

PLUS (Providence & Linc United Services) Domiciliary 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?

Good 

Overall summary

This announced inspection took place on 27 August 2015. Domiciliary Services provides a range of home and community based services to 32 people with a learning disability in Croydon, Lewisham and Southwark. Domiciliary Services was last inspected on 29 July 2014. It met all the regulations inspected.

The service has a registered manager. 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 were supported by staff who understood their health conditions and the related risks. There were support plans in place to guide staff on how to support people with care and in line with their needs and identified risks. People were asked for their consent before they received care.

Summary of findings

The service supported people in line with the legal requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). People who may lack mental capacity were given appropriate support to understand and make decisions relating to the care and support they required.

Staff told us the registered manager was approachable and supportive. The registered manager ensured staff received regular supervisions and appraisals. Staff used feedback to improve their practice. Staff told us they received training in relation to specific needs of people.

People said staff were polite and treated them with respect. Records showed people and their relatives were involved in planning their care and support. The registered manager carried out risk assessments and put plans in place to ensure sufficient guidance was available for staff to support people safely.

People were supported to access healthcare services as required. People told us they received adequate support with eating and drinking. Records showed staff followed healthcare professionals' advice in supporting people with their nutrition.

The registered manager carried out surveys to obtain feedback on the way people were supported. The

registered manager visited and made telephone calls to people regularly and asked them about their views of the service. People told us the registered manager considered their views and used them to improve their care and support.

People told us the registered manager took action on their complaints. Records showed complaints were investigated and resolved in a timely manner to the satisfaction of people and their relatives.

The registered manager effectively used the audit systems in place to monitor the quality of the service. The registered manager monitored the quality of care plans and risk assessments to ensure staff had sufficient guidance to support people. The registered manager conducted checks on staff competency to administer people's medicines, record keeping and infection control and gave staff appropriate guidance when needed.

People and their relatives had positive feedback on the service and were happy on how support and care was provided. The registered manager had launched a trial computerised system to monitor how people were supported during visits and to get instant feedback on the quality of care given to people. It was early to assess the effectiveness of this system at the time of inspection.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. Risks to people were assessed and staff put plans in place to manage the risks.

Staff understood the types of abuse and neglect and what action to take to protect people from harm.

People received their medicines safely as prescribed. There were sufficient staff on duty to meet people's needs.

Staff knew what precautions to take to protect people from risk of infection.

Good



Is the service effective?

The service was effective. Staff received on-going training which enabled them to meet people's needs.

People's consent was sought prior to staff supporting them and their choices were respected.

People were supported to eat and drink and access the healthcare they needed.

Good



Is the service caring?

The service was caring. People and their relatives told us staff were kind and compassionate.

Staff knew people and how they preferred to be supported. People were treated with dignity and their privacy respected.

Good



Is the service responsive?

The service was responsive. People's needs and preferences were assessed. People and their relatives were involved in planning of their support.

People's concerns were responded to promptly and addressed by staff.

People followed their interests and participated in a range of social and community based activities.

Good



Is the service well-led?

The service was well-led. People, their relatives and staff told us the registered manager was approachable and welcomed their ideas to improve the service.

The registered manager carried out audits to monitor the quality of service and made improvements when necessary.

Good



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

This inspection took place on 27 August 2015 and was announced. A single inspector and an expert by experience undertook the inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The provider was given 48 hours' advance notice because the location provides a domiciliary care service and we needed to ensure the registered manager was available.

Before the inspection, we checked the information we held about the service. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred in the last 12 months. Statutory notifications are reports that registered providers and managers of adult social care are required to notify the Care Quality Commission about, for example incidents, events and changes.

During the inspection, we observed care and spoke with people, relatives and staff. We used the Short Observational Framework for Inspection (SOFI) and observed how people were supported during a social event and whilst they had lunch. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

During the inspection, we spoke with four people, two relatives, a volunteer, three members of care staff, the deputy manager, deputy head of service, the chief executive officer and the training manager. After the inspection, we spoke with the registered manager, nine people, five relatives, three staff members, a local authority commissioner and a social worker.

We looked at records the service is required to maintain in relation to all aspects of care provided, for example, records of complaints and safeguarding incidents. We reviewed five people's care records, five staff files, staff training plans, staff duty rotas, records of complaints and safeguarding incidents. We looked at monitoring reports on the quality of the service which included contract monitoring reports and other records relating to the management of the service.

Is the service safe?

Our findings

People said they felt safe because staff understood how they wanted to be supported. One person told us, “I feel safe and well looked after”. A relative said, “Staff take good care of [relative] and always keep them safe”. Another relative told us, “Staff support people as they are meant to”.

Staff assessed risks to people’s safety and their welfare and ensured there was adequate information about how to support them and maintain people’s independence. A relative told us, “[My family member] gets involved with things like dinner preparation and staff know how to keep [him/ her] safe as they know the risks to [him/ her]”.

People’s risk assessments were comprehensive and gave staff clear guidelines on how to manage and minimise known risks. Risk assessments looked at various areas of people’s lives such as, accessing the community, choking when eating and travelling on public transport. For example, a person’s record showed they were at risk of crossing roads unsafely as they lacked road safety awareness. Staff had put a plan in place on how to support the person to use roads safely. A relative told us, “[My family member] is now aware of how to cross roads safely and now uses pedestrian crossing points”. This enabled the person to be supported to go out safely into the community as they wished.

People were protected from the risk of harm as staff understood the types of abuse and neglect and how they would identify these. Staff were aware of the safeguarding procedures they had to follow and knew how they would use these to report any concerns to ensure people were safe. Staff explained they could whistle-blow to alert authorities of abuse cases when necessary. The registered manager understood and followed safeguarding procedures to protect people from abuse. Records showed the registered manager worked effectively in partnership with the local authority to protect people from abuse and neglect.

The service maintained a record of incidents and accidents. Each accident record showed the action taken immediately after the incident and any future action required to prevent the situation happening again.

Staff supported people to self-administer their medicines by means of verbal prompting and encouragement. Care

plans showed risk assessments were in place to give staff guidance on how to support people to self-administer medicines. This meant people were supported to maintain their independence.

Staff told us they understood the health conditions of people they supported and the effects of the medicines they took. Staff knew the medicines people were taking and how to support them safely if they experienced any health changes. Staff were clear on the service’s policy and procedures on supporting people receive their medicines and applied them.

Staff told us they had learnt how to recognise signs of distress of people and used various techniques to engage them and reduce their pain and discomfort. People’s behaviours were managed by non-medical means were appropriate.

The registered manager ensured there were sufficient staff on duty to meet people’s needs safely. People and their relatives told us they received support from a regular and consistent staff team. People told us, “I get support from the same staff who know my needs and when they are away on holiday, I get someone who has worked with me before.” People told us they were informed of changes made to members of staff who supported them and did not experience any missed visits.

Local authority commissioners told us the feedback they received from people and their relatives was positive and calls were delivered as planned. People received the support they required by known staff.

People were being supported by vetted and suitable staff. The provider used robust recruitment procedures to ensure staff were suitable to work with people. We looked at staff files and found the necessary pre-employment checks had been completed which included two written references, criminal record checks, and evidence of their identity.

People were supported by staff who minimised the risks of infection through their practice. Staff understood their responsibilities to reduce the risk and spread of infection. We observed a member of staff support a person to wash their hands before they had their meal. Staff told us they followed the service’s policy and procedures to prevent cross contamination and had access to protective clothing.

Is the service effective?

Our findings

People and their relatives told us they were effectively supported by staff who had the necessary knowledge and skills. One person told us, “Staff know what to do and support me the way I want”.

Staff told us they received regular one to one supervisions with their managers. Staff said they used supervision sessions to highlight areas of concern, areas they required additional support and training and development in their role. We saw records which confirmed this. A member of staff spoke of being able to talk about behaviours people exhibited which were at times challenging in their supervision session, and how this had affected their work. They said they felt listened to in supervision and this was important for them to carry out their role. Staff told us the registered manager was always available to them advice.

People were supported by suitably qualified staff. Staff received an induction before they started to support people. Records of induction completed by staff showed classroom based training, e-learning, work book completion, “shadowing” experienced members of staff and on the job observation by the manager. The registered manager closely monitored the performance of staff during their probationary period. We saw records of members of staff who had received an extended period of training, and their probation and observations on their practice before they were considered competent to support people.

All staff received on-going training to ensure they effectively met people needs. Records showed staff received regular updates to their training in the Mental Capacity Act 2005, safeguarding of vulnerable adults, infection control and managing people’s medicines. There was also person specific training on managing challenging behaviour. A volunteer who organised a bowling club for people told us they had supervisions with the registered manager and felt supported in their work. People received support from staff who had appropriate training and knowledge to effectively meet their needs.

There was an on call system in place to support staff. Staff told us they called the on call manager for guidance when faced with situations they required additional support or

guidance with. Staff told us they were aware of the emergency response services to call should they recognise sudden changes in a person’s health which required immediate action.

Staff told us they understood how to deal with behaviour that challenges and had received training and support in managing difficult situations. Staff said they sought to understand the communication needs of the person and determined what might provoke or maintain a difficult situation. Staff told us they understood the lawful practice of restraint but did not use it.

People and their relatives were involved in discussions about the arrangement of their care and support. Records showed people were supported by advocates to make decisions about their care. Staff told us they understood the Mental Capacity Act 2005 and how they used it to support people to make decisions. A member of staff told us, “We involve people in making decisions that affect them”. Staff told us they sought and got people’s consent before they supported them.

People were supported to eat and drink in line with professional advice. For example, a person’s care plan stated, “Prepare [person’s] food as per the guidance provided”. Evidence showed that this was being done. We saw records were staff had shared concerns about a person’s eating and swallowing to the person’s family and speech and language therapist (SALT) to ensure appropriate action was taken to support them meet their needs. Staff told us they had received specific training in managing the health and nutrition of people with complex eating needs. A relative told us, “There’s been no further complications with [relative’s] eating as the equipment has all been set up and staff have been trained on how to use it”.

People told us they received medical support when necessary which enabled them to keep as healthy as possible. A person told us, “Staff get on with making my medical appointments and they get my eyes regularly tested”. Staff told us they monitored the physical and mental changes to people and recognised when they were unwell. They supported people to get access to appropriate healthcare. Another person said, “Staff book my check-ups as well as my medical reviews”. People’s health was monitored and staff took necessary action to support them to receive appropriate care.

Is the service caring?

Our findings

People and their relatives told us staff were caring. A relative told us, “There are not enough words to express how wonderful staff are.” One person said, “Staff are polite and talk to me nicely”.

On the day of inspection, there was a social event at the service’s head office and we observed how staff interacted with people. Staff greeted people on their arrival and spent time chatting with them.

People told us staff respected and treated them with dignity. One person told us, “No one gets nasty with me. Staff treat me ok”. A relative told us, “Staff have enough time to talk and really get to know people”. Staff promoted people’s privacy and dignity by respecting their space. One person told us, “Staff enter my bathroom only after I have called for them”. A relative told us people were supported to have private telephone conversations and were supported to take their calls away from other people. People told us staff asked them what they preferred to be called and used the names they liked. People were supported by kind and helpful staff.

People said staff encouraged them to be as independent as possible. A relative stated staff enabled people to do things for themselves and supported them with their choices. For example, a person told us, “I choose my own clothes and put them on. Staff help me with the buttons”. Care records showed people were supported according to the support they needed in completing tasks.

We saw care records of a person which showed staff had asked them about their preferences and life histories. For example, a person’s records read, “I like to make my own cup of tea”. Records showed staff had supported the person as they wished.

People were supported by regular staff who knew and understood their needs well. One person told us, “Staff ask if there is anything else they can do to help before they move on”. Another person told us, “Staff always help me help find a channel on the radio”. A relative told us, “Staff keep [relative] informed and apologise for any delays and explain the reasons”. This meant that people were reassured by the support they received from staff.

We saw people’s records which showed staff engaged people in activities in their day to day living. One person told us, “Staff support me to brush my teeth and I dress myself”. People told us staff were patient and friendly when supporting them. A person said, “Staff show interest in what I say and try to understand me”. A relative told us, “Staff respond helpfully and show a kind manner and they are happy to help”. For example, a person had a medical condition which required patience when being supported with their meal. They said staff took their time and were unhurried. People received appropriate care with kindness.

We saw people’s records which detailed the signs of pain and distress they may experience. Staff told us they understood how to read the changes in people’s body language and expressions when they were unwell and make them comfortable. A relative told us, “Staff check if people are happy and not in any pain”. During the inspection, we saw staff resolve a problem quickly as they comforted an anxious person and held hands during conversation. People were cared for and understood.

Is the service responsive?

Our findings

People's needs were assessed and reviewed regularly. The registered manager involved people and their relatives and agreed on how they wanted their support delivered. A relative told us, "Staff support [my relative] the way they want and help them with things they cannot do".

People's needs were monitored by staff. Staff told us an example of a person whose needs had changed. Records confirmed what staff told us and showed they had updated the person's care plan and ensured they delivered care and support to meet their current needs.

People told us staff supported them in line with their preferences and delivered their support in the way they wished. For example, a person told us, "Staff are flexible when I change my mind about what I want to do". One person had cancelled their visit to a coffee shop as they wanted to attend a social event and staff had supported them to do so. A person told us, "I have used the service a long time and my support has changed all the time. At my reviews, staff listen to how I want things done". People's choices were considered and respected.

A relative told us, "Staff conduct reviews and we are there for some but if not, they will phone to tell us how things are and they keep us informed of the changes to [my relative's] support plan". Staff told us they were kept up to date with changes to people's health needs and knew the support they required. Staff said they updated people's records to reflect any changes and shared relevant information to ensure all staff were aware of the changes. For example, staff told us they had shared information on how a person now required more support when eating because of an increase in risk of choking and how they would put this into practice. Records showed the registered manager had met with members of staff to update them on the new guidelines for supporting the person. This meant that people were supported by staff who had up to date information regarding their care needs.

People were supported to be members of their community. People were employed in a cupcake making shop run by the service. People applied for the jobs at the shop and went through a recruitment process and offered the job if they met the criteria. People were supported to maintain their employment. People told us they had developed their skills in various areas such as timekeeping,

communication, numeracy and they worked shifts. People and relatives told us this had empowered people and some held part time jobs elsewhere in addition to their jobs at the cupcake shop. People and their relatives told us their social network was expanded through working in the shop. People were encouraged to be valuable members of their local community.

Staff supported people to pursue their interests and encouraged them to take part in activities of their choice. One person told us, "I enjoy baking and like to spend my time at the cupcake shop and staff take me there". Their care record stated their interest and the support they required to visit the shop. Another person told us, "I like going out bowling". Care records of a person had information which showed a person's preference of bowling and supported by staff to attend. People were supported to engage in activities of their choice.

People, their relatives and staff told us the registered manager invited them to events such as staff award ceremonies and bowling awards presentations. One person told us, "I feel I am part of this big family as we all share good moments".

People told us they discussed with staff in their reviews if they knew how to make a complaint about the service if they wanted to and if they were happy with their support plan. People told us they had received adequate information from the service on the complaints system which was provided in a format they understood. One person told us, "I've had no complaints. If there were any problems I would write to the manager using the complaint's form she gave me". Another person said, "My relatives help me to speak out and I can tell my key worker to report the issue for me". People were confident to use the complaint process and felt assured of the registered manager's to act on their complaint.

People told us the registered manager thoroughly investigated and responded to their complaints. For example, the registered manager had assigned staff who knew people's needs to work with them and got members of the same team to cover any absences. A relative said, "The service has learnt from a past incident. I initiated a complaint which was followed up and resolved to my complete satisfaction". This meant that people were supported by familiar and consistent staff.

Is the service responsive?

People and their relatives told us staff regularly reviewed the support given by means of a telephone call or a home visit. We saw records of telephone calls from the office, which asked people if they were happy with the care and

support they received. Some people told us they had been upset in the past because of changes to members of staff who supported them. They said they felt this did not allow them to develop a rapport with the staff.

Is the service well-led?

Our findings

People and their relatives told us the registered manager was focused on developing a notable people oriented culture in the service and were happy with the care and support they received. A person told us, “The care and environment is wonderful”. Another person told us, “I can get in touch with the manager very easily and they take us seriously”. A relative told us, “The manager calls and checks with us if the support is good and if we want things done differently”.

People and their relatives told us the registered manager sought their views of the service at the quarterly meetings in the service. They told us the registered manager welcomed their contributions and used feedback to develop the service. For example, people had suggested a group holiday with their relatives. In response, the registered manager had made arrangements, which ensured the trip was a success. People were able to make suggestions and felt the registered manager listened to them.

Staff told us the registered manager was supportive and motivated them to provide high standard of care. They said the registered manager supported and encouraged them to develop good team effort and share best practices. Staff told us they made contributions to improve the service and the registered manager considered their ideas. Staff said they felt the registered manager valued their work. Staff told us the registered manager was approachable and were positive she would take action to improve the service. One member of staff told us, “The manager is available to discuss any concerns I might have and will make sure I work things out”. Records of staff meetings held with the registered manager showed they had discussed ways to improve the service.

The registered manager carried out regular audits and used feedback to continually improve the quality of the service. Quality assurance questionnaires asked people, their relatives and staff about their views on the service and the support and care they received and took appropriate action. For example, the service had responded to feedback by enrolling staff on a sign language course to facilitate communication with people. The latest survey

was carried out between September and December 2014. The results showed a high rate of satisfaction with the service and compliments by all people and their relatives who had responded.

The registered manager conducted random spot checks and regular visits to monitor how staff supported people to meet their needs. Staff told us they received feedback from the registered manager on their practice and got the support they needed. For example, a member of staff told us, “The manager reads people’s records and asks people and their relatives on the quality of support they had received”. Another member of staff said, “The spot checks make us keep the eye on the ball when we support people”. Records showed the registered manager had discussed issues she had identified with the staff. People were assured of appropriate support as the registered manager made follow ups if there were any issues, which required improvement and acted on them.

The service engaged effectively with community groups, charities, volunteers, and local health organisations. This ensured people’s health, recreational and spirituals needs were met.

On the day of inspection, a volunteer had a party as she was leaving the service and told us, “I am absolutely delighted with the support I received from management and staff”. Another volunteer said, “The manager is approachable and involved”. Staff told us the management team was visible and welcomed them to discuss any ideas to improve the service. The registered manager told us she felt supported by senior management. We saw a service development plan, which she regularly updated and reviewed.

The registered manager worked in partnership with other healthcare professionals. For example, the service had arranged for input from mental healthcare professionals and a local college in relation to the care and support of people with learning disabilities. Records showed staff had received reflective practice sessions to develop their skills to meet the needs of people behaviours which others may find challenging. Staff told us the sessions were useful and made them more prepared and better plan how to support people in a way that reduced their discomfort.

Staff received training in record keeping and managers regularly reviewed people’s written records. Staff had guidance on what information they had to record and how

Is the service well-led?

to present that in line with the support they had given to meet people's needs. For example, the registered manager reviewed recording keeping of daily reports on the care and support received by people. We saw that the registered manager had given staff further training and made further checks to ensure their performance was satisfactory.

The registered manager was committed to improve the quality of support the service gave to people. She was piloting a computerised system to monitor remotely each

staff's visit to support people in their homes. The plan involved real time monitoring of staff's punctuality, job completion and people's satisfaction with the support they received. She hoped the system would help her pick up any concerns and address them as they happened and improve people's experiences. It was still early in the launch to establish the benefits of the system. This development was aimed to improve the responsiveness of the service in providing support and care to people.