

D.D.H. Services Ltd

Community Support Service

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

We inspected Community Support Services on 9 June 2016 and the visit was made at short notice to make sure the registered manager would be available.

The last inspection took place on 21 October 2014 and at that time the service was meeting all of the regulations we looked at.

Community Support Services (CSS) provide day services, supported living, outreach and domiciliary care services to people with learning and/or physical disabilities. At the time of our inspection they were providing support to 112 people, only 12 of whom were receiving personal care which is the part of the service the Commission regulates.

There was a registered manager in post, who is also one of the directors of the company. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People who used the service told us they felt safe with the care they received. We found there were appropriate systems in place to protect people from risk of harm.

There were policies and procedures in place in relation to the Mental Capacity Act 2005 and Deprivations of Liberty Safeguards (DoLS).

We found that people were provided with care and support by staff who had the appropriate knowledge and training to effectively meet their needs. The skills mix and staffing arrangements were also sufficient. Robust recruitment processes were in place and followed, with appropriate checks undertaken prior to staff working at the service. This included obtaining references from the person's previous employer as well as checks to show staff were safe to work in the care sector.

Staff had opportunities for on-going development and the registered manager ensured they received induction, supervision, annual appraisals and training relevant to their role.

The staff we spoke with were able to describe how individual people preferred their care and support delivered and the importance of treating people with respect in their own homes.

People using the service and relatives told us staff were reliable, kind and caring and always provided care and support in line with the support plan in place. We found staff provided a person centred service.

The care plans we looked at were person centred and reviewed on a regular basis to make sure they

provided accurate and up to date information. The staff we spoke with told us they used the support plans as working documents and they contained sufficient information to enable them to carry out their role effectively and in people's best interest.

Medicines management systems were in place to ensure people received their medicines at the right times. When necessary staff offered appropriate support to make sure people's healthcare and dietary needs were met.

There was a complaints procedure available which enabled people to raise any concerns or complaints about the care or support they received.

People using the service, relatives and staff we spoke with were very positive about the registered manager. They all said the registered manager was committed to providing the best service they could offer, was approachable and provided effective leadership. People told us they would recommend the service to other people.

There was a quality assurance monitoring system in place that was designed to continually monitor and improve the service provision.

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.

Staff understood how to keep people safe and where risks had been identified action had been taken to mitigate those risks.

There were enough skilled and experienced staff to support people and meet their needs. Safe recruitment procedures were in place, which ensured only staff who were suitable to work in the service were employed.

Staff made sure people received their medicines safely.

Is the service effective?

Good ●

The service was effective.

Staff received training appropriate to their job role, which was continually updated. This meant they had the skills and knowledge to meet people's needs.

The registered manager and staff had completed training in respect of the Mental Capacity Act 2005 and understood their responsibilities under the Act.

Staff supported people to maintain good health and offered appropriate support with meals.

Is the service caring?

Good ●

The service was caring.

Feedback about the quality of care provided was positive.

People were supported by regular care workers. This consistency enabled care workers to develop meaningful relationships with the people they supported.

Staff used their knowledge of people to deliver person centred care.

Is the service responsive?

The service was responsive.

People were involved in planning their care and support and care plans were kept up to date.

People were aware of the complaints procedure and said they would be able to raise any issues with one of the management team.

Good ●

Is the service well-led?

The service was well-led.

The registered manager promoted strong values and a person centred culture, which were shared by other staff members. Staff were proud to work for the service and were always looking at ways they could improve it.

There were robust systems in place to assure quality and identify any potential improvements that could be made. This meant people benefitted from a constantly improving service that they were at the centre of.

Good ●

Community Support Service

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 started with a visit to the provider's offices on 9 June 2016. The inspection was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure the registered manager would be available. The inspection was carried out by one inspector visiting the office base and an expert by experience carrying out telephone interviews with people using the service and relatives. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

At the time of inspection the service was only providing personal care and support to 12 people.

During the visit to the provider's office we looked at the care records of people who used the service, staff recruitment files and training records and other records relating to the day to day running of the service. We also spoke with one person who used the service, one support worker, the quality manager and one of the company directors who is also the registered manager.

Following the visit to the provider's offices the inspector carried out telephone interviews with a further three member of support staff. The expert by experience spoke with two people who used the service and six relatives between 11 June 2016 and 17 June 2016.

Before the inspection we reviewed the information we held about the service. This included looking at information we had received about the service and statutory notifications the registered manager had sent us.

We also 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. The registered provider returned the PIR and we took this into account when we made

judgements in this report.

Is the service safe?

Our findings

The registered manager told us staff rota's were being planned throughout the year so cover for holidays could be planned for. This meant if a new care worker needed to be introduced to the person using the service this could be done before they needed to provide care and support.

The registered manager told us duty rotas were arranged so care workers got every other weekend off. They said staff turn over was low which helped them provide people with a consistent service. They also told us they would not offer a service to any new customers until they had enough staff in place to cover the visits. People who used the service told us they received support from the same group of carers which helped to ensure continuity of care. Our review of records, discussions with people who used the service and staff, led us to conclude there were sufficient staff to ensure people's needs were met and that people received consistent care.

Safe recruitment procedures were in place to ensure only staff suitable to work in the caring profession were employed. This included ensuring a Disclosure and Barring Service (DBS) check was made and at least two written references were obtained before new employees started work. The two newer members of staff we spoke with told us the recruitment process was thorough and they had not been allowed to start work before all the relevant checks had been completed.

We saw records of staff interviews were maintained and people who used the services were involved in the interviews and selection of staff. This showed us people who used the service had a say in who they thought had the right qualities to provide care and support.

We asked people who used the service if they felt safe. One person told us they knew all about the safeguarding procedures and how to report any kind of abuse. A relative said, "Absolutely one hundred and ten per cent. [Name] lives round the corner. I am fully confident in the staff and the support that is provided. She is very relaxed and comfortable when the carers are with her. One of the good things is that there has been little turn-over in staff since she started."

We saw feedback from staff on a recent safeguarding training course. "Really good training session. I feel I have been refreshed in everything I need to know in safeguarding adults."

Safeguarding procedures were in place. The registered manager demonstrated a good understanding of safeguarding and how to identify and act on concerns. They explained there were three safeguarding managers and the additional systems which were in place to make sure people using the service were kept safe. For example, any low level information of concern, which was not a direct safeguarding issue, was logged on the computerised system. If three such concerns were logged this would generate a safeguarding alert. They also told us no safeguarding incidents had occurred within the service and all of the staff had received safeguarding training.

The staff we spoke with had a thorough understanding of how to identify and respond to any suspected

abuse or concerns they had about people's wellbeing. People who used the service were regularly asked if they had any concerns about the service through quality assurance surveys, spot checks and informal contact with the registered manager and office staff. This provided people with opportunities to report any concerns they had. This demonstrated that the provider had appropriate arrangements in place to help reduce the likelihood of abuse going unnoticed and help protect people from the risk of abuse.

We saw before a service was offered one of the senior team completed an assessment which included looking at the person's home environment in order to identify any potential hazards to the individual or to care workers. This meant there were processes in place to make sure any hazards were reduced or eliminated.

We saw infection prevention procedures were in place and all staff had received relevant training. Disposable gloves, aprons and hand gel were all available at the office base for care workers to collect as necessary.

Some people who used the service required assistance from care workers to take their medicines.

We saw there was a clear medicines policy and care workers had received accredited medication training. We asked people who used the service and relatives about the support they received with their medicines. They told us, "They administer [Name's] medication in a very controlled, timely manner. I sign for the medications when [Name] is handed over to our care." Another relative told us medicines were administered safely.

Is the service effective?

Our findings

We asked people who used the service if they thought the staff who supported them had the right skills. One person told us, "I tell them what I want them to do." A second person said, "Yes, I guess so. They come on a Tuesday, Thursday and Saturday. They help me with shaving and at tea time." We asked relatives if they felt staff had been appropriately trained. One relative said, "They know how to care. They seem to know what they are doing. I can tell that they've been trained." A second relative told us, "Absolutely, if not I would tell them. The girls are trained in Health and Safety, Medication and Manual Handling."

The registered manager explained they had set up their own training company 'Best Practice' which was located in Mythomroyd. Some training courses were delivered at 'Best Practice' and some by another training provider. The registered manager also explained workshops were also completed to check staff understood the training.

The registered manager told us staff completed induction training and new staff completed the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. We saw from the training matrix existing staff had or were working towards a qualification in care. There was a clear staffing structure and staff were able to pursue additional qualifications up NVQ level 5 if they wished.

We saw from the training matrix staff training was up to date. Staff we spoke with told us the training was good and provided them with the knowledge and skills they needed to deliver care and support.

The registered manager told us once care workers had successfully completed their probation period, supervision was arranged every 10 to 12 weeks. The registered manager also explained if care workers needed additional support they could contact them at any time. A system was also in place to make sure staff received an annual appraisal of their performance. In addition to this 'spot checks' were made on care workers to make sure they were applying their learning to practice in people's own homes.

We asked staff if they felt supported. One care worker told us, "I get supervision and it gives me the opportunity to discuss and resolve any issues. I most definitely feel supported and my confidentiality is respected." A second person said, "I get supervision and get feedback about my performance and any compliments which have been received about me."

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.

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. In the case of Domiciliary Care applications must be made to the

Court of Protection. The service had not needed to make any applications to the Court of Protection. We found the service was working within the principles of the MCA and that staff had an understanding of how these principals applied to their role and the care they provided.

The registered manager told us sometimes relatives find it very difficult to embrace the MCA so they were arranging sessions for family members to discuss issues around capacity and best interest decisions. This showed us the registered manager was promoting people's rights to make their own decisions wherever possible.

Care workers assisted people with the preparation of meals and any other required support. One relative told us, "The menu is prepared at the beginning of the week and the more able ones [staff] are promoted to help cook the meals. [Name] is given their choice of meals by the carers knowing her likes and her dislikes." A second relative said, "They cook my daughter's meals. They do it all right. They seem experienced." This showed us people received support with their nutrition.

The registered manager told us people's healthcare needs were mostly dealt with by relatives, but care workers would support people if required. One relative told us, "The carers do more than what we could have done. They are very rigid on what they achieve. They ensure [Name's] good health by familiarity of staff who know when [Name] is well, or not well. Any slight ailment they will respond by contacting the GP. They are so used to their requirements that with anything out of the ordinary they react positively."

One person who used the service told us care workers would accompany them to any healthcare appointments they had. The quality manager told us staff were 'on the ball' and would pick up any changes in people's general health. For example, one care worker had noticed changes in one person's presentation. They had done their own research and then after discussion with the family appointments had been made with two healthcare specialists. This showed us care workers knew what action to take to make sure people's healthcare needs were met.

Is the service caring?

Our findings

We asked people who used the service about the staff who supported them. One person told us, "All staff deserve recognition about the way they look after us. They are friendly, polite and work well together as a team. It is all about what I want." Another person said staff were kind and caring and added, "Most are all right. It depends on how well you get on with them. Some are more like mates as I have got to know them a bit more." All of the relatives we spoke with told us staff were friendly, kind and caring. One person said, "There is not one I have an issue with. They are all different in their own way and they are all caring towards [Name] and understand their needs."

We asked people who used the service and their relatives if staff respected their privacy and dignity. One person felt the carers respected his privacy and dignity because, "They ask how I like things done." Another person said, "If I was upset and I didn't want to talk about it, they would change the subject."

One person who used the service told us, "Support from CSS allows me to live independently at home and to have a good social life. I am very happy with the service I get." A second person said, "I try to do things myself such as making a cup of tea or coffee with my special kettle."

A relative told us, "Without a doubt [Name's] independence is encouraged. [Name] would allow people to do everything for her, but the staff encourage her to do things for herself." A second relative said, "Yes, I think so. [Name] has very limited understanding, but they encourage the things she can do. She likes going to the park. By spending time with her they get to know what she likes and doesn't like, for example, the food she likes." A third relative said the carers helped to promote independence and added, "Whilst she is totally reliant on other people, she does have things she likes to do. She loves going out and the carers will take her out. She loves going out on the bus and going for a walk. She loves going to her Club. She's got her own room, so she may want to be alone or she may be affectionate and want to be interactive."

One member of staff told us, "It's amazing what people can do and achieve with support."

The registered manager told us they involved people and/or their relatives in developing their care plans so care and support could be provided in line with their wishes. Care workers were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service.

We looked at two care plans, they were easy to follow and provided care workers with information and direction to make sure that people received the care and support they needed safely and in the way they preferred. There was detailed information about the person, what they liked to do, how to keep them happy, how to communicate with them, how to keep them safe, getting out and about, medication and self care.

Is the service responsive?

Our findings

The registered manager had involved people who used the service in delivering some of the 'person centred care' training. One member of staff we spoke with told us, "It gets you to take a step back and the service users input gave me more insight." Another care worker said, "It makes you think about how your approach can affect someone."

Before people started using the service the registered manager or senior member of staff visited them to assess their needs and discussed how the service could meet their wishes and expectations. Care files had assessments in place detailing people's needs. From these assessments care plans were developed, with the person and/or their relative, to agree how they would like their care and support to be provided. Care plans contained details of people's routines which gave clear guidance for care workers to follow in order to meet people's needs. Care workers told us and we saw care plans were kept up to date and contained all the information they needed to provide the right care and support for people.

The registered manager explained they did not take on care packages which were less than one hour in duration. All of the people who were receiving personal care had were also being supported to access community services. No one was just receiving personal care.

People and/or their relatives told us they had been involved in the care planning process and in the reviews of those plans. Reviews of the care plans were completed annually or as people's needs changed. One relative told us, "Absolutely. It is reviewed every year."

The registered manager had worked with individuals to make sure suitable equipment was available to enable them to be as independent as possible. For example, one person using the service had taken delivery of an electric wheelchair which had given them much more freedom.

We asked people who used the service what they would do if they were unhappy about any aspect of their care and support. One person told us, "I would tell [Name of care worker] and they would sort it out." A relative told us, "I have had no need to complain." One relative said they had never needed to complain and added, "If I raised any concerns, CSS would be distraught. They would react very fervently. They are keen on their reputation and are proud of what they do."

We saw the services complaints and compliments procedure was detailed in the 'Statement of Purpose,' which people were given when the service first started. The registered manager told us any informal or formal complaints would be dealt with and the complainant would be given a full response. However, no complaints had been received by the service. We did note a large number of compliments had been received for all of the various services on offer.

Is the service well-led?

Our findings

We asked people who used the service if it was well-led. One person told us, "This is the best service in the world. I think [Name of director] deserves an award it is definitely well-led. I would definitely recommend this service, it is really a fantastic company."

One relative told us the management of CSS were effective and approachable. "They are second to none. I have regular dealings with the Management. They have timely responses to anything to do with care and support." A second relative said, "They seem well organised." A third relative told us, "They are second to none. I have regular dealings with the Management. They have timely responses to anything to do with care and support."

We asked staff about the leadership of the service. One person told us, "[Name of registered manager] is a good leader. I would recommend CSS for people to use and to work for." A second person said, "[Name of registered manager] is absolutely brilliant, they are always available and have taught us so well over the years we feel we can manage situations on our own now." A third person told us, "[Name of registered manager] is a really good leader. It's all about people who use the service and not staff. I would recommend this company to people who need a service and for people to work for." A fourth person said, "It is well-led. Service users always come first and get a person centred service. I would be happy for CSS to care for a member of my family."

The registered manager put people who used the service at the forefront of everything and this was echoed by all of the staff we spoke with. This meant staff shared the same vision and values for the service. We found the culture of the service to be open, inclusive and empowering.

Every year the company organised service user and staff awards to celebrate achievements and what the company offered.

The service had effective systems to manage staff rotas, match staff skills with people's needs and identify what capacity they had to take on new care packages. This meant that the registered manager only took on new work if they knew there were the right care workers available to meet people's needs.

We saw there were systems in place to audit individuals care files and daily records. This meant checks were made to ensure care workers were delivering the care and support as described in the care plan.

We also saw there was a system in place to analyse accidents and incidents. The registered manager explained this enabled them to take any necessary action. For example, where people's behaviours presented challenges to the service they were able to involve healthcare professionals for advice.

The registered manager sent out 'Driving Up Quality Questionnaires' to people who used the service, relatives and staff. They told us this years' were due to be sent out.

All of the services policies and procedures were available 'on line.' The registered manager told us care workers were expected to read these on an annual basis and there was a system in place to check this was being done.