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HELP Personal Services

Inspection report

40 Cannon Leys
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Tel: 07872942625

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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

This announced inspection took place on 6 September 2016.

HELP Personal Services is a supported living service for five people with learning difficulties who live in a shared house. Whilst each person has a tenancy agreement for their individual en-suite room they share the communal areas of lounge, dining room, kitchen and gardens. There is also a communal bathroom that people can use. The service users usually eat their main meals together and share the cost of the food.

The service is not required to have a registered manager as it has an individual as the registered provider. A registered manager is a person who has registered with the CQC 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.

During our inspection we found that people were safe using the service. Staff were aware of the safeguarding process. Personalised risk assessments were in place to reduce the risk of harm to people, as were risk assessments in relation to the running of the service and the environment. These were reviewed regularly. There were effective processes in place to manage people's medicines and referrals to other health and social care professionals had been made when appropriate to maintain people's health and well-being.

There were enough skilled, qualified staff to meet people's needs. Staffing levels fluctuated from day to day and was dependent on the activities being undertaken by people who used the service at any time. Robust recruitment and selection processes were in place and the provider had taken steps to ensure that staff were suitable to work with people who used the service. Staff were trained and supported by way of regular reviews of their experience and competency.

People or relatives acting on their behalf had been involved in determining their support needs and the way in which the support was to be provided. Their consent was gained before any support was provided and the requirements of the Mental Capacity Act 2005 were met. Where people did not have the mental capacity to make or understand decisions and nobody had legal authority to make them on their behalf, decisions were made that were in the person's best interests. People and their relatives were involved in the regular review of their support needs.

People were supported to maintain their employment, interests and hobbies. They were encouraged to access the community and be involved in a number of social events. They were assisted to choose a healthy, nutritious diet and maintain a healthy weight.

There was an up to date complaints policy in place and a notice about the complaints system was on display in the service.

There was a very friendly, family atmosphere at the service. People, relatives and staff were able to make suggestions as to how the service was provided and developed. Staff worked as a team to provide the required support to people who used the service. An effective quality assurance system was in place.

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 aware of the safeguarding process

Personalised risk assessments were in place to reduce the risk of harm to people.

People's medicines were administered safely and as it had been prescribed.

There were enough skilled, qualified staff to meet people's needs.

Is the service effective?

Good ●

The service was effective.

People were supported to make healthy choices with food and drink.

Staff were trained and supported by way of regular reviews.

The requirements of the Mental Capacity Act 2005 were met.

Is the service caring?

Good ●

The service was caring.

Staff were kind and caring.

Staff promoted people's dignity and treated them with respect.

People were provided with information about the service.

Is the service responsive?

Good ●

The service was responsive.

People's needs had been assessed before they joined the service to ensure that these could be met.

People and relatives had been involved in the development of support plans which took account of people's preferences and were reviewed regularly.

There was an effective complaints policy in place.

Is the service well-led?

The service was well-led.

The provider was involved in the overall management of the service.

There was a very 'homely' feel to the service and the staff worked as a team to support people.

There was an effective quality assurance system in place.

Good ●

HELP Personal Services

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 6 September 2016 and was completed by one inspector. We gave the service 48 hours' notice of the inspection because it is small and the manager is often out of the office. We needed to be sure that they would be in.

Before the inspection, the provider 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 reviewed the information available to us about the home, such as notifications. A notification is information about important events which the provider is required to send us by law. We also reviewed information about the home that had been provided by staff and members of the public.

During the inspection we spoke with three people who used the service, two support workers, the provider and a consultant who supports the provider in the operation of the service. We carried out observations of the interactions between staff and the people who used the service.

We reviewed the care records and risk assessments for two people, checked medicines administration and reviewed how complaints were managed. We also looked at two staff recruitment records and looked at how the quality of the service was monitored and managed.

Is the service safe?

Our findings

People told us that they felt people were safe and secure living at the service. One person told us, "I feel safe living here, having people around me."

The provider had up to date policies on safeguarding and whistleblowing. Whistleblowing is a way in which staff can report misconduct or concerns within their workplace without fear of the consequences of doing so. Information about safeguarding was displayed on a noticeboard in the entrance hall, together with details of the telephone numbers to contact should people wish to. The staff we spoke with told us that they had received training on whistleblowing and safeguarding procedures. They were able to explain these to us, as well as describe the types of abuse to be aware of. One member of staff told us, "I had my training not long ago. I would go to [provider] or [consultant] if I had any worries. I am aware of the whistleblowing policy but have never had cause to use it." Another member of staff said, "I did my safeguarding training about a year ago but I have done refresher training on-line. We do have a whistleblowing policy and I did training on that on-line."

Risks posed to people by the care and support they received had been assessed, and personalised risk management plans put in place to minimise potential risks to people. For example, one person had risk assessments which included how to manage risks associated with accessing the community. These included crossing the road, wandering and talking to strangers. Staff were given detailed strategies to manage these risks and reduce the risk of harm arising. The strategies included asking the person closed questions and distraction techniques.

Staff told us that they were made aware of the identified risks for each person and how these should be managed by looking at people's risk assessments, their daily records and by talking at shift handovers. One member of staff said, "At handover we discuss what's happened and anything important that we need to know. We also have a communication book in which we write things down." Staff therefore had up to date information and were able to reduce the risk of harm. Each person had a personal emergency evacuation plan (PEEP) in place, which had been reviewed and updated as people's needs had changed.

The provider had carried out annual assessments to identify and address any risks posed to people by the environment or support activities. These had included fire risk assessments and the handling of potential hazardous substances as well as general risks such as when providing personal support or incorrect food hygiene. Checks were also carried out to ensure that equipment had been serviced and portable appliances had been tested for electrical safety. There was an emergency plan in place, which included information of the arrangements that had been made for major incidents such as the loss of all power or water supply. Accident and incident forms were available but none had been completed as no accidents or incidents had occurred.

People told us that there was always enough staff on duty to support them. Staff seemed to have time to spend with people without appearing to be rushed or stressed. The provider showed us the staff rota and said that the staffing level fluctuated depending on the activities that people who used the service were

doing. There was always at least one member of staff at the property whenever someone was at home.

We looked at the recruitment files for two members of staff who had recently started work with the service. The provider had robust recruitment and selection processes and we saw that all appropriate checks had been carried out. The provider retained copies of the notes taken during recruitment interviews. The checks included Disclosure and Barring Service Checks (DBS), written references, and evidence of their identity. This assisted the provider to make safer recruitment decisions and confirm that staff were suitable for the role to which they were being appointed.

We saw that people received their medicines as prescribed and that medicines were stored and administered in line with current guidance and regulations. Only trained staff administered medicines and they confirmed they had received regular training updates.

We looked at the medicines administration records (MAR) for all of the people who used the service. We found that these had been completed correctly and medicines taken by people had been recorded. The MAR were checked daily and any gap was investigated and the cause recorded. People's medicines were mainly in blister packs and staff checked these against the MAR before people were given them. However, we were unable to reconcile the stocks of medicines held as the provider had been advised to develop a simpler MAR and the stock count had been omitted on the revised form. We spoke with the provider and consultant about this and they immediately made revisions to the MAR to enable this check to be undertaken when the next monthly cycle of medicines was received from the pharmacy.

Some people had medicines that had been prescribed on an 'as needed' basis (PRN). However there were no protocols in place to advise staff of when PRN medicines should be offered. The provider and consultant addressed this immediately.

Is the service effective?

Our findings

People we spoke with were confident in the ability of the staff to provide effective support for them. One person told us, "It is great living here." The staff rota showed that, where possible, people were supported by the same member of staff. This had enabled the staff to learn people's preferences and tastes and support them in the way that they wanted.

Staff told us they had received induction training and had on-going training to help them undertake their roles. One member of staff said, "I did on-line training and was introduced to people. I shadowed (observed experienced staff) for three shifts. I was eased in. When I shadowed I got to know people, and I read through the care plans." Staff told us that the on-going training was mainly on-line although the provider and the consultant delivered some face to face training. One member of staff told us, "Training is very interesting. The sensory training that I did recently explained how the brain works. It gave me a better understanding of how and why many things are done." Another member of staff said, "It helps you to remember stuff you may have forgotten. It brings it back to you." Another member of staff said, "I like the on-line training as you can pick it up as and when you want to. There is a lot of free courses. I sit and look at what is available to update me. I have just enrolled on a social care training course."

The provider checked that members of staff were up to date with their training during their supervision meetings and by maintaining a matrix chart which was updated as staff completed their training. This enabled them to have confidence that people were supported by staff that had the necessary skills to do this effectively.

Staff told us that they had regular supervision meetings during which they could discuss their performance and training needs. One member of staff told us, "We are asked if there were things we would like and given suggestions for our development. I am looking into courses for supporting people with Downs Syndrome through the aging process." The provider showed us the supervision plan for the year. Staff had a full review at the beginning of the year. These had all been completed in February 2016. There was a joint review with all staff mid-year. In 2016 this had been undertaken on 6 May. A short review with individual members of staff was planned for later in the year.

People's capacity to make and understand the implication of decisions about their care were assessed and documented within their care records. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. Applications to deprive people of their liberty in a supported living service must be made through the Court of Protection. There was nobody who was supported by the service who was being deprived of their liberty at the time of this inspection.

We looked at the records around the requirements of the Mental Capacity Act 2005 and saw that these had been followed in the delivery of care. One record showed that the person's next of kin had been granted Deputyship by the Court of protection in 2014 but this was only in respect of their property and affairs, not health and welfare. A meeting had been held in March 2016 with the person, their next of kin, an advocate from a local support group and their support worker to review their needs and agree support plans that were in their best interests. This demonstrated that the service had gained consent to support in accordance with the requirements of MCA.

Staff told us of ways in which they gained consent from people before providing support. They explained that they understood people's verbal and non-verbal methods of communication. One member of staff told us, "They can all communicate. We give different choices so [they] can pick. They can make their own mind up what they want to do. They will say yes or no."

People contributed equally to planning meals and contributing to the cost of the food. Unless people were eating out, main meals were cooked and eaten together. One person told us, "We get nice dinners. There is always lots of fruit. I take it to work or sometimes eat it for afters." Another person said, "I like shepherd's pie and chips. I am allergic to chocolate and carrots and they know that."

Staff told us that menus were planned on a four weekly basis. One member of staff said, "I have a new responsibility to do the shopping for meals. The menu plan is changed every month. People pick their favourite meals and these are put in a four week plan. The shopping is done on-line every week." We saw there was fruit, drinks and cereals for people to help themselves to during the day in each of the communal rooms. Support records detailed the support people needed to eat their meals. One record stated that the person needed to be given a lot of time to eat their food as it could take them over an hour to have a drink and eat a tea cake.

We saw that people were supported to maintain a healthy weight. One person attended a weekly slimming club and the requirements of their diet was incorporated into the menus and foods bought. Another person required support by way of high calorie foods to maintain their weight. They were provided with full fat yoghurts and were prompted to have snacks throughout the day.

People were supported to access other healthcare professionals to maintain their health and well-being. Records showed that staff had supported people with making and attending hospital and dental appointments as well as sensory assessments by Occupational Therapists.

Is the service caring?

Our findings

People told us that the staff were kind and considerate. One person said, "[Support worker] is a nice person. They've been nice to me." Another person said, "It is great living here. I do like the staff. They are good, nice and kind." A third person said, "They are all kind." Feedback on a recent satisfaction survey completed by a relative stated, "I am confident that [name] is indeed content and staff to be caring and attentive. There is a homely atmosphere in the house. [Name] seems contented and relaxed both with the staff and [the] surroundings."

Positive and caring relationships had developed between people who used the service and the staff. Staff were able to demonstrate that they knew the people they supported well, were aware of their life histories and were knowledgeable about their likes and dislikes. We observed the staff interacting appropriately and continually with people throughout the day.

We saw that people were able to make decisions about their care. One person said, "I go out with staff as much as I like." People could choose where they sat or if they wanted to take part in any of the activities that were on offer.

People told us that the staff respected their privacy and treated them with dignity and respect. One person told us, "I like to spend time in my room. Sometimes people will come and knock on my door. They don't come in unless I let them. They treat me with respect. I like living here."

Staff told us of how they respected people's privacy and dignity by knocking on their door and, where possible, waiting for permission before they entered. They also ensured that, before people were supported with personal care or bathing, they closed doors and the curtains were drawn.

People were encouraged to be as independent as possible. One person told us, "I wipe up and fold my clothes." Another person said, "I keep my room tidy myself and I do some cooking. I get cheese on toast and porridge. I like cooking."

Information about the service, safeguarding, the complaints policy and fire evacuation instructions were clearly displayed on notice boards in the hallway and kitchen of the house.

Is the service responsive?

Our findings

People and relatives had been involved in assessing people's needs before they started using the service. The provider had assessed their needs and whether these could be met before people started using the service. They had undertaken a thorough pre-admission assessment that determined the support plans that were necessary to meet people's needs.

These support plans were very detailed and person-centred. They included information about their personal preferences, what was important to the individual, their life skill needs and how they would like to be supported. For example, one plan indicated that the person disliked shouting, being in groups or the invasion of their personal space. Support plans were in place to enable them to live as quietly as they wished. The plans detailed the number of funded support hours that people had been assessed as needing and how these were to be used. One plan showed that the person had a total of 53 hours of funded support a week, of which 25 were for everyday tasks, 18 for accessing the community and 10 were for care. The life skills support plan included supporting the person with drying dishes. This detailed the action staff should take, which included ensuring that the person's hands were clean first.

There were individualised support plans to reflect people's needs and included clear instructions for staff on how best to support people with specific needs. The support plans also described people's disabilities, how these impacted on their lives and what staff could do to reduce the impact of them. A communication plan advised that staff should make sure that the person understood all the options available to them and was given time to make appropriate choices.

The support plans were reviewed on an annual basis or as people's needs changed. The records showed that people, their relatives and advocates were involved in the reviews.

People were supported to maintain their employment, hobbies and interests. One person told us, "I have worked at [local supermarket] for 23 years and have done the job I do now for 14 years. I need a rest by the time I've finished work. I go out a lot. I go for coffee. I am going 10 pin bowling this week and for a game of pool. I go on holiday every year where I ride horses and swim in the pool." Another person said, "I like art and craft and enjoy playing on the Wii (an electronic game). I work at the adult centre every Thursday and Friday where I have made lots of friends." We observed staff supporting people with various activities. One member of staff supported a person to go to a local pub for lunch. Another had supported two people to have a picnic in the park on the morning of our inspection. In the afternoon three people and a member of staff were seen playing competitive games on the Wii.

Staff told us of the various clubs that people attended. One member of staff told us, "[Name] gets a list of all the activities that the club has planned and sits down with people to see who wants to go to what. The last one was a disco in July."

There was an up to date complaints policy in place and a notice about the complaints system was on display in the house. People told us that they were aware of the policy but had not needed to make any

complaint. One person told us, "I would go to [provider]." We looked at the record of complaints received but there had been no entries since the service had been registered. The provider told us that they had not received any complaints.

Is the service well-led?

Our findings

People and staff told us that the provider was supportive and approachable. One person said, "I like [provider]." A member of staff said, "[provider] is lovely. If ever I have a problem I can grab [provider] and talk to her." Another member of staff described the provider as "Lovely."

We noted that there was a very friendly, family atmosphere about the service. One person told us, "I enjoy living here. It is like a family. I am really happy. " There was good rapport between staff and the people using the service which gave a very homely feel to the house and helped to stimulate people. A member of staff told us, "Everyone gets on quite well. We all talk to each other and all pull together. We have a good team and all rally round when needed. It is my favourite job I have had."

The provider had sent questionnaires to gain feedback on the service and improvements that people wished to see on a quarterly basis. Feedback received had been that people wanted to be supported to access the community more. The provider told us that they had looked at ways that this could be achieved, combining the total hours of funded support available. Two or more people, who did not require one to one support when out, were being accompanied by a single support worker, as had happened on the morning of the inspection. This showed that the provider listened to and acted upon people's suggestions.

There were regular meetings with staff which all staff were encouraged to attend. These meetings gave staff the opportunity to make suggestions as to how the service could be improved and the provider and their consultant also used the meetings to update staff on policies and procedures and provide face to face training. This demonstrated that people were supported by staff that were committed to driving improvements in the service.

The provider had an annual management schedule of activity that needed to be completed within each month. This included an annual review of policies and a review of the employee's handbook, which was given to each member of staff when they started work at the service. The provider also carried out regular quality audits such as auditing of care records, medicines management and health and safety. We saw that following a health and safety audit completed in July 2016 a number of improvements had been identified. These had included improvements to the garden seating area, fire doors and medicines storage. We saw that, by the time of our inspection, action had been taken to address the identified improvements. This demonstrated that the provider used the outcomes from their quality audits to drive improvements to the service.

Staff were able to explain their roles and responsibilities and explain the provider's vision and values. One member of staff told us that the service existed to make sure everyone who used it was looked after and their needs met.