

The Disabilities Trust

Registered Area Office

Home Care

Inspection report

Ground Floor, Kerwin Court
Five Oaks Road
Horsham
RH13 0TP

Tel: 07784235020
Website: www.thedtgroup.org/quality

Date of inspection visit:
18 May 2021
19 May 2021
20 May 2021
25 May 2021

Date of publication:
05 July 2021

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

About the service

The Registered Area Office Home Care provides personal care to people. People were living in bedsits, flats and in houses of multiple occupation. It is part of the Disabilities Trust and provides support to younger adults with autism, disabilities and those going through rehabilitation. 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. At the time of the inspection there were approximately 19 people receiving support.

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

The service had a positive culture that was person-centred, open and inclusive. People had individual plans of care and risk assessments. Care was person centred. There was a strong emphasis on putting people first. People were involved and empowered. People described care staff as being caring and helpful. People told us the care staff understood their needs and respected their independence. People told us, "We have a chat, which I like", and, "It's my flat so I come and go as I please".

People 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.

The service had a registered manager in place. It was well led, and the registered manager was aware of their legal responsibilities. Staff were enthusiastic and keen to talk about their role. Staff were proud of the service and their work. They felt supported within their roles and held the registered manager in high regard. Recruitment practices were robust, and staff received training appropriate to their role and the needs of the people receiving a service. People described care staff as responsive and respectful. People said they were asked how they wanted to be supported and their preferences were followed. People told us they felt safe receiving care, they knew how to contact the office if they had a question or concern. People told us, "If I need help, I just ask", and, "I am happy".

Rating at last inspection and why we inspected

This service was registered with us on 18 March 2019 and this is the first inspection. This was a planned comprehensive inspection.

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.

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

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 was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Registered Area Office Home Care

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 carried out by one inspector.

Service and service type

The Registered Area Office Home Care is a domiciliary care and supported living service. It provides personal care to people living in bedsits, flats and in houses of multiple occupation. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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 a short notice period of the inspection because it is a domiciliary care and supported living service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 18 May and ended on 25 May 2021. We visited the office location on 18 May.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service and we viewed the providers website. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service and received feedback from a relative about their experience of the care provided. We spoke with six members of staff including the registered manager. We reviewed a range of records. This included six people's care records and medication records. We looked at staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found. After the inspection, we looked at training data and quality assurance records the registered manager sent us.

Is the service safe?

Our findings

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

This is the first inspection for this registered service. This key question has been rated Good.

This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Using medicines safely

- Risks to people were assessed and regularly updated.
- Risk assessments were specific to people and their needs were fully and effectively recorded.
- Where risks had been identified these had been assessed and actions were in place to mitigate them.
- There were clear individual guidelines were in place for staff to follow to reduce the risks to people. For example, risks associated with community access. One person told us, "I go out to do my own food shopping. They [Staff] used to come with me, but now I have learnt to go by myself".
- Staff responsible for the administration of medicines training had received training in medicines handling.
- The medicine records were regularly audited and there were dedicated staff with responsibility for ordering medicines.
- One person told us, "They remind me to take my tablets and make sure I have enough. There is a locked cupboard in my flat were the medicine is kept.

Staffing and recruitment

- Safe recruitment practices were followed before new staff were employed. Checks were made to ensure staff were of good character and suitable for their role. For example, employment histories had been checked, references obtained, and appropriate checks undertaken to ensure that potential staff were safe to work with people using the service including, criminal records checks with the Disclosure and Barring Service.
- The registered manager told us and records confirmed they had enough staff to meet their commitments.
- Staff and people told us they were happy with the staffing levels.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People benefited from a safe service where staff understood their safeguarding responsibilities.
- Staff were trained and competent to safeguard people from harm and abuse.
- Staff we spoke with were aware of how to identify and report abuse.
- The registered manager was clear about when to report concerns. She was able to explain the processes to be followed to inform the local authority and the CQC.
- People told us they felt safe at the service. They said, "I like it here", and, "I am happy".

Preventing and controlling infection

- One person told us, "The staff have helped me a lot. They have explained what is going on with this global pandemic. I know what is allowed now. It was hard when we weren't allowed out. I've had my two jabs and I

wear a mask when I go out".

- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

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.

This is the first inspection for this registered service. This key question has been rated Good.

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; Staff support: induction, training, skills and experience

- Care plans contained details of people's care needs, wishes and preferences. Each care plan was based on an assessment of people's needs.
- Care plans were kept under review and amended when people's needs changed.
- Staff demonstrated a good knowledge of people's needs. Staff had the relevant skills and knowledge to care for people using the service. People received effective care and support from staff who knew how they liked things done.
- On commencing work at the service new staff were supported to understand their role through a period of induction. This ensured that staff had the knowledge needed to provide personalised care to people. Their progress was reviewed on a frequent basis by the registered manager or one of the unit managers. The induction consisted of training and competency checks.
- Records and feedback from staff showed they had received training in other topics relevant to their role. This included moving and handling, infection control, hand hygiene and health and safety.
- Feedback from people was positive in relation to staff training, one person told us, "I think staff know what they are doing." Another person told us, "I think staff have enough training."

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were able to manage their own diet. One person told us how they visited the supermarket to buy their own food.
- People told us staff were available if they needed assistance. One person told us, "[Keyworker's Name] is a legend. [Name] makes fantastic omelettes."
- Where staff had concerns about somebody's welfare the service had good links with professionals to ensure any changing needs were reassessed.
- People's health conditions were managed, and staff supported people to access healthcare services.
- Staff knew people well and care records contained details of multi professional's visits and care plans were updated when advice and guidance was given.
- One person told us, "I make my own doctor's appointments. They would come to the doctors with me if I asked them to, but I can manage. I ask my doctor to write to [Name] so they can help me look after myself. Sometimes it's difficult to remember what the doctor has said. "

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 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.

- People's rights to make their own decisions, where possible, were protected.
- Staff received training in the Mental Capacity Act 2005 (MCA) and were clear on how it should be reflected in their day to day work.
- People and staff told us staff always sought people's consent and permission from people before providing any assistance. People made their own decisions and staff respected their choices.
- People told us, "They [staff] help me make good choices", and, "They keep me on the straight and narrow".

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.

This is the first inspection for this registered service. This key question has been rated Good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Supporting people to express their views and be involved in making decisions about their care; Ensuring people are well treated and supported; respecting equality and diversity

- People's preferences and choices were clearly documented in their care records.
- People were involved in planning and reviewing their care. People had regular contact and review meetings with their keyworkers. This gave them a chance to give feedback about and make any changes to their care.
- People received care and support from staff who knew them. Staff were skilled in talking to people and had a good rapport with people. The caring ethos of the service was evident. The relationships between staff and people receiving support demonstrated dignity and respect at all times. Everyone we spoke with thought people were treated with respect and dignity.
- Staff were motivated, care and support was compassionate and kind. Throughout our visit staff interacted with people in a warm and friendly manner. We saw people were treated in a caring way.
- One person told us, "I would put my life in their hands."

Respecting and promoting people's privacy, dignity and independence

- Staff described how they maintained people's privacy and dignity by knocking on doors, waiting to be invited in.
- Staff recognised the importance of upholding a person's right to equality, recognised diversity, and protected people's human rights.
- Care planning documentation used by the service helped staff to capture information. This was to ensure the person received the appropriate help and support they needed, to lead a fulfilling life and meet their individual and cultural needs. For example, respecting people's disability, gender, identity, race and religion.
- People told us that they received the care that they wanted and were happy with the care received. Staff knew what people could do for themselves and areas where support was needed. Relationships between people and staff were warm, friendly and sincere.
- One person told us, "It's a nice big family here. I'm friends with the other people who live here."

Is the service responsive?

Our findings

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

This is the first inspection for this registered service. This key question has been rated Good.

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

- People told us that staff were responsive to their needs. People received support that was person centred. People had their care and support needs assessed before they were admitted to the service. Information had been sought from the person, their relatives and / or any professionals involved in their care. Information from the assessment had informed the plan of care.
- One person told us, "It's my home and I'm free to live my life. It's good to have someone about if I need it."
- People's care plans contained detailed information about their care and support. They were updated to reflect their current needs. Records were completed for people. These provided evidence that people were supported in line with their care plans.
- Staff were able to talk about people's likes, dislikes and what was important to them without referring to the care plan documentation.

Improving care quality in response to complaints or concerns

- People had confidence that action would be taken if they raised any concerns.
- One person told us, "If I had concerns, I'd say so. I like the staff. They are very helpful."
- We saw the registered manager had followed up and investigated complaints received. The registered manager had informed people of the outcome following their complaints. This was in line with the providers complaints policy.

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.

- The provider was aware of their responsibilities under the AIS.
- People's initial assessment included information regarding their method of communication.
- Conversation with staff demonstrated that they were aware of people's individual communication needs and our observations showed that these were put into practice.

End of life care and support

- End of life care was not being provided by the service at the time of the visit.

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.

This is the first inspection for this registered service. This key question has been rated Good.

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

- The service had a positive culture that was open and friendly. Staff were approachable and keen to talk about their work. People appeared at ease with staff and staff told us they enjoyed working at the service.
- There was a management structure in the service which provided lines of responsibility and accountability. Senior staff were in post and had responsibility for the multiple occupancy houses. The registered manager had overall responsibility for the service. People knew who the registered manager was and held her in high regard.
- The registered manager understood their responsibilities to raise concerns, record safety incidents, concerns and near misses, and report these internally and externally as necessary. They were aware of their responsibilities under the legislation and ensured that all significant events were notified to the Care Quality Commission. We use this information to monitor the service and ensure they responded appropriately to keep people safe. Staff told us if they had concerns senior staff would listen and take suitable action.
- Staff spoke highly of the registered manager. We were told, "[Name] is the best boss I've ever had", "[Name] doesn't micromanage. If I have an idea, I can try it", "[Name] is always available on the phone", "[Name] is very supportive" and "[Name] is amazing".
- Quality assurance systems monitored the quality of service being delivered and the running of the service, for example health and safety audits. All identified areas for improvement were clearly documented and followed up to ensure they were completed. This demonstrated a commitment to continual development.
- Accident and incident forms were completed. These were checked by the registered manager who analysed them for trends and patterns.

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

- People had opportunities to feedback their views about the service and quality of the care they received. There were meetings for people which meant they could share their views about the running of the service.
- The registered manager was available to staff. Staff told us they had regular staff meetings which were well attended and helped them identify areas that were working well and any that needed improvement.
- The service worked in partnership with other agencies to improve outcomes for people. The registered manager said relationships with other agencies were positive. Where appropriate the registered manager

ensured suitable information, for example about safeguarding matters, was shared with relevant agencies. This ensured people's needs were met in line with best practice.

- Staff were open, honest and transparent and told us they were always willing to learn and improve. The registered manager understood their duty of candour and were transparent with people, relatives and professionals if a mistake was made.