

Diverse Abilities Plus Ltd

Shapes Domiciliary 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

Shapes Domiciliary Service is a care service providing personal care to children and young people aged between 0 and 25 with disabilities and complex health needs.

The service includes a day care service for young people aged between 16 and 25 who are transitioning between children's and adults' services. This falls outside the scope of its registration with CQC, so we did not review it during the inspection.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. The service was providing personal care to 13 people at the time of the inspection.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found

Parents and their children were happy with the support they received from Shapes Domiciliary Service. Parents had the involvement they wished in planning their child's care. Staff understood people's and their families' care needs and preferences, including how to support people with communication needs. Staff supported people to take part in activities of their choice, where the care package included this.

Parents said staff treated them, their child and the rest of the family with sensitivity and respect. Their and their children's views were central to decisions about the care provided by the service. Staff knew people and their families well. Staffing for people's care packages mirrored their family's preferences. Parents told us staff encouraged their children to develop skills and do what they could for themselves.

People's needs were assessed holistically when they first came to the service and were used to develop individualised, relevant care plans. These were kept up to date. Staff had the training they needed to support people safely and effectively. This included using specialist feeding techniques where people needed these. Staff routinely liaised with people's health and social care professionals to provide updates or with queries or concerns about people's health.

People and their families were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in

the service supported this practice.

People were protected from avoidable harm. Risks to individual people were assessed and managed in consultation with their parents. Parents told us they trusted the staff who worked with their children. Staff were clear about their responsibilities for safeguarding children and reporting actual or suspected abuse. People had a regular staff team. Families received a rota, so they knew in advance who would be supporting them. Medicines were handled safely by competent staff. Staff were trained in infection control and food safety.

Parents trusted the registered manager and staff to be open and honest if something had not gone as it should. They had received information about how to make a complaint and said they would feel comfortable to do so if the need arose. Staff knew how to report accidents and incidents. The registered manager had a good overview of accidents, incidents and complaints.

Parents and staff expressed confidence in the leadership of the service. The registered manager understood their role well and maintained a good overview of the service. The person-centred culture of the service was evident in the way the registered manager and staff spoke about their work and the people and families they worked with. Staff had regular supervision; they felt well supported and knew what was expected of them.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

Rating at last inspection

The last rating for this service was good (published 24 February 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Shapes Domiciliary Service

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was undertaken by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service three days' notice of the inspection. This was because we needed to be sure a manager would be in the office to support the inspection. We also needed the registered manager to arrange for us to visit and contact people who used the service and their families.

Inspection activity started on 22 August 2019 and ended on 3 September 2019. We visited the office location on 3 September 2019.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from professionals who work with the service. We used the information the provider sent us in the provider

information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We visited three families to hear about their experience of the service. During these visits we met two people who use the service and three parents. We spoke with the registered manager, a team leader and a support worker.

We reviewed a range of records. These included two people's care and medication records, four staff files and a variety of records relating to the management of the service. These included training records, and records of accidents, incidents and complaints.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Parents told us they trusted the staff who worked with their children. Comments included: "All of the staff there, there's not one of them I wouldn't be happy taking [person] out", "I trust them completely... I don't worry, I don't panic, I don't have any reservations" and, "[in terms of professional boundaries, the staff] keep it professional".
- Staff were clear about their responsibilities for safeguarding children and reporting actual or suspected abuse. They had training about safeguarding at induction and intervals thereafter.
- If a person had any bruises or other marks on their skin, staff asked the person's parents what had happened, recorded the marks on a body map and informed a member of the management team. Body maps were detailed, including the dimension and appearance of the mark and where on the body it was situated. Staff were aware of the significance of bruises on people who were not mobile and so could not have acquired them whilst moving around.

Assessing risk, safety monitoring and management

- Risks to individual people were assessed and managed in consultation with their parents. Risk assessments were recorded in people's care records and were reviewed and updated annually or as people's needs changed. They covered matters such as moving and handling, risks associated with health conditions, and risks associated with care procedures such as specialised feeding.
- Risks in people's home environments, such as pets and oxygen cylinders, were assessed. These included risks to lone workers.

Staffing and recruitment

- People had a regular staff team. Families received a rota, so they knew in advance who would be supporting them and were advised of any changes. A parent explained, "We know who's coming at what time... if they need to change it they let us know as soon as they can."
- Parents told us they were confident staff had the skills they needed to support their child properly.
- Staff said their rotas were realistic, allowing them to provide the care and support people needed in the time that was allowed.

Using medicines safely

- Where people had medication from staff, parents told us this happened as it should. A parent whose child sometimes needed medicines when they were out told us staff took the medicines, medicines administration records and guidance out with them.
- Medicines administration records (MAR) were returned to the office at regular intervals, where they were

checked for correct completion.

- Staff were clear they could only administer medicines if a parent had seen and initialled the MAR as confirmation they were happy for staff to administer the medicines listed.
- Staff who administered medicines were trained to do so and their competency was checked at intervals.

Preventing and controlling infection

- Staff were aware of their responsibility to prevent avoidable infections. They were trained in infection control and food safety at induction and at three yearly intervals thereafter. This training was compulsory.

Learning lessons when things go wrong

- Parents trusted the registered manager and staff to be open and honest if something had not gone as it should. A parent commented, "I know they would contact me if anything was to happen."
- Staff knew how to report accidents and incidents.
- A member of the management team reviewed each accident and incident report to ensure all necessary action had been taken to maintain people's safety and wellbeing.
- The registered manager formally reviewed accidents and incidents for trends every six months. However, they had a clear view of what was happening from day to day across the service as it was small, and they had regular contact with staff.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed holistically when they first came to the service. Staff gathered information from people, their families and from professionals who were involved with them. These assessments formed the basis of their care plans, which were personalised and relevant.
- Assessments and care plans were reviewed annually, or more often if people's needs changed.

Staff support: induction, training, skills and experience

- Staff were supported through training and supervision to perform their roles safely and effectively. This included an induction when they were new in post that covered key topics such as first aid and moving and assisting people. Induction training was refreshed every one to three years, depending on the topic. Additionally, all staff had regular training in topics such as the safe handling of medicines and epilepsy.
- Staff who were supporting children with particular needs had additional training from a health professional, who assessed that staff were competent in these areas. A member of staff told us how they had received package-specific training to provide suction or emergency injections. They said staff would not be allowed to work solo with those children until they had completed the package-specific training.
- Staff told us they were well supported, making comments such as, "The training's really good", and "Everyone who works here, even the managers, they started off on the floor. They've been in the situations we're in".

Supporting people to eat and drink enough to maintain a balanced diet

- Parents said their children had the support they needed with eating and drinking. A parent told us their child usually ate packed lunches they had prepared, but sometimes preferred to eat in cafés specialising in certain foods and then was inclined to request these repeatedly. They said staff were good at introducing alternatives in a way the child found acceptable.
- Many people who used the service had complex needs in relation to eating and drinking. All staff had training in feeding and digestion, which included a health professional teaching them how to administer food and drink using specialist techniques and checking they were competent in doing so.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff routinely liaised with people's health and social care professionals to provide updates or with queries or concerns about people's health. The management team viewed working with professionals as essential for people's wellbeing.
- Professionals provided positive feedback about the way staff communicated and worked with them.

- People's care plans set out the support they and their families needed from staff to maintain their health, such as details of health conditions and contact details for professionals.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people aged 16 or above 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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- The service was providing personal care to people aged under 16, so the MCA did not apply. However, the registered manager and staff understood their responsibility to abide by people's decisions where they were able to weigh up the consequences, and if not, to follow their parents' wishes. Care was only provided with the appropriate consent.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Parents said staff treated them, their child and the rest of the family with sensitivity and respect.
- Parents described how they and the person got to know the staff who worked with them. A parent told us how their child remembered activities they had done with each member of their staff team. Another parent told us how the person played different tunes on their music box especially for each of their staff.
- The way staff spoke about people and their families showed they understood the importance of treating people kindly, respecting their diversity and avoiding discrimination. They had mandatory training about equality, diversity and inclusion.

Supporting people to express their views and be involved in making decisions about their care

- Parents said their own and their children's views were central to decisions about care: "They [Shapes Domiciliary Service] want the child and the family to be in the centre of making any decisions."
- Care records reflected regular discussions with parents about their child's care. Staff told families about what they had done with children that day and informed them of any issues as they arose, for example, "I know they would contact me if anything was to happen."

Respecting and promoting people's privacy, dignity and independence

- Parents told us staff encouraged their children to develop skills and do what they could for themselves. For example, for a person who had some mobility and coordination needs, their parent said, "They're really good at encouraging [person] with physical activities."
- Staffing for people's care packages mirrored their family's preferences. For example, one person particularly needed continuity of staff; the family's preference was to have a small team and to cover any staff sickness themselves. Another person had a larger team of six staff, as their parent did not want any one worker to develop a particularly close relationship with them.
- Care plans emphasised people's personalities and strengths and what they could do for themselves, as well as the support they needed.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Parents said they and their children were happy with the support they received from Shapes Domiciliary Service. A parent commented, "[Person] loves it, we love it."
- Parents had the involvement they wished in planning their child's care. A parent said, "They run it [care plan] by you... It's completely relevant to the situation we have." Another parent told us how they themselves had written their child's care plan alongside staff.
- Staff understood people's and their families' care needs and preferences. Care plans were personalised and clear.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Parents told us staff communicated well with their children. A parent explained how their child sometimes found speaking difficult, but staff always let them finish what they had to say. If the person was struggling to get the message through, they would "use signs or visuals, and they [staff] will use them with [person]". This parent commented, "They're really good at explaining to [person] in a way [person] understands."
- Staff had a good understanding of people's communication needs, which were set out clearly in their care plans. People used a variety of ways to communicate other than speaking, including signing, pictorial communication aids, communication apps and eye-gaze technology.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff supported people to go out and do things they enjoyed, where the care package included this. Parents said their children always chose their activities. A parent described how when their child was at the service's sister respite project, the staff, who also worked for Shapes Domiciliary Service, often rang to say what the person hoped to do with their worker the next day.
- Staff were sensitive to people's need for social contact. A parent explained their child had started to make friends with other children through attending the respite house. By agreement with the family and other children's families, Shapes Domiciliary Service staff sometimes arranged joint activities for the child and a friend, where both were receiving support at the same time.

Improving care quality in response to complaints or concerns

- Parents told us they had received information about how to make a complaint. They said they felt comfortable to raise any concerns with the registered manager.
- A parent described how they had told the registered manager about a new worker they were not happy with. They said this had been taken seriously, with measures taken promptly to address the issue.
- The service had received one formal complaint, which was not from a family who used the service. The registered manager had addressed this promptly, thoroughly and diplomatically.

End of life care and support

- During the inspection, the service was not supporting anyone at the end of their life. It had done so previously, liaising closely with families and health professionals to ensure people were supported in the way they wanted to be.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager frequently met staff and had regular contact with people and their families. This helped them maintain a good overview of the service.
- Parents and staff expressed confidence in the registered manager and the management team. For example, a parent commented that if they had any queries or concerns, they "could always speak to [name of registered manager]". Staff said managers were supportive.
- Staff spoke enthusiastically about their work. They said that considering the inspection was taking place at the end of the school holidays, a busy time for the service, morale was good. They emphasised how important teamwork was in supporting them; for example, a worker commented that even on a challenging day, "We've such a good team we see a good outcome."
- The person-centred culture of the service was evident in the way the registered manager and staff spoke about their work and the people and families they worked with.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood the duty of candour. They adopted an open and honest approach when things went wrong or did not go as planned. There had been no incidents that carried a formal duty of candour requirement.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager was well established in post and had a good understanding of their role. This included legal requirements such as notifying CQC of significant incidents, although they had not needed to do so.
- Staff had regular supervision and informal conversations with their line managers, which helped them understand what was expected of them and how they were performing. The induction process for new staff set clear expectations regarding their job role.
- The registered manager oversaw audits and checks that helped them assess how the service was performing. They reported on this in their own supervision meetings with one of the provider's senior managers.
- Accidents, incidents and complaints were seen as opportunities for learning. Learning was shared with staff through supervision or team meetings.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service had previously issued annual questionnaires to people and their families. However, the response rate tended to be low, so the registered manager had recently trialled an online survey tool. This had resulted in eight responses from 14 surveys issued. The registered manager reported that feedback from all but one had been very good. They understood the circumstances regarding the negative feedback.
- The management team had regular informal contact with people and their families, which provided an opportunity for discussion about how the care package was working.
- The provider issued an annual staff questionnaire. In addition, monthly supervision enabled staff to feed back any issues about their work.
- Regular, open communication with people's health, social care and education professionals was central to the way the service supported people and their families.
- As a charity, the provider was well known locally. The provider had liaised with stakeholders such as local authority and health commissioners in planning developments in this service and its sister services, such as a recently-opened respite house.