

Skills Support Limited

Skills Support Limited - Doncaster

Inspection report

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Date of inspection visit:
23 May 2017

Date of publication:
27 June 2017

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

The inspection took place on 23 May 2017, with the provider being given short notice of the visit to the office in line with our current methodology for inspecting domiciliary care agencies. This was the first comprehensive inspection of the service under the current registration.

Skills Support Limited - Doncaster provides support to people living in their own home who have a learning disability. A small proportion of the support packages they provide include providing personal care to people.

The service had a registered manager in post at the time of our inspection. 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 and associated Regulations about how the service is run.

At the time of our inspection there were four people who were receiving personal care from staff. We spoke with three people who used the service and two close relatives. When we asked people about their experiences of using the agency they indicated that they were very happy with the service provided.

There were systems in place to reduce the risk of abuse, and to assess and monitor potential risks to individual people. The provider acted appropriately where people were suspected to be at risk of harm. For instance, we saw potential risks to people had been assessed to ensure the environment was safe for people to live and work in, and to enable people to access the community safely.

People's needs had been assessed before their care package commenced and where possible they, and the relatives, if appropriate, had been involved in formulating their support plans. Records identified people's needs and preferences in good detail and had been reviewed and updated as needed.

People were encouraged to manage their own medication if they were able to, and some people were supported by their close family. However, when assistance was required to ensure people received the correct medication, at the right time, appropriate levels of support were provided.

We found recruitment processes were thorough, which helped the employer make safer recruitment decisions when employing new staff. There was sufficient trained and experienced staff employed to ensure people received support from staff who knew them well. People we spoke with confirmed they, or their family member received consistent support from the same care team.

People were enabled to raise any concerns or complaints. The complaints procedure told people how to raise a concern and how it would be addressed. This information was also available in a pictorial [easy to read and understand] format. Relatives we spoke with said they had not made any complaints, but were confident that any concerns they raised would be dealt with swiftly.

The registered manager had a clear oversight of the service, and of the people who were using it. People were encouraged to share their views about the quality of the care provided, to help drive up standards and influence change. Systems had been developed to monitor how the service operated and identify areas for improvement. This also gave the service an opportunity to learn from events and improve the service for people.

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 knew how to recognise and respond to abuse correctly. They had a clear understanding of the procedures in place to safeguard vulnerable people from abuse.

Individual risks had been assessed and identified as part of the support and care planning process.

The process for recruiting new staff helped to make sure the right staff were employed to meet the needs of people safely.

Where needed people were supported to take their medication safely.

Is the service effective?

Good ●

The service was effective.

Staff had accessed a varied programme of training that enabled them to care and support people who used the service safely and to a good standard.

Records demonstrated people's capacity to make decisions had been taken into account. Staff had completed training in this subject and understood their role in supporting people in their best interest.

People were supported to access healthcare professionals, such as GPs, specialist support teams and hospital appointments.

Is the service caring?

Good ●

The service was caring.

The staff were kind, caring and treated people with dignity and respect. People told us they were very happy with the care and support provided.

Arrangements were in place to support people to express their views and to be actively involved in making decisions about their

care.

Is the service responsive?

Good ●

The service was responsive.

People had been involved in planning their care and their views were incorporated into how their care was delivered.

There was a system in place to tell people how to make a complaint and how it would be managed.

Is the service well-led?

Good ●

The service was well led.

The registered manager had a clear oversight of the service, and of the people who were using it.

There was a clear management structure and staff were clear about their roles and responsibilities.

Systems were in place to gain people's opinion of how the service operated and evaluate where improvement was needed.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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.

The inspection included a visit to the agency's office on 23 May 2017. To make sure key staff were available to assist in the inspection the provider was given short notice of the visit, as in line with our current methodology for inspecting domiciliary care agencies. An adult social care inspector conducted the inspection.

To help us to plan and identify areas to focus on in the inspection we considered all the information we held about the service. Before the inspection, the provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well, and improvements they plan to make. We also considered any information shared with us. We requested the views of other agencies that worked with the service, such as service commissioners, healthcare professionals and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

At the time of our inspection there were 4 people using the service who received support with their personal care, although the agency also supported people who only required social support. We spoke on the telephone with two people who used the service and two relatives. We also met one person who used the service when we visited the agency's office.

During the inspection site visit we looked at documentation including the care records and risk assessments of the four people being supported, three staff personnel and training files, complaints records and other records relating to the management of the service. We also spoke with members of the management team.

Following the site visit we spoke with two care workers on the telephone, as well as two healthcare professionals who worked with the service.

Is the service safe?

Our findings

People who used the service, and the relatives we spoke with, told us they felt staff provided care and support in a safe way.

We checked to see whether care and support was planned and delivered in a way that ensured people's safety and welfare. Records we looked at contained relevant support plans and risk assessments in area's including; behaviour, psychological and emotional needs, mobility, and medication. For example, one person's records clearly outlined their baseline behaviour, with signs to look for if their behaviour was to escalate, or become crisis behaviour. Comprehensive guidance was provided on triggers to watch for at each stage and actions to take to de-escalate or manage situations. Assessments and support plans had been periodically reviewed to ensure they stayed up to date.

An environmental risk assessment had also been completed for people's homes, where staff undertook care duties and provided support to people. These had been carried out before care packages commenced to identify any potential risks in the person's home that could have an impact on staff carrying out their duties, or on the person themselves.

Policies and procedures were available regarding keeping people safe from abuse and reporting any incidents appropriately. The registered manager was aware of the local authority's safeguarding adult's procedures, which aimed to make sure incidents were reported and investigated appropriately. The registered manager used an electronic database to provide an overview of any concerns raised and any actions taken.

We found staff had received training in relation to safeguarding people. This was part of the provider's induction programme, followed by periodic refresher training. Staff we spoke with demonstrated a good knowledge of safeguarding procedures and their responsibilities in relation to protecting people from abuse and acting on suspected abuse. There was also a whistleblowing policy, which staff were aware of. Whistleblowing is one way in which a staff member can report suspected wrong doing at work, by telling someone they trust about their concerns.

There was a policy in place to guide staff in how to support people using medicines, including recording and storing medicines, as well as administering them. People's records showed that staff were following their support plans, and the provider's policy, in relation to handling and recording people's medication. Each person had a clear record of the medication they were taking and staffs role in supporting them to take them safely. The registered manager explained to us how they supported some people to order their regular medication. This along with the recording of the administration was carried out very effectively. We also saw medicines that were only administered 'as and when required' [PRN] were well documented and an audit system was in place to ensure they were not overstocked. Periodic medication reviews had taken place in line with each person's needs.

The service had a recruitment policy which helped to ensure only suitable people, with the right skills, were

employed by the service. We checked three staff files, all of which contained the appropriate checks before they commenced employment. These included a face to face interview, written references and a satisfactory Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

The service only supported a small number of people receiving personal care. We saw their support was provided by a small team of staff who knew them well, so they received consistent care and support. All the people we spoke with confirmed that support was provided by the same staff on a regular basis. One relative commented that staff were, "Very reliable" adding, "They are always on time. They never let us down."

Is the service effective?

Our findings

We found people were supported to live their lives in the way they chose, and their wishes and preferences were respected. The relatives we spoke with were complimentary about the staff that supported their family members and said they felt they had received the training required to meet people's needs. One relative said, "I have no issues [with staff]. They know what needs doing and why."

We found new staff had undertaken an induction to the agency which included becoming familiar with key company policies and procedures and undertaking the company's mandatory training. Topics covered included health and safety, basic first aid, fire safety, safeguarding people from abuse and food hygiene. Staff told us they had also shadowed an experienced care worker until they felt confident and competent to support people on their own. The registered manager said all new staff were given information such as a copy of the Code of Conduct for Healthcare Support Workers and Adult Social Care Workers, and the staff handbook. The latter provided details of how the service operated and their roles and responsibilities.

The registered manager used a training matrix to monitor the training staff had completed and when subjects needed refreshing. We also saw staff had been supported to develop their skills by undertaking nationally recognised diplomas or specific training to meet the needs of the people they supported. For instance, some staff had completed the local authority's manual handling passport training as they supported people who may require moving safely at times. Other staff had attended training to enhance their knowledge so they were better prepared to support people's specific needs. This included diabetes awareness and de-escalation, breakaway and diffusion techniques. Staff we spoke with said they felt they had received all the training they needed to support people appropriately and carry out their job effectively.

The registered manager told us staff meetings did not take place because due to the nature of the work these were not practical. However, staff told us the management team communicated effectively with them, and felt that this helped them support people better. They told us how the management team regularly text or called them to provide information and follow up on points raised. We also saw staff had taken part in one to one support sessions at least four times a year, as well as periodic observational assessments, and an annual appraisal of their work. These helped support staff in their work and helped them look at areas to develop their skills and knowledge.

The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS), and to report on what we find. We checked whether people had given consent to their care, and where people did not have the capacity to consent, whether the requirements of the Act had been followed. We saw policies and procedures on these subjects were in place. Care records demonstrated that people's capacity to make decisions was considered and recorded within the assessment and care planning process. Where restrictions were in place, such as always being accompanied by a member of staff, decisions had clearly been made in the person's best interest and had involved people close to them and

professionals involved in their care and support. For instance, one person's file showed a multidisciplinary team had met to look at the least restrictive way to keep the person safe. We saw people had also signed to say they agreed to the planned care and support.

People's files contained details about their nutritional needs, including information about their food preferences and dislikes, as well as special dietary requirements. Some people lived with their family so did not need help with their meals. However, other people said they shared responsibility for shopping and preparing meals with the people they lived with, and were assisted by staff if needed. Staff we spoke with demonstrated a good knowledge of people's individual dietary needs and the level of support they required. In some cases we saw staff had used food logs to monitor what people had eaten. This information had then been used to assess if they were eating the correct diet.

Is the service caring?

Our findings

People who used the service told us staff supported them in a friendly, kind and caring manner. They said they were very happy with the way staff supported them and felt they respected their decisions and preferences. The relatives we spoke with were also complimentary about how staff supported their family member. One relative told us, "They [staff] ask her what she wants and give her a few options to choose from." When we asked if their family member was happy with the way staff supported them they said, "When I tell her who's coming she claps her hands and is very happy."

Support plans contained information for staff about how to ensure people's dignity and privacy was upheld. Staff we spoke with were able to describe the importance of upholding people's dignity. One relative commented, "They treat her with dignity and respect and offer choice, and they took on board for example her likes and dislikes."

People had been involved in developing their support plans, which led to their needs being met to their individual specifications. Care files contained details about people's likes and dislikes, what was important to them and their abilities. There was also a one page profile telling staff about their favourite things and what their worse and ideal days looked like. This enabled staff to support people to have the kind of day they wanted.

The registered manager told us they tried to match people who used the service with the staff employed. For instance, people were asked if they preferred male or female care workers, a younger or older person or someone who was quieter or more vocal. The registered manager said that as there was only a few people receiving personal care the care team was small, which enabled her to provide the same care team for each person. This meant the staff and people who used the service, as well as their close relatives, could build up relationships. This also ensured consistency when delivering care and support. The people we spoke with confirmed they were very happy with the arrangements in place.

Staff received a staff handbook as part of their induction. We saw this contained information about the services expectations of staff, including respecting people rights to privacy and choice.

In care files consideration had been given to peoples' rights to privacy, such as could the person manage their own mail, or did they need support from staff. We found staff were aware of local advocacy services if anyone needed independent advice or support and we saw evidence in people's files regarding advocates involvement. Advocates can represent the views of people who are unable to express their wishes.

People had access to information in an easy read format to help them make decisions and understand guidance. For example, the provider had produced a pictorial easy read 'Service Users Guide' which told people how the agency operated.

Is the service responsive?

Our findings

People who used the service, and the relatives we spoke with, told us staff delivered personalised care and support which met people's needs. Everyone we spoke with was happy with the care and support provided. One person told us, "I am happy with them [care worker supporting them]." A relative commented, "He's [family member] happy and that's all that counts. He looks forward to [name of care worker] coming to take him out."

We looked at the office copies of people's care records and found they contained detailed information about the person's needs, any risks associated with their care and their preferences. The people we spoke with confirmed key information was available in each person's home. Support plans were written in a person centred way that gave staff clear guidance about how to support individual people. A care worker told us, "I helped write them [guidance for staff regarding supporting people]. We made them easy to read so new staff would be able to understand them." People's needs had been periodically reviewed and updated as needed. One care worker described how they had shared information with the management team to affect change for someone using the service.

Staff had also completed various forms to monitor areas such as people's moods and sleep patterns. These had been completed in detail and checked when returned to the office to evaluate people's wellbeing.

Visit records were maintained for each person which described the support delivered and how the person had been during the period being recorded. The registered manager told us care and medication records were returned to the office each Monday, where they were checked so managers could monitor if support had been delivered in accordance with people's assessed needs.

Records showed the service worked responsively with external healthcare professionals, who were involved in people's care and support. This included, dieticians, the Speech and Language Team [SALT], GPs, social workers and psychiatrists.

A senior outreach worker from the day centre attended by people using the service told us staff shared information well and complimented them for the way they supported people. They added, "[Named care worker] is really good with people. She picks them up and gives them extra time if they need it. For example, if [person using service] is doing something that has taken longer, she is always willing to wait." A senior community nurse also spoke positively about the service. They told us, "Staff are extremely vigilant with care and recording. They maintain good relationships with [the person being supported and their relative] in difficult circumstances at times. Their manager keeps weekly contact with myself and more often when required. I have no concerns with the service they provide and I am confident that they follow advice and plans as directed by professionals."

People told us how staff supported them to carry out daily living tasks, such as food shopping, as well as leisure and social activities. One person described how they enjoyed their voluntary job, while another person told us about staff supporting them to attend a day centre. When we called to speak to a third

person they were being supported by staff to go swimming. Following our visit to the agency the care worker who was with them when we called described their role in supporting activities and providing personal care, this matched the support plan we saw at the office.

The provider had a complaints' policy which was written in plain English and gave timescales for the service to respond to any concerns raised. We also saw a pictorial easy read version was available to assist people to understand the process. No complaints had been received, but we saw a system was in place to record any concerns raised. This included the details of the concern, actions taken and the outcome. We also saw numerous compliments had been received about the agency in general, but none that related specifically to the personal care side of the service.

None of the people we spoke with raised any complaints or concerns about the service provision. They said they would feel confident raising any issues, which they felt would be taken seriously. One relative commented, "He [family member] would tell us if things weren't right, he has done in the past [meaning when support was provided by a different company]." Another relative told us, "I have no concerns at all."

Is the service well-led?

Our findings

At the time of our inspection the service had a manager in post who was registered with the Care Quality Commission, as required as a condition of provider's registration. They were supported in their post by a management team which included care co-ordinators, a recruitment and quality manager and administrative staff, who all worked closely as a team.

We saw the registered manager took an active role in the running of the service and had a good knowledge of the staff and the people who were supported by the agency. We saw there was a clear management structure, which was shared with staff as part of the staff handbook.

We found people benefitted from a staff team that were happy in their work. The service had a positive culture that was person-centred, open and inclusive. It had a well-developed understanding of equality, diversity and human rights and put these into practice.

People knew who to contact at the office if they had any concerns or queries. Relatives knew the registered manager by name and said they would be comfortable talking to her if the need arose. A relative told us, "I know she's [registered manager] there and she'll listen and make sure everything is okay." A senior outreach worker told us they felt the agency was well run and communication was good. They said they mainly spoke with the registered manager, who addressed any problems immediately.

Surveys and care review meetings had been used to gain people's views about how the service was operating. The provider had summarised the outcome, but the information incorporated the people who received personal care, as well as those who received social care. However, we saw the majority of people who responded were either very happy or happy with the service they had received. A staff survey had also taken place in 2016. The majority of staff felt there was an open culture at the agency and they were happy with how the agency was managed. Where areas for improvement had been highlighted, such as communication, these had been considered and acted upon.

We saw the minutes of the quarterly management meetings which were attended by key office staff. We also saw weekly meetings took place every Monday. The registered manager told us these had been used to discuss planned changes and any areas needing attention. She said she recorded notes from the meetings in a note book, but these had not been formalized. She agreed to look at formalising the notes so they clearly reflected the content and outcome of meetings.

Although no general staff meetings had taken place we saw the company used newsletters to update and inform staff. The two we sampled covered topics such as the arrangements for office cover over Easter, changes to policies and procedures, changes in the national minimum wage, social events and the role of the Care Quality Commission. Staff told us information was also text to their phones as and when needed and had an out of hour's system when the office was closed, to enable staff to request guidance and support.

There was also a system of supervision and appraisal to enable staff to understand changes and developments within the organisation, as well as for managers to give feedback to staff and monitor their performance. Staff we spoke with told us they found these to be a helpful and effective way of discussing issues within their work or of a more personal nature. One care worker told us, "This is a brilliant company to work for. They are supportive and get back to you [when they had a query], even out of hours. It's the best job I've ever had"

There was a range of policies and procedures available to support the safe and effective running of the service. Staff had access to these online or at the office. The registered manager told us they had just changed the company they used to produce policies and procedures so they were currently checking them to make sure they accurately reflected how the service operated.

We saw regular audits had been undertaken to check that the service was operating correctly and staff were following company policies. This included monitoring records returned from people's homes, care plans, medication records and operational performance. We saw where the audits identified improvements could be made, these had been actioned.

The provider's system for monitoring incidents and accidents was thorough, and enabled them to learn from untoward incidents.

Discussions with the registered manager confirmed their awareness of when to send us a statutory notification about events that occurred, which they are obliged to do by law.