Langstone Society

Langstone Community Support Services

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?	Requires Improvement

Summary of findings

Overall summary

The inspection took place on 21 and 22 July 2016 and was announced. We gave the service 48 hours' notice of the inspection because it is small and the registered manager was often out of the office supporting staff or providing care. We needed to be sure that they would be in. At our last inspection on the 11 February 2014 the provider was compliant with the regulations inspected.

Langstone Community Support Services is registered to provide personal care services to adults in their own homes or a supported living environment. People the service supported had a range of needs including physical disability and learning disability. On the day of the inspection, 30 people were receiving support. 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.

People told us they felt safe within the service. We found that staff knew what appropriate action to take where they felt people were at risk of harm. Where people were supported with their medicines this was being managed in a way that people had their medicines as they were prescribed.

Care staff received support to ensure they had the skills and knowledge to meet people's needs. The provider ensured the requirements of the Mental Capacity Act (2005) were adhered to and staff received the appropriate training to ensure people's human rights were not restricted.

People received the support they expected and were able to make decisions based on the support they received. Where there were changes in the support people received the provider was able to respond appropriately. People were able to raise concerns they had by way of the provider's complaints process.

We found that the provider had the appropriate assessments and support plans in place which people were involved in. People's dignity, privacy and independence was respected and they were supported by care staff who were caring.

We found that people were able to share their views on the service by way of completing a questionnaire.

We found that the registered manager or provider was not carrying out quality assurance audits and checks.

Notifiable events were not being reported to us as is required within the law.

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 felt safe within the service.

People were supported with their medicines as required.

The provider had enough care staff to support people.

Is the service effective?

Good

The service was effective.

The provider ensured the Mental Capacity Act (2005) was adhered to and where people lacked capacity that staff had the appropriate training to ensure people's human rights were protected.

People were able to access health care where needed.

Is the service caring?

Good

The service was caring.

People told us that care staff were friendly and professional.

People were able to share their views about the support they received.

People's privacy, dignity and independence was respected.

Is the service responsive?

Good

The service was responsive.

People were involved in the care planning process and were able to share their views as part of a review process.

The provider had a complaints process available so people could raise a complaint.

Is the service well-led?

Requires Improvement

The service was not always well led.

We found no evidence that quality assurance audits were being completed by the registered manager or provider.

The provider did not ensure that all notifiable events were reported to us as required by the law.

People were able to share their views by way of completing a questionnaire.

Langstone Community Support 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.

Our inspection took place on 21 and 22 July 2016 and was announced. We gave the service 48 hours' notice of the inspection because it is small and the registered manager was often out of the office supporting staff or providing care. We needed to be sure that they would be in.

The inspection was carried out by one inspector.

We asked the provider to complete a Provider Information Return. 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. Due to technical problems a PIR was not available and we took this into account when we inspected the service and made the judgements in this report. We reviewed information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law.

We requested information about the service from the local authority. They have responsibility for funding and monitoring the quality of the service. We received information from them which we used as part of the inspection of this service.

We visited the provider's main office location. We spoke with two people who used the service, two relatives, two members of the care staff, two managers and the registered manager. We reviewed four care records for

people that used the service, the records for three members of the care staff and records related to the management and quality of the service.

Good

Our findings

We found that people felt safe within the service. One person we spoke with said, "Yes I do feel safe". A relative we spoke with said, "[Person's name] is safe". A care staff member said, "I would raise any concerns of abuse with my manager". We found that care staff knew what actions they should take where they felt someone was at risk of abuse. We found that the appropriate training in safeguarding people was available to care staff. Care staff we spoke with confirmed they had received this training and was able to give examples of different sorts of abuse. This showed that care staff would know if abuse was happening. The registered manager told us that where concerns are identified safeguarding alerts are raised with the local authority.

We found that the provider carried out risk assessments. This allowed for risks to be identified and the appropriate actions taken to reduce the risk. While people were mainly very independent, we found that were there were risks to how people were supported these were identified so care staff could know how to support people safely. A care staff member said, "Risk assessments are in place and I do use them to support people". Care staff demonstrated a good understanding of risk and were able to explain how risks were managed. For example, where people had behaviour that challenged, care staff knew from the risk assessment that they would need to have two staff to support people when they were out in the community.

A person said, "Staff do support me when I need it". A relative said, "I feel staffing levels are fine". Care staff we spoke with did not identify any concerns with the current levels of care staff. A care staff member said, "I do feel there is enough staff and I do have enough time to spend with people". Due to people needing to be prompted as they were independent and needed less direct support from staff, we found there were enough staff to meet people's support needs. A person said, "Staff are always on time and never late". The registered manager told us that a dependency tool was in place to determine the right staffing ratio to support people based on their needs.

The care staff we spoke with told us that they were required to complete a Disclosure and Barring Service (DBS) check as part of the recruitment process. These checks were carried out as part of a legal requirement to ensure care staff were able to work with people and any potential risk of harm could be reduced. We found that the provider had a recruitment process in place which was used to ensure all newly recruited care staff had the appropriate skills, knowledge and experience to be appointed. We found that two references were being sought before people were appointed and proof of their identification was part of the recruitment process.

The provider had a medicines procedure in place to ensure care staff had the appropriate guidance they would need when prompting people to take their medicines. We found that a Medicines Administration Record (MAR) was used to show when people were administered their medicines rather than prompted. Care staff we spoke with confirmed this and explained how medicines were stored and administered where people lived. We found that where people were prescribed medicines to be taken 'as and when required' that care staff had appropriate guidance in place to ensure these medicines were administered consistently where people lacked capacity.

A person said, "Staff only remind me to take my tablets". A relative said, "Staff prompt [person's name] to take his medicines okay I have no concerns". Care staff we spoke with confirmed their role was to prompt people with their medicines which were usually left ready by relatives. A staff member said, "I do get training in medicines". We were able to confirm that this training was made available to care staff.

Good

Our findings

A person said, "The staff are skilful, knowledgeable and know what they are doing". Relatives we spoke with both told us that the care staff were skilful and knew how to support people. Care staff we spoke with told us they felt supported. One member of the care staff said, "I do feel supported and I can see my manager anytime".

The provider had systems in place to enable care staff to get the support they needed to meet people's needs. We found that supervisions took place. Supervision is a formal meeting where staff and their manager are able to discuss work concerns. Managers we spoke with did not get supervision on a regular basis, but told us they were able to see the registered manager whenever they needed support. Care staff were able to attend staff meetings where they were able to get guidance and share their views. Care staff told us that appraisals also took place where they were able to discuss their development and other training needs. We saw evidence of this and that training was available to care staff to develop their knowledge and skills to support people appropriately. Where people had specific support needs, for example, epilepsy and autism we saw that care staff were able to get training in these areas.

A member of the care staff said, "I did go through an induction process which also involved me shadowing experienced care staff before I could work on my own". Another member of the care staff said, "I did have to go through the care certificate". The care certificate is a national common set of care induction standards in the care sector, which all newly appointed staff are required to go through as part of their induction. The registered manager told us that all care staff were now required to complete the care certificate and that all their training courses were now compulsory for all staff to complete.

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.

We found that training in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) was made available to care staff. Care staff we spoke with confirmed this. We found that people were independent and needed little support from care staff. Their human rights were not being restricted and where people had limited capacity they lived with relatives who supported them to make decisions. A

person said, "Staff do get my consent". Care staff told us they would never support people without gaining their consent.

A relative said, "Staff are not required to support [person's name] with meals". Where people needed support with their meals, we found that this was being done. Most people only needed support to warm up a meal that had already been left by a relative. Care staff we spoke with told us that people did not need support with eating or drinking. People made decisions about what they had to eat and drink, care staff were only required to fetch items for people.

We found that health action plans were in place to identify people's health care needs where care staff were the sole person responsible for the person's health care. Where people were required to see a doctor or other health care professionals, for example, a dentist the appointment or outcome from these visits were being logged. People's health care or wellbeing was not always the responsibility of the care staff. We found that relatives or other third party organisations were also involved in ensuring people's healthcare and wellbeing was being monitored. Where care staff found that people were not well they would ensure people received health care support.

Good

Our findings

A person said, "The staff are nice and caring". Another person said, "The staff are nice, friendly and professional. Some staff will have a laugh and a joke". A relative said, "The staff are lovely with her [person's name]". Care staff we spoke with were very respectful of people and told us they were able to support the same person regularly to build up a consistency with people and a friendly relationship. A care staff member said, "I treat people nicely, I am friendly and try to build a rapport".

A person said, "Staff do listen to me and I am able to share my views about the support I get". Care staff told us that the support people received was based upon what they wanted. A member of the care staff said, "People are able to share their views and make decisions as to how they want me to support them". We found that the culture of the service was that people were able to share their views and make decisions as to how they were supported. We found that care staff underwent training in how to communicate with people they supported, so they had the appropriate skills to enable them to listen to people appropriately. Care staff encouraged people to communicate how they were able as a way of them making their own decisions. We found that documents used in supporting people were available in more than one format so people would be able to understand them and share their views.

We found that an advocacy service was available to people where needed. This was identified within the provider's statement of purpose. This enabled people to get support and advice outside of the service where they needed. People we spoke with told us they did not currently have the need to use this service.

A person said, "Staff do respect my privacy and dignity. They always knock before entering". A relative said, "Staff are respectful of her [person's name] dignity, privacy and independence". A member of the care staff said, "Dignity and privacy are respected. When someone is using the toilet I will always turn away and leave the area if needed. If I am not able to leave I will endeavour to cover them over. We found the ethos of the service was one of supporting people to live independently. People were in the main living independently with little or no support from care staff. This showed that people's independence was being respected.

Good

Our findings

A person said, "I was involved in my assessment and the support plan. I am also able to attend reviews". A relative said, "I was part of the assessment process and reviews are carried out". Care staff we spoke with told us that assessments and support plans were in place. A member of the care staff said, "Assessments and support plans are in place, reviews do happen and communication is good between staff and people". We found that assessments and support plans were in place to identify people's support needs and how they would be met.

We found that most people's support revolved around activities in the community and a full program of social events throughout the week. Care staff were required to support people to get to venues where they then took part in social events like swimming and games. The provider had an outreach service based at their offices where some people attended on a daily basis with care staff support to take part in activities.

We found that people's equality and diversity needs were being considered as part of how they were supported. Care staff attended training in equality and diversity so they had the understanding and knowledge to be able to ensure people were supported in a way that promoted their diversity as an individual. A member of the care staff said, "We do get training in equality and diversity so we treat people as individuals and fairly reflecting their gender, race and values".

A person said, "I would complain to the office if I needed to, but I have never had to". A relative said, "I do know who to complain to but I have never had to". We found that the provider had a complaints process in place. We found that the complaints process was available in picture format to support people to be able to make a complaint if they needed to. A member of the care staff said, "I would let the office know about any complaints". Care staff we spoke with were able to explain the process they would follow if someone had a complaint. This showed they had a good understanding of how to deal with a complaint. We found that the service had not received any complaints.

Requires Improvement

Our findings

We found that the provider was not notifying us of all notifiable events within the service as is required within the law. We saw evidence that none of the safeguarding alerts raised with the local authority were being notified to us. We discussed this with the registered manager who explained why it was not being done and told us it would be done in the future.

A member of the care staff said, "I don't think I have had my competency checked to administer medicines". Other members of the care staff told their medicine competency was not being checked. We spoke to a manager who told us that these checks were not being done. The registered manager told us that they would put a process in place to carry out these checks to ensure staff were administering medicines competently.

We found that the registered manager was not consistently carrying out the appropriate checks or audits on the quality of the service. The registered manager told us that audits were done but the outcome was not noted so was unable to produce any evidence to substantiate this. By the end of the second day of our inspection the registered manager had developed a form that would be used to show the outcome of future audits/checks on the quality of the service. We found that the provider did not carry out any formal checks on the service that were noted. The registered manager told they would discuss our findings with the provider and an appropriate system would be implemented.

We found that documentation used by the provider to determine the support needs of people was not consistently being used. Where reviews were carried out the documentation the provider had put in place to be used was not being completed each time a review was carried out. We found that these forms were just left blank on people's care files. The registered manager acknowledged this and told us that the provider was currently going through a process of transitioning all their care planning documentation to a paperless process, this would eventually mean all documentation would be completed and kept electronically. The registered manager told us actions would be taken to ensure documentation was completed consistently in the future, but felt the transition period could be the reason for the inconsistency.

A person said, "The service is well led". A relative said, "The service is excellent, I would recommend it". Care staff we spoke with told us the service was well led. A member of the care staff said, "The service is open and friendly". We found from our observation when people visited the office that they were made to feel welcome and they were on first name terms with the staff. This showed that people were relaxed within the service.

We found that a whistleblowing policy was in place. This enabled care staff to raise concerns about people's safety within the service on an anonymous basis. Care staff we spoke with confirmed they were aware of the policy and its purpose.

We found that an on call system was in place to enable care staff to gain support during the times the office was closed. The on call system was also available to people so they were able to make contact with the service when the office was closed in an emergency situation. People and care staff we spoke with confirmed this.

We found that when an accident and or incident took place that the provider had the appropriate systems in place to log and make a note of the accident/incident and take the right action. Where an incident or accident happened care staff were able to explain how the situation would be handled and where information would be noted. We found that there had not been an accident or incident in the service for sometime, but the registered manager told us that systems were in place to monitor for trends, which we were able to confirm.

We found that questionnaires were being used by the service to enable people and their relatives to share their views. A person said, "I do get questionnaires I had one recently". Relatives we spoke with were less sure as to whether they had been sent a questionnaire". Care staff we spoke with told us that questionnaires were sent out to gather people's views. The registered manager told us that questionnaires were not used to gather the views of care staff or professionals. By the end of our second day the registered manager had developed a questionnaire that would be used.

Before the inspection, we asked the provider to complete a provider Information Return (PIR). Due to technical problems a PIR was not available and we took this into account when we inspected the service and made the judgements in this report.