Royal Mencap Society

Totnes Domiciliary Care Service (South Devon 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

Totnes Domiciliary Care Service (South Devon Support Service) is a domiciliary care agency providing personal care and support to people with a learning disability who live in their own homes or supported living accommodation. The service supports some people on a 24 hour basis and others at specific times, enabling people to live independently.

This inspection took place on 19 and 20 December 2016 and was announced. The provider was given 48 hours' notice because the location was a domiciliary care agency and we needed to be sure that someone would be present in the office. On the day of the inspection, nine people were supported by South Devon Support Service with their personal care needs.
The service had a registered manager in post. 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 told us they felt safe and comfortable with the staff that supported them. One person said the staff "help me to live in my own home safely." People were protected from the risks of abuse and harm. Staff had received training in safeguarding adults and knew how to recognise signs of potential abuse. They understood how to report any concerns in line with the service's safeguarding policy and were confident any issues would be dealt with thoroughly.

Recruitment procedures were robust and records demonstrated the service had carried out checks to help ensure staff employed were suitable for their role. Staff received appropriate training and support to effectively provide safe care and treatment. Newly appointed staff undertook a comprehensive 12 week induction programme, shadowed more experienced staff, and did not work alone until the service managers were confident they had the right skills to carry out their role.

People were supported by kind and caring staff who ensured people received support that was responsive to their needs and as set out in their individual support plans. Staff ensured people's privacy and dignity was respected. People's support plans were designed to help ensure people received personalised care that met their needs and wishes. People told us they were involved in developing their care and support and encouraged to take ownership of their support plans and contribute to them as much or as little as they wished.

People were kept safe because risks associated with people's support needs; lifestyle choices as well as those relating to the environment had been identified and action taken to minimise and reduce the risk of any harm to the individual or others. Where risks had been identified, management plans were developed to help ensure support staff knew how to support people safely.

People's rights were upheld because staff displayed a good understanding of the principles of the Mental

Capacity Act 2005 and Deprivation of Liberty Safeguarding (DoLS).

People were encouraged to make choices and were involved in the care and support they received. Staff told us they would always respect people's decisions.

There was a complaints procedure in place and people knew how to voice their concerns if they were unhappy with the care they received. People's feedback was valued and acted on. There was visible leadership within the service and a clear management structure. The service had an effective quality assurance system in place to help identify areas of improvement and enable the provider to address them promptly.

The registered provider had not always notified the Care Quality Commission of significant events, which had occurred in line with their legal responsibilities.

We have made a recommendation that the provider keep the system for notifying the commission of significant events under review.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were protected by robust recruitment procedures and appropriate checks were undertaken before staff started work.

People were protected from harm as the provider had systems in place to recognise and respond to allegations of abuse.

People were supported to manage their medicines safely.

Is the service effective?

Good

The service was effective.

People received care and support that met their needs and reflected their individual choices and preferences.

People were supported by skilled and experienced staff who received regular training and supervision, and who were knowledgeable about people's needs.

People were supported to make decisions about their care by staff who had a good understanding of the principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People were supported to maintain a healthy balanced diet and supported to access health professionals to ensure their health needs were met.

Is the service caring?

Good

The service was caring.

People who used the service had developed positive, caring relationships with their support workers.

People were supported by staff that promoted independence and respected their dignity.

People and their relatives were involved in making decisions about their care and support.

Is the service responsive?

Good

The service was responsive.

People benefitted from care plans that described their day to day health and personal care needs in detail

People received personalised care that was responsive to their individual needs

The service was flexible and responsive to changes in people's needs.

People felt confident they could raise concerns and these would be listened to and dealt with promptly.

Is the service well-led?

Good

The service was well-led.

People and staff felt well supported by a management team that was open and approachable.

There were effective systems in place to monitor the support being provided.

Records were well maintained and stored securely.

Totnes Domiciliary Care Service (South Devon 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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 19 and 20 December 2016 and was announced. The provider was given 48 hours' notice because the location provides a supported living service to people who are often out during the day; we needed to be sure that someone would be in. One adult social care inspector carried out this inspection. Prior to the inspection, we reviewed the information held about the service. This included previous inspection reports and notifications we had received. A notification is information about important events, which the service is required to tell us about by law. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asked the provider to give some key information about the service, what the service does well and improvements they plan to make.

On the first day of the inspection, we visited the service's office to review documentation relating to people's care and support needs, staff recruitment and training and look at how the service ensured the safety and quality of the support provided to people. We met with two service managers and three members of support staff. During the second day of our inspection, we visited people in their own homes and spoke with four of them. Following the inspection, we spoke with one relative over the telephone and received emails from three more. We also spoke with two health and social care professionals.

Good

Is the service safe?

Our findings

People told us they felt safe and comfortable with the staff that supported them. One person said the staff "help me to live in my own home safely" another person said, "I do feel safe, this is my home." Relatives told us they did not have any concerns about people's safety. One relative said, "I feel [person's name] is totally safe here. Everyone living in the house is secure and happy. I trust them all implicitly with my [person's name] safety". People looked relaxed and happy to be in the company of staff who supported them.

People who used the service were protected from the risk of abuse and harm. People were supported by staff who had received training in safeguarding vulnerable adults and whistleblowing. Staff demonstrated a good understanding of how to keep people safe and how and who they would report any concerns to. The policy and procedures to follow if staff suspected someone was at risk of abuse were easily accessible. This contained telephone numbers for the local authority and the Care Quality Commission. Staff told us they felt comfortable and confident in raising concerns with the service manager. Staff knew which external agencies should be contacted should they need to do so. People who used the service told us they knew what keeping safe meant for them and were regularly reminded about what might place them at risk, such as 'stranger danger' and how to avoid this, such as not letting strangers into their home.

People were supported by suitable staff. Recruitment procedures were robust and records demonstrated the provider had carried out checks to help ensure that staff employed, were suitable to work with people who use care and support services. These included checking applicants' identities, obtaining references and carrying out DBS checks (police checks). Service managers confirmed staff were specifically matched to support people on an individual basis. This included shadowing experienced colleagues until senior staff felt they were competent to provide personal care and support. This helped ensure support workers felt confident and risks were minimised.

People were supported by sufficient numbers of staff to keep them safe and meet their individual needs. Service managers regularly reviewed the staffing levels, so that people received reliable and consistent care and to help ensure staff could be flexible around people's needs. For example, records showed that staffing levels were flexible and fluctuated to support people to take part in activities or attend appointments at times, which were right for them.

People were encouraged and supported to take their medicines as independently as possible. One person said, "Sometimes I forget to take my tablets and the staff help me." Another person told us that the staff supported them to take their medicine every day. Staff were appropriately trained and confirmed they understood the importance of safe administration and management of medicines. We looked at medicines administration records (MARs); we noted all had been correctly completed. The service medicines policy stated what staff could and could not do in relation to administering people's medicines. People's individual support plans described in detail the medicines they had been prescribed and the level of assistance required from staff. These guidelines included information about people's medical history and how they chose or preferred to be supported with medicines.

Where people were prescribed medicines to be given "as needed," such as for the management of pain relief, guidance had been provided for staff as to when this should be used. Any risks in relation to medicines had been assessed and any specific arrangements, such as safe storage in the person's home, had been considered.

People were kept safe because risks associated with their support needs; lifestyle choices as well as those relating to the environment had been identified and action had been taken to minimise and reduce the risk of any harm to the individual or others. Where risks had been identified, management plans were developed to help ensure staff knew how to support people safely. For example, one person had risks associated with the management of their epilepsy. Support plans contained guidance and protocols for staff to follow when the person experienced a seizure. Staff received training in providing the required medicines and knew when and who to notify if their seizures were prolonged.

Although the service was not directly responsible for people's premises and equipment, the service manager and staff carried out risk assessments and checks to ensure the physical environment was safe. If any concerns were identified, the service manager informed the relevant property owner or housing association so that action could be taken. There was an on call system for staff and people to ring in the event of an emergency outside of office hours. Staff told us this system worked well and there was always a senior manager available to provide advice and support.

Records showed staff were provided with infection control training and the spot checks of staff's care practices were used to ensure they followed good infection control principles.

Good

Is the service effective?

Our findings

People spoke positively about the care and support they received from Totnes Domiciliary Care Services. People told us they were happy, and had confidence in the staff supporting them. Comments included, "I am very happy with the staff that support me," and "the staff are nice and kind." A relative said, "The service manager and staff have been inordinately patient, kind, and caring." Another said, "I have never had any cause for concern about the way they look after [person's name]."

People were supported by staff who monitored their health and well-being to help ensure they maintained good health and identified any problems. Records showed how staff either made a referral or advised people to seek relevant healthcare services when changes to their health or wellbeing had been identified. Communication diaries evidenced where health and social care professionals had been contacted when people had expressed feelings of being unwell or a change in a person's physical appearance had been noticed. Support workers prompted and supported people to attend their appointments and the outcomes and actions were clearly documented within their individual care records. This helped ensure that people's needs were being met in a consistent manner, as everyone involved in the person's care were aware of any advice that had been given by health or social professionals.

Each person's support plan contained a health passport, which contained detailed information of the person's care and support needs. This helped to ensure people's wishes and needs were respected in an emergency, where their rights might otherwise be compromised. For instance, in the event of an admission to hospital.

There was a strong emphasis within the organisation on training. All staff undertook a comprehensive training programme. Records showed staff received regular training in core topics which including, safeguarding, safe medicine practices, first aid, infection control, moving and handling and nutrition. In addition to core, training staff received specific training in relation to the needs of the people they were working with. For instance, we saw staff had received more specific training to help them meet people' s needs, such as supporting people who may have limited verbal communication or were living with epilepsy.

People were supported by staff who were knowledgeable about their needs and wishes and had the skills to support them. Newly appointed staff undertook a comprehensive 12 week induction programme, which followed the Skills for Care, Care Certificate framework. The Care Certificate is an identified set of standards used by the care industry to help ensure care workers provide compassionate, safe and high quality care and support. Following the induction programme staff shadowed more experienced staff and did not work alone until the service manager was confident they had the right skills to carry out their role. Staff told us they this gave them confidence in their ability to meet people's needs because they felt supported.

There was an effective system in place to ensure that staff were putting their learning into action. Records showed staff received regular supervision and annual appraisals with a named service manager. Service managers assessed staffs' knowledge by observing staff practice and recording what they found. Supervision gave staff the opportunity to discuss how they provided support to people to help ensure they

met people's needs. It also provided an opportunity to review their aims, objectives and any professional development plans. Staff told us they felt supported and valued by the services' management team. One staff member said, "Supervision is really useful, it gives us time to talk about people and it's a great opportunity for us to ask question and increase our knowledge."

Some of the people receiving a service were living with a learning disability, which affected their ability to make some decisions about their care and support. Staff showed a good understanding of the Mental Capacity Act 2005 (MCA) and their role in maintaining people's rights to make their own decisions. During the inspection, we observed staff putting their training into practice by offering people choices and respecting their decisions. Staff told us how they supported people to make decisions about their care and support. For instance, by supporting people to maintain a balanced healthy diet,

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 told us they were involved in their care and support, attended regular reviews with the service manager, and had access to their records. People's care and support plans contained assessments of people's capacity in relation to specific decisions that had been carried out, when people's ability to make their own decisions were in doubt. If the person had been assessed as not having the capacity to make a decision, a best interests decision had been made which ensured that the principles of the MCA were followed.

People can only be deprived of their liberty to receive care and treatment, which is in their best interests and legally authorised under the MCA. The Deprivation of Liberty Safeguards (DoLS) authorisation procedure does not apply to supported living services. For this type of service, where a person's freedom of movement is restricted in a way that may amount to deprivation of their liberty it has to be authorised by the Court of Protection. Service managers confirmed that appropriate applications had been made to the Court of Protection were it had been identified that people had continuous care and support.

People were supported by staff to have meals they enjoyed and people were able to make their own choices about what they ate and when. People told us they were supported to maintain a balanced healthy diet. Records showed the support people received with their meals varied depending on their individual circumstances. People were involved in planning the menu and in full control of what they ate. One person said, "We sit down every week, decide what we would like to have each night, write our shopping list and usually [person's name] gets the shopping."

Where people required assistance or a specialist diet to reduce the risk of choking, this was being provided. For example, records showed that one person was at risk of choking due to swallowing difficulties. The Speech and language team had assessed the person and an appropriate textured diet was being provided to enable them to eat well. Staff members working with them understood the person needed to be closely monitored when eating.

Good

Is the service caring?

Our findings

People told us they were happy with the care and support they received and said the staff were friendly, kind and caring. Comments included; "[staff member's name] is really kind and we have a good time", "They are just amazing," "I couldn't ask for anything better." One relative said, "Staff really care about the people they support and want them to be the best that they can be."

Staff spoke about people affectionately with kindness and compassion. Staff knew how each person liked to be addressed and consistently used people's preferred names when speaking with them. It was clear people had developed good relationships with the staff that supported them. People were relaxed and happy in staffs' presence and it was apparent that staff knew people well. We observed a lot of smiles, laughter, and affection between people and the staff supporting them. One person said, "I like living with my friends and the staff support us all so that we can live together." Relatives spoke very highly of the staff and the service manager. One relative said, "[person name] is well cared for, I have never had reason for concern."

People said they were able to express their views and were fully involved in making decisions about their care and support. People told us they made choices every day about what they wanted to do and how they spent their time. One person said, "I get up and go to bed when I want. I choose what clothes I wear and what I want to eat." Another person said they were able to choose what they wanted to do and where they wanted to go. Staff demonstrated they knew the people they supported and were able to tell us about people's preferences. For example, staff told us what people liked to eat, what they liked to do and when they liked to get up or go to bed. Staff explained how they encouraged people to make choices about the way their care was provided and respected people's decisions and personal preferences.

People were happy to show us their support plans, we saw these were personalised and contained clear information about what each person could do for themselves and how staff should provide support. People told us they were fully involved in developing their support plans. People could keep a copy of their plan in their rooms if they wished but no one chose to do this. One member of staff explained that they were there to help support people to become as independent as possible and so each person's support was personalised to meet their needs.

People told us staff treated them with respect and were mindful of their need for space and privacy. We saw staff knocked on people's doors before entering and when staff needed to speak with people about sensitive issues this was done in a way that protected the person's privacy and confidentiality.

People's individuality was respected and encouraged. People had their own individual styles and lifestyles and this was recognised and facilitated by staff. For example, people were able to make their own decisions around education or employment and how they spent their time and people were supported to decorate their home how they wished.

People were supported to maintain relationships with their families and friends and support plans contained information about dates and events, which were important to them. Relatives told us they were

able to visit at any time and were always made to feel welcome. People had keys to their property and could come and go as they wished.

Good

Is the service responsive?

Our findings

People received individualised support from staff who knew them well. The service manager carried out an initial assessment of each person's needs to help ensure that the service was able to meet their needs and expectations. This information was then used to develop a support plan to help enable people to live successfully in their own homes.

People's support plans were designed to help ensure people received personalised care that met their needs and wishes. The amount of support available was determined by the budget set by those who were commissioning the service, usually the local authority. The support each person needed and the budget available were then used to develop the person's support plan.

People's support plans were informative, provided staff with detailed information on people's likes, dislikes and personal preferences, personal care needs, medical history, and where appropriate, details of their tenancy agreements. Each area of the plan described the person's skills and the support needed from staff. Support plans were person centred and reflected how each person wished to receive their care and support. This helped staff deliver care and support in a consistent and personalised way. For instance, one person's support plan identified they were at risk of choking due to swallowing difficulties. Guidance had been sought from the specialist speech and language team. They had advised this person should have pureed food, as this was easier to swallow, as well as thickened liquids. There was clear information within this person's support plan about the consistency of foods and liquids, as well as the action staff should take should this person choke while eating.

Some people supported by the service could at times display behaviours that may place either themselves or others at risk of harm. Support plans were detailed about these behaviours and staff were guided on how to reduce the risk of a situation escalating. People' support plans contained information for staff on recognising the early signs of people's distress and how to support people during these times. For example, one person's plan gave information about how to identify and reduce a person's distress by offering distractions and compromises.

People told us they were involved in developing their care and support and were asked how they felt about the care they received. People were keen to share with us their support plans. One person said, "This is my plan, it's all about me and what staff need to do to support me." People were given the opportunity to sign and encouraged to take ownership of their support plans and contribute to them as much or as little as they wished. Support plans were kept in people's individual homes and a copy was kept in the provider's administrative office. Relatives told us staff actively encouraged their involvement in people's care and kept them fully informed of any changes. We saw evidence that people's support plan were regularly reviewed to ensure it accurately reflected the person's current care needs. When a person's needs had changed, this was documented during the review process and additional guidance provided for staff. Regular meetings were held with the person, appropriate family members and staff to help ensure that staff had up to date information they needed to safely and correctly meet people's needs.

People were encouraged and supported to lead full and active lifestyles, follow their interests, and take part in social activities. We saw people were engaged in a wide range of activities based on their individual preferences and interests. Each person's support plan included a list of their known interests and staff supported people on a daily basis to take part in things they liked to do.

Throughout the inspection, we saw people coming and going from their home either independently or supported by staff. People made use of local community based activities wherever possible and chose if they wanted to take part in them individually or as a group. People visited cafes, shops, and local places of interest, either with or without staff support. People told us they enjoyed the group activities, which they could take part in if they chose to for example, shopping for clothes or going to the cinema.

People had a tenancy agreement between themselves and a separate housing provider or property owner, usually on a rental or lease arrangement. This set out the terms and conditions under which people were able to live in their houses. For example, it set out the amount of rent payable, and that a contribution to the gas and electricity bills needed to be made. The service manager assured us that while people's accommodation was dependent upon them receiving support, the support did not have to be provided by Totnes Domiciliary Care Services. This meant people could choose to receive support from a service other than Mencap, without it affecting their right to continue to live in shared accommodation. Where people were supported in shared accommodation, the service regularly held 'tenants meetings' to discuss matters of mutual interest. Similarly, ad hoc relatives meetings were sometimes arranged to discuss particular matters affecting a group of people living in shared accommodation.

People and relatives were aware of how to make a complaint, and felt able to raise concerns if something was not right. The service had a policy and procedure in place for dealing with any concerns or complaints, which was made available to people they supported and their families. The procedure was clear in explaining how the complaint should be made and reassured people that any concerns would be responded to appropriately. We looked at the service's complaint file and saw where the serviced had received a complaint. The service manager and registered manager had carried out a thorough investigation and responded in a timely manner. People we spoke with told us they were encouraged to share their views and raise concerns. One person said they would speak to the service manager if they were unhappy or worried about anything. Relatives were confident that the service manager or registered manager would deal with any concerns immediately.

Good

Is the service well-led?

Our findings

People, their relatives, and staff told us the service was well-led, and described the management team as open, honest and approachable. Staff were positive about the support they received and told us they felt valued.

One of the provider's regional operations managers was registered with the Care Quality Commission as the registered manager for the service. However, they were on annual leave at the time of this inspection. We therefore agreed to meet with both service managers who were responsible for managing the service on a day-to-day basis.

Service managers were aware of their responsibilities under the Health and Social Care Act 2008, Duty of Candour, that is, their duty to be honest and open about any accident or incident that had caused, or placed a person at risk of harm. However, the registered provider had not always notified the Care Quality Commission of significant events, which had occurred in line with their legal responsibilities. This included the notification of safeguarding concerns. Records showed that service managers had taken the appropriate action to reduce risks and notified the registered manager, provider, and the local authorities safeguarding team where concerns had been identified. However, the provider's internal systems had not ensured that this information had been sent to the Care Quality Commission.

We recommend that the provider keep the system for notifying the commission of significant events under review.

The management team told us their vision for the service was to support and enable people to develop to their maximum potential and live independent fulfilling lives. Staff had a clear understanding of the values and vision of the service and told us how they supported people to be as independent as possible and live their life as they chose. Staff spoke passionately about their work, the people they supported, and their achievements.

The management and staff structure provided clear lines of accountability and responsibility, which helped ensure staff at the appropriate level made decisions about people care and support. Staff knew who they needed to go to if they required help or support. There were systems in place for staff to communicate any changes in people's health or care needs to staff coming on duty, through handover meetings. These meetings facilitated the sharing of information and gave staff the opportunity to discuss specific issues or raise concerns. Specialist support and advice was also sought from external health and social care professionals when needed, for instance, from the speech and language team.

Service managers told us they felt supported by the registered manager, who they met with regularly and discussed specific needs relating to the people they supported, resources, recruitment, training, support needs, and any maintenance concerns. Records showed the service managers and registered manager held regular staff and house meetings. These meetings were used to discuss and learn from incidents, highlight best practice and identify where any improvements where needed

People were encouraged to share their views and were able to speak to the registered manager or service manager when they needed to. Service managers told us they encouraged feedback from people and their relatives and used this information to improve the quality of care provided. Annual questionnaires were sent out to people, relatives, staff and other representatives who were asked to rate various aspects of the service. Where people were supported in shared occupancy houses or flats, the service held 'tenants meetings' to discuss matters of mutual interest. Similarly, relatives meetings were arranged to discuss particular matters affecting a group of people living in shared accommodation.

There was an effective quality assurance system in place to drive continuous improvement within the service. Audits were carried out in line with the provider's policies and procedures. The provider had a comprehensive quality assurance system to ensure people's needs continued to be met effectively. Service managers carried out a programme of monthly audits to assess the quality and safety of their service. The outcomes were recorded on an internal online system called the Quality Compliance Tool. The registered manager then reviewed this information to look for any trends or themes and help ensure the service continued to meet the needs of the people they supported. In addition, the provider employed a national quality team that could visit and audit services identified as in need of improvement, or at the request of senior or local management.

Records were well maintained and stored securely, when we asked to see any records, the service managers was able to locate them promptly.