and moving and handling and the Care Certificate. The Care Certificate sets out the learning outcomes, competences and standards of care that care workers are expected to achieve. The provider's existing staff were completing modules within the care certificate to refresh their training as required. Staff had access to and completed professional development training such as qualifications in health and social care.

Staff we spoke with said they were supported by the registered manager and were able to contact them on a day to day basis by phone and email for support and advice as required. Records confirmed staff had received regular supervision since January 2016. Supervisions are processes which offer support, assurance and learning to help care staff develop in their role. Appraisal is a periodic meeting held with a supervisor to review staff performance and plan development objectives for the following year. This enables staff and managers to identify and monitor training, learning and development needs that support staff to carry out their role effectively and achieve further personal and professional development. The provider's training policy stated staff should receive an annual appraisal to 'identify and agree training and personal development requirements'. A staff member told us they had not had an appraisal for two years and another staff member had not had an annual appraisal for over one year. A staff member said "Appraisal is the best time to discuss what you want to achieve" they were disappointed they had not been given this opportunity to discuss their personal development needs in a formal meeting. The registered manager confirmed they had not yet completed the annual appraisals for this year. There was a risk that people could receive care from staff who may have required additional training and development in order to provide effective care.

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 they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA. The one person receiving personal care at the time of our inspection was able to make their own decisions about their care and treatment. A photo of the person was displayed in the staff room with the caption 'nothing about me without me' and a staff member told us how this reflected the importance of choice to the person. Staff confirmed the person made their own decisions on a day to day basis and said "It's their choice". The person

told us they were helped to understand information to make decisions and a staff member told us how they had used pictures on an iPad to check they had understood the person's meaning. Staff had completed training in the MCA and Deprivation of Liberty Safeguards (DoLS) and were able to describe the process they would follow if a person lacked the capacity to make their own decisions to ensure people's human and legal rights were respected. We spoke with the person's relative who confirmed they were consulted about decisions appropriately in line with their legal authority and the person's wishes.

We looked at how people were supported to have sufficient to eat and drink and maintain a balanced diet. We saw that information about the help the person receiving personal care needed with preparing meals and drinks, and eating and drinking, was included in their care plans. The person told us how they were involved in deciding the menu and contributing to the preparation of meals. They explained the assistance they received from staff and why this was required. Staff told us about how they supported the person to have a healthy diet as advised by healthcare professionals. Staff monitored the person's weight and fluid intake to support them to maintain good nutrition and hydration in line with their assessed healthcare needs.

The person receiving personal care said "Staff help me to understand (treatment) and I go to the GP when I need to". The person's relatives confirmed the person had received healthcare support as required and said "They (staff) always act on health concerns". The person's care plan included information about the healthcare treatment they had received and notes were kept of all healthcare appointments and actions required. Staff we spoke with were aware of and acted on the recommendations of healthcare professionals to support the person to maintain good health.

Is the service caring?

Our findings

We looked at how positive caring relationships were developed with people using the service. The person who received personal care services said "I like them (staff) they are caring and kind and they talk to me, I am happy and well looked after". The person's relatives said "we always feel they (person) are well cared for and happy and relaxed. Staff are very positive with them (person)". We observed some interaction between the registered manager, staff and the person who appeared relaxed and comfortable as they chatted together over breakfast.

Staff we spoke with demonstrated a good knowledge of the person's likes, dislikes, interests and personal history. They knew about important events in the person's life and explained how they ensured the person had the opportunity to talk about their feelings when required. Staff told us they used care plans to support their knowledge of people and we saw the person's care plan had detailed information about their preferences and needs. The person was supported by staff who knew them well and understood their needs.

The person's relatives told us they were "very pleased" that staff had supported and visited the person during hospital admissions. This had been during staff's own time. Staff told us they knew how anxious the person became when in hospital and felt it was important to provide this additional support. The person's relative said "They (staff) are always doing their best with patience and care". The person was supported by caring and compassionate staff.

The staff we spoke with were aware of the importance of maintaining people's privacy and dignity and were able to tell us how they did this. This included how they provided personal care in privacy and in a way that promoted the person's dignity and how they encouraged the person to do as much as they could for themselves. The person told us "Staff are respectful".

Staff knew and understood the person's spiritual needs and the person was supported to attend religious services and discuss their faith with staff who shared their beliefs. Personal care was provided by staff of the same gender in line with the person's wishes.

The person told us they could choose what they did and make decisions about their care and support. They told us they were satisfied with the arrangements in place for their personal care.

Is the service responsive?

Our findings

We looked at how the registered provider ensured people received personalised care that was responsive to their needs. The feedback we received from the person using the service was positive. They confirmed that staff talked to them about their care needs and the care they received met their needs in the way they wanted. The person's care plan was person-centred the provider referred to these plans as 'enabling plans'. Person-centred planning is a way of helping someone to plan their life and support, focusing on what's important to the individual person. We found the care plans contained detailed written descriptions of the person's needs, their likes, dislikes and preferences and the actions required to support them safely and achieve their desired outcomes. A staff member said "I understand it's the person at the centre and it's all about how they want it done that's how we do it with the OT's (occupational therapist) help to make it safe. It's paramount they are happy with how it's done". The care plan included pictures to support the meaning of the text and make them easier to understand.

Care plans included background information to the person's support needs. For example; health conditions that had led to the need and who else was involved in the person's support. Records showed that where other professionals contributed to the care of the person information was included on the care plan about their role and contact requirements. This helped to ensure the relevant people were informed when changes occurred so the appropriate actions could be taken by staff to provide safe and appropriate care.

The person's care needs were regularly reviewed. Records showed the person's care plans had been updated with their changed needs. The registered manager told us this was important to reflect when people had acquired new skills as well as when they required different support. We saw the care plan included information about the person's strengths and the things they could do themselves. Staff understood the care needs of the person and were able to explain how these needs were met and this was consistent with the person's care plans.

The person's care package included being supported to attend some activities. The person confirmed they attended the activities and were supported to do so by staff. Staff we spoke with understood the importance to the person of participating in activities to meet their social needs and to reduce the risk of social isolation. The person told us they enjoyed the company of family and friends and were able to maintain the relationships that were important to them.

We looked at the arrangements that were in place to manage complaints and concerns that were brought to the service's attention. The registered manager showed us the complaints log, which was used to record information about any formal complaints received and actions taken to resolve them. The records showed that no complaints had been received since July 2015. A staff member told us about a concern the person had raised and explained how they had reported this to the registered manager who had discussed the concern with the person who was satisfied with the response. The person told us "I see the registered manager when she comes here and I can talk to her and staff about complaints". The complaints procedure was available in an easy read format with pictures to meet people's communication needs.

Is the service well-led?

Our findings

The person's relative described staff as 'positive' and the person told us they were "happy and well looked after". Prospects are a Christian organisation and promote values within the organisation such as; faithfulness, reliability, ownership, honour, respect and integrity. Staff were not required to be of the Christian faith but were expected to support the values and ethos of the provider. Staff we spoke with told us how they demonstrated these values in their work with people. One staff member said "Support people to live their life to the full so they can achieve what they want to achieve. People are at the centre of their care and as long as they are able to have some say the care should be how they want it and done when the person chooses". Another staff member said "I always make sure it's what they (person) wants to do and is happy and able to see their family and friends and do the things they want to do. People are well cared for here".

The registered manager was responsible for three of the provider's services and was not always based at The Colebrook Centre. They told us they were available to staff at any time to provide reassurance, guidance and support and a staff member said "She (manager) is always at the end of a phone, yes we are well supported". Staff and the person receiving the regulated activity confirmed the registered manager visited them at the person's home on a regular basis. The registered manager explained when they were at the Colebrook Centre, staff and people could "pop in" as the office was conveniently located in the town centre close to where the person lived. Staff and the person told us they satisfied with the availability and accessibility of the registered manager.

Records showed team meetings were held to enable staff to share views and information and gain support. Meetings included feedback from the registered manager on service developments and issues and a discussion of people's individual support and care needs. A staff member said "I can raise issues with the registered manager and we have staff meetings I can tell them (registered manager) if I am not happy and I receive a lot of support. I do feel we can discuss things and we are listened to. If we need anything she never lets us go without".

The provider had a system in place to monitor and review the quality of their services. This included feedback from people and their relatives on the quality of the service people received. A monthly operational audit was carried out by the registered manager. This was used to monitor the service against a number of quality indicators such as how the service was meeting the five key questions asked by CQC during inspections. Other monitoring information included; complaints, safeguarding and the reporting of events that happen in the service the provider must inform CQC about. The registered manager was also required by the provider to report on staffing information including staff supervisions and training delivered and changes to people's care needs and contracts. A service improvement plan was in place with actions identified by the monthly audit outcomes. We saw the monthly audit for June 2016 had found some enabling plans required updating and this was identified for action on the improvement plan. The registered manager confirmed this was underway at the time of our inspection. This information enabled the registered manager and provider to monitor the quality of the service and identify and act on improvements where required.

An incident reporting system was in place. Incidents were recorded by staff and checked by the registered manager. Incidents were monitored by the provider's compliance team to ensure action was taken as required. Information from incidents had been used to support changes to a person's care and treatment which had resulted in a positive outcome for the person. Records showed incidents had been recorded and appropriate actions taken.