

Care Support MK Ltd

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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?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection took place on 11 September 2017 and was announced.

Care Support MK Ltd is a home care service that provides personal care to people with learning disabilities and autism, who live in their own homes in order for them to maintain their independence.

At the time of our inspection the provider confirmed they were providing personal care to 15 people.

There was 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.

Staff had a good understanding safeguarding procedures, the signs of abuse, and the procedures that should be followed to report abuse. Staff were highly confident in reporting concerns and understood the safeguarding policy that was in place.

People had detailed risk assessments in place to enable them to be as independent as possible. Assessments considered risks that may be present within a person's life, as well as considering the independence and freedom they required.

Staffing levels were adequate to meet people's current needs. The service employed enough staff to ensure that people were supported at the right level at all times. People were supported by the right ratio of staff according to their assessed needs.

Staff recruitment procedures were robust and detailed, and ensured that appropriate pre-employment checks were carried out so only suitable staff worked at the service. No staff were able to be employed by the company without those checks being satisfactorily completed.

Staff induction training and on-going training was provided to ensure they had the skills, knowledge and support they needed to perform their roles. Staff had an in depth knowledge of how to support people and achieve their desired goals. All the training received was relevant and up to date, and included specific training on each individual being supported.

Staff skills and experience were organised and utilised effectively to maximise positive outcomes for people. People were matched with staff support that suited their specific needs and preferences.

We saw that medicines were administered and stored safely. Staff received training and competency checks to ensure that medication was administered safely.

Staff told us they were well supported by the registered manager and senior team, and had regular one to one supervisions. Staff valued supervision time and used it to give and receive feedback on the service they were providing.

People's consent was gained before any care was provided and the requirements of the Mental Capacity Act 2005 were met.

People were able to buy and choose the food and drink they wanted and staff supported people with this. People were encouraged to improve their independence and health through the ongoing support that staff had given with food, drink, shopping and cooking.

People were encouraged to maintain a healthy lifestyle, and were supported to access health appointments when necessary. A variety of healthcare professionals were involved in people's ongoing care, which was supported by the service. The staff all understood the specific of each person's health needs, and encouraged the choices that would support people's health.

Staff treated people with kindness, dignity and respect and spent time getting to know them and their specific needs and wishes. Staff including the management, had an excellent knowledge of people's needs.

People were involved in their own care where possible, and family members were involved when required. People and their family were able to contribute to the way in which they were supported. The service was proactive and innovative in planning people's care so that they felt listened to and empowered. People were supported in a creative and innovative way that identified their wishes and supported them to achieve their goals.

People's needs were identified and responded to in a creative way, so that people felt cared for and had maximum opportunities to pursue leisure and employment.

The service was flexible and responsive to people's needs which enabled them to live as full a life as possible. Strong links and activities were created within the community to enable people to feel a sense of belonging and achievement.

The service had a complaints procedure in place to ensure that people and their families were able to provide feedback about their care and to help the service make improvements where required.

Quality monitoring systems and processes were used effectively to drive future improvement and identify where action was needed.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Staff were knowledgeable about protecting people from harm and abuse.

There were enough trained staff to support people with their needs.

Staff had been safely recruited within the service.

Systems were in place for the safe management of medicines.

Is the service effective?

Good ●

The service was effective.

Staff had suitable training to keep their skills up to date and were supported with supervisions.

People could make choices about their food and drink and were provided with support if required.

People had access to health care professionals to ensure they received effective care or treatment.

Is the service caring?

Good ●

The service was caring.

People were supported make decisions about their daily care.

Staff treated people with kindness and compassion.

People were treated with dignity and respect, and had the privacy they required.

Is the service responsive?

Outstanding ☆

The service was very responsive.

Care and support plans were detailed, personalised and

reflected people's individual requirements.

Care staff were creative and proactive in their approach to people, maximising people's opportunities to achieve desired goals.

Innovative approaches were used to involve people in projects that utilised the community facilities they lived in, and gave people a sense of purpose and achievement.

People and their relatives were involved in decisions regarding their care and support needs.

There was a complaints system in place and people were aware of this.

Is the service well-led?

The service was well led.

People knew the registered manager and were able to see her when required.

People were asked for, and gave, feedback which was acted on.

Quality monitoring systems were in place and were effective

Good ●

Care Support MK Ltd

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 inspection took place on 11 September and was announced. The registered manager was given 48 hours' notice of the inspection. We did this because we needed to be sure that the registered manager or someone senior would be available on the day of the inspection to help respond to our questions and to provide us with evidence.

The inspection was carried out by one inspector.

Before the inspection, we reviewed the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. We also contacted the Local Authority for any information they held on the service.

We spoke with five people who used the service, four support workers, the quality assurance director, the registered manager, and the provider. We reviewed five people's care records to ensure they were reflective of their needs, four staff files, and other documents relating to the management of the service.

Is the service safe?

Our findings

The people we spoke with told us they felt safe when being supported by the staff. One person said, "Yes I feel safe when they are with me. I prefer it to when I am alone." Another person told us, "They know how to keep me safe." We saw that people were provided with an easy read guide to help inform them on the different types of abuse that exist, how to recognise it, and how to report it.

All the staff we spoke with had a good understanding of safeguarding, the signs of abuse and how to report it, and whistleblowing procedures. One staff member said, "It is part of our basic training, I report everything to the manager or someone senior. I record everything in detail and make sure the person knows that I have to inform the right people in order to keep them safe." We saw that training had been completed in these areas. The registered manager was aware of the requirement to notify CQC about incidents as required. During our inspection, we saw that people were comfortable with the staff members that were supporting them, who were able to support and guide them in the correct way to keep them safe.

Each person had a detailed and comprehensive risk assessment that covered all aspects of their lives and the support they required. Risk assessments were specific to each individual and explained in detail the proactive and reactive strategies staff should use in a variety of situations. The service supported people who may at times display behaviour that challenges, and this was recorded in detail within people's files where relevant. Direction and guidance was given to staff to support people through difficult situations safely. Actions that staff should take were clear, and the risk assessments themselves promoted positive risk taking and supported people to maintain independence as much as possible.

Recruitment practices ensured that suitable staff were employed by the service. All the staff we spoke with told us that they had to provide two professional references, obtain a disclosure and barring check (DBS) and identification checks. We looked at staff recruitment files and found application forms, a record of a formal interview, and evidence that references, DBS and identity checks had taken place. The registered manager told us that staff would not start work without satisfactory reference and clearances first taking place. All the staff we spoke with confirmed that they had gone through these security checks. The registered manager told us that staff with a variety of different backgrounds and experience were employed, and staff were assigned to people they could suitably support first. Once training had been completed, staff were then able to support people with more complex needs.

We saw that there were enough staff working for the service. During our inspection at the office of the service, several people came to visit and speak with us. All the people we spoke with said that there were plenty of staff and they were never understaffed. One person said, "There are enough staff for me. I always have someone with me." We looked at planned rotas and saw that people always received the correct amount of staff according to their support requirements. Assessed times and places were identified for people to have different ratios of staff support, and we saw that the service was capable of providing appropriate amounts of staff on all occasions, and to keep people safe.

People received support with the administration of medication. We saw that people's files contained a

detailed list of the medications they were taking, and what they were for. Staff members had received training in the administration of medication, and were confident within this area. Medication administration records were used by staff to record all medication administration, and we saw that these were filled in appropriately and accurately. Some people had medication that was only to be taken when required, and guidelines and protocols were in use and adhered to by staff. Staff understood that some medicines should only be taken under certain circumstances, and each person's care planning clearly stated when this was. This meant that people were safely supported to take the right medication, at the right time for them. All the people we spoke with said they were happy with the support they received with any medications they took.

Is the service effective?

Our findings

Staff received training which enabled them to work effectively with people using the service. A person told us, "The staff are pretty good. The company is good." During our inspection, we saw that staff worked well with people who had a range of different needs. We saw that staff and management interacted with people in the way that their support plans and risk assessments documented as the most effective way to support them.

All staff received a comprehensive induction and on-going training. One staff member told us, "I started with a general introduction to the company and its policies. Then I did many different training courses and read the care plans. After that, I spent time with other staff supporting people to get to know them and their routines." All the staff we spoke with confirmed that they went through this process.

Staff told us that the training they received gave them the skills they required to work with people. We saw that specialist training was provided to all staff to enable them to effectively manage challenging behaviour safely. This involved detailed plans for each person which explained what a person's triggers were, how they may react to certain situations, and de-escalation techniques. One staff member told us, "I feel very comfortable working with people because of the training that we have."

The service had given one staff member the opportunity to take a lead in behavioural support. This person was given extra training by the local authority on support planning systems and strategies. This enabled the staff member to improve planning within this area of the service, and support other staff with learning in this area.

The registered manager told us that training was responsive to the needs of the people being supported. We saw that staff supporting people with epilepsy and diabetes were given training on these subjects to improve their knowledge and support. We also saw that specific training sessions had been put together as a result of recognising an area of development within the staff team.

The registered manager told us that they had offered recording and reporting training to the staff team to standardise the way in which information was being recorded, and improve the documentation of daily information. We also saw that keyworker training was provided so that staff fully understood their responsibilities within that role. A key worker is someone who takes a lead role with a person's overall support needs and makes sure that information is up to date and reviewed.

Staff members received supervision from senior members of the team. One staff member said, "I get supervisions regularly and it's always easy to get support when you need it." We saw that supervisions were recorded within staff files, and spot check forms had been completed where the registered manager had supervised staff in their practice and recorded their competency.

The staff we spoke with all had an understanding of Mental Capacity Act (MCA). 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. We checked whether the service was working within the principles of the MCA and we saw that they were.

People told us that staff gained their consent before carrying out any care tasks. One person said, "Yes the staff ask me before doing things. I have no problems with that." During our inspection, we met people who were being supported by staff, and we saw that they were always asked what they wanted to do, and how they would like to do it. We saw that the service had recorded where people had the capacity to consent, and sought input from family members and professionals where appropriate.

People maintained healthy and balanced lifestyles through the support given by staff. One person told us that staff would regularly help them do their food shopping, and they were able to buy the things that they liked. One person said, "The staff encourage me to pick healthy things, but it's my choice." We saw that people had detailed plans within their files which documented the types of food the individual liked, disliked, and what were healthy options considering any health conditions a person may have. People were encouraged to maintain as much independence as they could in regards to their food purchases and preparation.

People had support to access healthcare services and received on-going support from staff with health needs. We saw that the details of any health condition people had were documented with detail in people's files. For example, a person with epilepsy had an explanation of the signs and symptoms of a seizure, with guidelines for staff to follow. A person with diabetes had all the details of their routines with eating times, food types, and diabetes medications documented and regularly reviewed. We saw that people had a log of all the medical appointments they had accessed so that staff were aware of their needs, and future appointments were booked in to people's diaries with adequate support given to attend. All the people we spoke with felt their health was good as a result of the support the staff gave them and the knowledge they had to respond to them.

Is the service caring?

Our findings

People felt that the staff supported them in a kind and caring manner. One person told us, "Yes I get on well with the staff, they are very nice." Another person said, "Yes, I like them a lot." We could see that staff knew each person they were supporting well, and gave people the time and space that they needed to respond to questions and understand them. People appeared comfortable with the staff members that were supporting them and told us they got on well with all the staff that supported them.

Staff were aware of and understood people's preferences. All the staff we spoke with told us that they often worked with the same people, and they had been given the chance to get to know them well and understand each person's personality. The care plans we saw clearly demonstrated how people wanted to be cared for. We saw sections of care planning that showed what people can do for themselves, and what they may need help with. We also saw that the personality, skills and attributes of staff were listed so that people could be matched up with staff that would suit their needs best. This meant that staff had an excellent grasp on the way in which people both wanted and needed to be supported by them.

People felt involved in the planning of their own care. We saw evidence that people had been involved in creating their care plans and their views and wishes were taken in to consideration. We saw that each person's own opinions on what worked well for them was recorded, then separately the opinions of family members and staff that worked with the person. Altogether this gave a wide ranging perspective on a person's needs and what was best for them. People had keyworker staff that took a lead role in working with the person and all care planning we saw was reviewed regularly and updated as required.

People's privacy and dignity was respected by staff. One person said, "Yes my privacy is respected. They leave me alone if I want to be." All the people we spoke with made similar comments. We saw that people's care plans documented their preferred routines which included clear instructions to staff to be mindful of people's privacy and property. We saw that one person did not like staff to spend too much time in their room, so their care plan informed staff to only enter the room when the person has requested specific assistance, and then leave promptly afterwards. Some people using the service were supported to share accommodation with each other. In these circumstances, we saw clear guidelines in place to help people understand one another's personal space and privacy, whilst maintaining positive friendships with one another.

People were supported to be as independent as possible. All the staff we spoke with understood the importance of supporting people to maintain their independence. Care plans showed what people could do for themselves and where they needed support. Staffing ratios were matched with the level of need within each area of a person's life, rather than at all times. We saw that whilst one person needed one to one staffing whilst in the community, there was also guidelines in place to enable the person to be at home alone and remain safe and independent.

The service had information available to people should they wish to gain support from an advocate. Nobody was using advocacy services at the time of our inspection.

Is the service responsive?

Our findings

Care was delivered in a personalised way and innovative way. We saw that preferences were listed in detail throughout care planning and included things such as favourite foods, clothes, music, hobbies, skills and interests. People had a section in their care file which told staff 'What is important to me.' This made sure that people's voices and opinions were heard and respected by staff, which meant their care was personalised to them. When required, we saw that photographs and pictures were used to assist people to both express and understand what they liked to do and how they liked to do it.

We saw that the service supported a person who had complex and sometimes challenging needs. Staff recognised the importance of sensory activity with the person along with their likes and dislikes, so with the person, came up with a plan to build a sandpit for sensory and entertainment purposes. Preparation for new tasks and routines was important to the person involved, so the service created a detailed plan with the person about how this would work. We saw that a picture plan for the purchase and construction of a custom built sandpit was put together for them to fully understand and be involved in the building process. We saw a photo journal that was made showing the person getting involved in making the sandpit according to the plans made, and the successful outcome for them at the end. We spoke with the person involved and they recalled the process fondly, telling us they enjoyed working with the staff and having a sense of achievement at the end.

The service identified people's needs, skills and preferences and responded to them in a proactive, innovative and flexible way. One person was supported to gain employment with the service itself. We saw that the service had identified the person's skills and desire to work, so put together a flexible arrangement for them to be employed as a cleaner within the offices the company used. This meant the person was given the opportunity to achieve their desire of employment, in a flexible and achievable way, with the support they required.

The service recognised a collective interest and need from within the people it was supporting, and came up with an innovative plan to support them, and combined this with active use of the community. A community allotment was purchased for people to use to grow vegetables and flowers for their own use. Scheduled slots were arranged for people to use the space and benefit from the produce. This meant people were able to gain a greater understanding of food and produce, feel a sense of achievement from growing the produce, save money on their food bills and contribute to their own healthy lifestyles. We saw that people were actively involved in this project as it was documented in photographs taken by people themselves, and promoted within a newsletter for people to read about.

The service was actively involved and visible within the community. They supported each person to collate weekly activity schedules which involved them in a wide range of community based activities. Some people were supported to budget and access specific day services and use community transport. Others were supported to go out and use community leisure and retail facilities on a regular basis. The service made connections with the community facilities being used by talking with and asking for feedback around their use and how this might improve. The service held a yearly awards evening at a hotel where people and staff

could attend an event which celebrated each person's achievements over the year. People that we spoke with told us they enjoyed the event a lot and looked forward to the next one. We saw that people's achievements around their independence and progress was celebrated by staff, people and their families.

People would receive a pre-assessment of their needs before using the service. The registered manager told us, "We would carry out a specific and coordinated transition between services." We saw that some people being supported by the service had previously been supported by other services in the area, some transitioned from children's and young people's services, and some from living with family members. In all cases we saw that a personalised pre assessment of needs was carried out and people were able to settle in to using the service at their own pace. We spoke with the local authority who told us, "We have nothing but praise and thankfulness for this service." They also told us, "The service works collaboratively with the Joint Learning Disability service, particularly in the formulation, understanding and support of people who are displaying behaviours that cause concern. Providers who work in this way form an important part of our strategy to support people to live with the support they need in their own homes, thus avoiding the need for people to live in institutional care and greatly improving their outcomes."

People's needs in relation to equality, diversity and human rights were being met. The service supported one person to continue to attend a place of worship according to their religious beliefs. This person had grown up attending church with support from their educational placement, and wanted to continue to do so as an adult. The service made sure that they could attend a church on a regular basis and still feel part of this community. The person could at times display behaviours that challenge, so they were given the support of two staff members. The staff members were able to support the person either within the main church, or within a separate area in the church which had a video link to the main area. This meant that even if the person was not able to cope with the main church environment, they had a space to go to and were able to still feel part of the service.

We also saw that people were able to receive support from staff of the gender of their choice when appropriate. One person had challenging behaviour needs and expressed anxiety and difficulties working with female staff. The service had records of several incidents caused by these anxieties when the person was being supported by a different service. The service was able to provide a consistently male support team for the person which enabled them to avoid their anxieties and challenging behaviours around this subject.

The service adapted and changed its methods of communication to suit each individual they were supporting. We saw that easy read formats were created for people to understand certain information, and specific communication plans were devised for others. For example, the service recognised that one non-verbal person did not wish to use sign language to communicate, and preferred the use of written word and pictures. The staff team were trained in sign language, but were then updated with a new communication plan for the person to make sure they communicated in the way they preferred. This meant the person had control in their life and was able to be supported in the specific way they chose.

People were encouraged and supported to develop and maintain relationships with people that mattered to them. Care planning clearly documented the relationships that people had with their family and friends, including positive and negative, past and present relationships. This enabled staff to support people with the relationships that mattered to them in a sensitive way.

A complaints policy and procedure was in place. The people we spoke with told us that they had not had to make any complaints, but were aware of the formal complaints procedure. We saw that the complaints procedure had been produced in a format that was accessible and easy for people to understand. People

told us they were confident to raise any concerns should they have any, and were regularly encouraged to feedback any issues they may have. Any complaints that had been made were responded to promptly, and actions were created and followed up in a timely manner . We saw that when complaints or issues were raised, they were followed up in staff supervision or team meetings so that they could be discussed and learnt from by the relevant staff.

Is the service well-led?

Our findings

People told us that the management within the service was good and they could contact them at any time. One person told us, "[Managers name] is very nice, I see them and talk to them all the time." We saw that the management within the company had an excellent knowledge of all the people using the service and could speak at length about their achievements and goals for the future. During our inspection, we saw that several people visited the offices. People were clearly familiar with the management team and the office environment. There was a room within the offices that was set up specifically for the use of people to visit, relax, take part in activities and use the internet. One person was using the computer to create images they liked and print them off to take home with them.

Staff members received positive support from the management team. One staff member said, "The management are fantastic, very supportive." Another staff member said, "It's honestly like a family. Very professional, but very supportive and caring." We saw that the registered manager, provider and quality manager all communicated positively with staff members and the atmosphere was relaxed and welcoming for everyone.

We saw that the service had a staff structure that included three directors, one of which was the registered manager, and one who was the quality manager. The service had identified skills within the staff team and given some people the role of senior support workers, and some people lead roles within specific areas for training. People were well aware of their responsibilities and confident within their roles. The staff we spoke with were aware of the visions and values of the service and felt positive about the continuing development of the service.

Incidents and accidents were reported accurately by staff. We saw that information was recorded in detail on the relevant forms and showed a managers response and actions to each incident. The registered manager was aware of their responsibility to report certain incidents, such as alleged abuse or serious injuries, to the Care Quality Commission, and had systems in place to do so should they arise. An on call system was used by the service so that staff always had someone to speak to on the phone should an emergency arise. One staff member told us, "There is always someone at the end of the phone who will offer support. They will come out quickly if I ask them."

The service had employed a quality assurance manager to oversee quality management. Various audits took place on a regular basis and we saw that staff were involved in this process. This included the audits of MAR, care plans, people's financial records and risk assessments. When errors or omissions were found we saw that prompt action was taken. Feedback was gathered from a variety of sources to understand where quality could be improved upon. People, staff and family members were given the opportunity to feedback their thoughts on the quality of the service on a regular basis. The service devised a questionnaire which was given out to various community facilities, day services and businesses that were used by the people they supported. This gave these services an opportunity to feedback their own perspective and point of view on how the person was supported to access their service, and what improvements might be made to better their experiences.

