East Boro Housing Trust Limited

Weymouth Office

Inspection report

Unit A2
83 Lynch Lane
Weymouth
Dorset
DT4 9DN

Website: www.ebht.org.uk

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22 February 2018
26 February 2018

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06 April 2018

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing. Not everyone using Weymouth Office receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. When we visited the service there were 26 adults with learning disabilities and/or mental health needs receiving 'personal care'.

At our last inspection we rated the service Good. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and on going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

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At this inspection we found the service remained Good.

People were supported by staff who understood the risks they faced and how to support them to reduce these. Staff understood how to identify and report abuse and were confident in their role as advocates for people when this was appropriate. Staff supported people to take medicines safely.

People were supported by skilled and caring staff who worked to ensure they lived their life the way they chose. Communication styles and methods were considered and staff supported people to understand the choices available to them.

This meant people were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People, relatives and professionals told us they could raise any concerns and these were addressed appropriately.

The service had been through a period of sustained uncertainty due to changes in commissioning. This had not impacted the support and care people received. Quality assurance systems involved people and led to a safer and better quality service.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

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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.

This announced inspection took place on the 22 and 26 February 2018. The inspection team was made up of one inspector.

Before the inspection we reviewed information we held about the service. This included notifications the service had sent us and information received from other parties. The provider had submitted a Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we visited and spoke with three people with staff in their homes and spoke with another person and member of staff at the office. We also spoke with two relatives. We spoke with five members of staff, the registered manager, two managers from the provider organisation involved with the running of the service and a social care professional who had worked with the service. We also looked at six people's care records, and reviewed records relating to the running of the service. This included five staff records, quality monitoring audits and accident and incident records.

Good

Is the service safe?

Our findings

People were supported by staff who understood the risks they faced and were motivated to support them to live full lives. We saw that people were relaxed in the company of staff and initiated conversations. Staff worked with people and appropriate professionals to monitor, assess risks and develop plans and responses together. This meant that people were able to carry out activities that mattered to them and retain independence. For example, one person had signage to remind them of risks whilst maintaining access to all areas of their flat. Another person had been helped to adapt to changes in their mobility.

Staff also understood their role and responsibilities to protect people from abuse. Staff advocated strongly for people to promote their safety and human rights.

Most people always had help from staff when they needed it, although there had been difficulties covering some support hours for people who lived in Dorchester. Staff and senior staff had worked to ensure appropriate staffing and many identified colleagues who had gone "above and beyond" to do so. Staff had been recruited safely.

People received their medicines when they needed to. There were systems in place to ensure that this was done safely and effectively. Where issues were identified with the system, for example the ability of agency staff to support people with their medicines. The issue had been identified and a solution had been implemented.

People were supported by staff who understood the importance of infection control and helped them to maintain clean and safe environments.

There was an open approach to learning when things went wrong. Information was shared appropriately with other professionals and advice sought and shared amongst the staff team. Where support and advice was not easy to access staff advocated assertively and positively on behalf of people highlighting the impact on their human rights appropriately.

Good

Is the service effective?

Our findings

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. Staff understood the role of the Court of Protection in ensuring that people were not deprived of their liberty inappropriately. They had highlighted a necessary application to the local authority.

Staff understood the importance of seeking the least restrictive option when providing care to people who could not consent. Best interests decisions had been made involving professionals and people who knew the person well. The views of the person, and knowledge of their preferences, were respected throughout this process. One person's needs had changed substantially due to deterioration in their health. Staff supported them in new ways that respected and valued the individuality of the person.

People were supported by staff who understood their care and support needs and could describe these with confidence. Care plans reflected current good practice to promote positive outcomes for people. They had received training to ensure they could provide this support safely. Plans were in place to develop the training available. For example a programme of training for senior care staff had been identified and planned.

People were supported to maintain their health. They had access to health professionals and information necessary to support them to maintain their health was detailed in their support plans. Information was shared with professionals to ensure people received coordinated support. This included annual health checks and information about treatments being provided in a way that was accessible to the person. This meant people had been able to undergo treatments with reduced anxiety.

People were supported to plan and prepare their meals in ways that promoted their health and wellbeing.

Good

Is the service caring?

Our findings

People were supported by staff who knew them well and cared about them. Staff spoke with respect and kindness about people and their discussions were full of jokes and references to shared experiences. People told us they liked the staff and relatives identified the staff as being 'amazing', 'caring', 'lovely' and 'without fault'.

Care and support plans focussed on people's skills and abilities and independence and the importance of choice were clear throughout. Staff used communication systems that people understood to ensure they were able to contribute to group decisions and make as many decisions as they could about their own day to day lives.

People lived in their own homes and these were respected by the staff who supported them. The furnishings and layouts were adapted to suit the people living in them. Where individual people's behaviour impacted on the autonomy of others this was highlighted and discussed amongst the staff team and with professionals. This meant that people's rights were always considered.

Good

Is the service responsive?

Our findings

People received care that reflected their own needs and preferences. They were supported to live their lives in ways that reflected their own wishes and staff were able to provide examples of the importance of this personalised approach for all the people they supported. One relative reflected on this and told us: "I have nothing but admiration for the staff." People had been supported to carry out activities they loved and to develop networks in the local area. Where people's needs had changed with age the support they received had been adapted to ensure they retained the things that were important in their lives.
People's preferred communication styles were recorded and people were regularly asked if they received information in ways that suited them. A range of personalised systems were in use ensuring people were able to communicate effectively and understand information about their care and support.

If people had concerns these were listened to by staff and we saw examples of staff advocating for people both within the service and with appropriate professionals. Information about how to complain was available to everyone involved with the service. Relatives and professionals told us that senior staff listened if they wanted to address any issues and that actions were taken quickly. Concerns raised by people were addressed as complaints and this meant they were heard and the outcomes monitored.

Senior staff told us that they were starting to consider personalised end of life plans as people they supported got older

Good

Is the service well-led?

Our findings

The organisational structure had developed to support the service. Staff were all clear on their responsibilities and understood who they could seek guidance from. They had a shared understanding of the ethos and aims of the service. There was a registered manager who knew the staff and people using the service well. 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 organisation had been through a period of uncertainty due to wider commissioning decisions. Senior management had worked to ensure that whilst this had an impact on strategic planning, the service had continued to deliver quality care to people during this time and staff were kept informed. Staff felt able to discuss their concerns regarding the commissioning decisions with their line managers. This was an example of the accessibility and openness of the management.

People and relatives were asked about their view of the service and this contributed to plans. A team of people using the service had started to be involved in reviewing the quality of support people received. They had received training and support to undertake this role.

Quality assurance processes had been effective in identifying areas for development and in reinforcing values. For example staff observations focussed on the care and support they provided and included discussion about promoting dignity. Medicines audits had highlighted that the recording around the application of creams was not consistent and this had been addressed.