

Telford & Wrekin Council

Community Support Service

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 ●

Summary of findings

Overall summary

The inspection took place on 13 February 2018 was announced and conducted by one inspector who visited the provider's administration office. Community Support Service is registered to provide personal care to people living with a learning disability or autistic spectrum disorder, in their own homes. At the time of our inspection 38 people were in receipt of care from the provider. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen." Registering the Right Support CQC policy.

People who used the service were safe as the provider, registered manager and staff had a clear understanding of the risk associated with people's needs as well as activities people chose to do. There were sufficient numbers of suitably qualified staff, who had a good understanding of protecting people from the risk of abuse and harm and their responsibilities to report suspected abuse. Medicines were administered by staff that had received training to do this. The provider had procedures in place to check that people received their medicines as prescribed to effectively and safely meet their health needs.

Staff had been recruited following appropriate checks on their suitability to support people in their homes and keep them safe. The provider had arrangements in place to make sure that there were sufficient staff to provide support to people in their own homes and when going out in the community. People told us they received reliable care from a regular team of staff who understood their likes, dislikes and preferences for care and support.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff demonstrated their understanding of the Mental Capacity Act 2005 (MCA) and its relation to protecting people who used the service from unlawful restrictions. Records confirmed consent was sought for a variety of decisions in relation to the care people received. This confirmed people who used the service or their relatives had been consulted about and agreed to the care they received.

People told us that they were happy with the way in which staff supported them with cooking their meals, learning about different foods to keep them healthy and in accessing health and social care services when they needed them.

People who used the service, their relatives described the care people received as meeting people's needs in a positive way. Staff were caring and showed commitment to the people they supported. People felt they

mattered to staff and were involved in every aspect of their lives.

People's needs were assessed and staff understood these needs and responded appropriately when people's needs changed. People's interests and preferences were documented and they were encouraged to pursue social events and areas of interests. Social inclusion was an important priority for people and the staff who supported them.

People were encouraged to share their opinions about the quality of the service through telephone conversations, visits with the management team and regular satisfaction questionnaires.

The provider and the registered manager had a clear vision for the service that was shared by the staff team. This vision was about complete inclusion and involvement of people and staff in shaping their lives and the service.

Leadership of the service at all levels was open and transparent and supported a positive culture.

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 with the staff that supported them. Staff knew how to keep people safe in their own home and when out in the community.

People were confident that staff knew and managed risks to their wellbeing and safety.

People they received reliable support from a regular team of staff. Staff were allocated enough time to meet their needs and support people with their social interests.

People were happy with how staff supported them with their medicines.

Is the service effective?

Good ●

The service was effective.

People were supported by staff that were well trained and supported. Staff received appropriate supervision and training.

Staff had a good understanding of their responsibilities when people did not have the capacity to make decision's; to ensure decisions were in people's best interests.

People said staff supported them to access different health professionals as needed . Staff supported people to attend healthcare appointments routinely or when their needs changed.

Is the service caring?

Good ●

The service was caring.

People said they liked the staff that supported them and they were kind to them.

People were involved in their care planning and were informed about the service and options available to them.

Is the service responsive?

Good ●

The service was responsive.

People told us staff responded to their needs and the service they received was responsive. Staff identified people's changing needs and involved other professionals where required.

People were supported to follow their own interests and hobbies.

Is the service well-led?

Good ●

The service was well led.

People said that they liked the provider and the registered manager and felt able to approach them to resolve any issues.

Staff spoke positively about the team and the leadership. They described the provider, the registered manager and other staff as being supportive, professional and approachable.

The registered manager had developed a culture of inclusiveness and wanted to encourage people to give regular feedback about their care and support. Feedback was considered, so any improvements could be identified and reacted to in a timely way.

Community Support Service

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 13 February 2018 and was announced.

We gave the service 48 hours' notice of the inspection visit because the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in. We visited the office location on 13 February 2018 to see the manager and office staff; and to review care records and policies and procedures. Telephone contact was made to three relatives and three people using the service on 14 and 15 February 2018. The inspection was completed by one inspector.

We spoke with two people who used the service, three relatives, four support staff and the registered manager. We looked at four people's care records, three staff recruitment files, quality assurance records, complaints, compliments, staff training records and accident and incident records.

We looked at the Provider Information Record (PIR) before the inspection. This is a form that asks the provider to give some key information about the service, this tells us what the service does well and the improvements they plan to make. This ensured we were addressing any areas of concern.

We looked at other information we held about the provider and the service. This included information received from the statutory notifications the provider had sent us. A statutory notification is information about important events which the provider is required to send to us by law. We used this information to help us plan this inspection.

Is the service safe?

Our findings

People who used the service and their relatives told us they felt safe with staff and were confident staff supported them in a safe way. One person told us, "The staff are good and the on-call system is great. If ever I need help." A relative said, "I feel [person's name] is absolutely safe".

Staff we spoke with knew how to keep people safe and what to look for that may indicate potential abuse and were aware of their responsibility to report and protect people from the risk of abuse and harm. We found the registered manager knew their responsibilities in reporting possible abuse or neglect. This was important so they could take action if they were worried a person was at risk in their own homes.

Staff had written guidance in people's risk assessments which outlined how to support people in each situation they might find difficult or which could affect their safety and welfare. We saw plans when people required staff guidance and support, so their actions did not place them and or other people at risk. We heard from people who used the service, relatives and staff, how people were supported in a positive way. With risks to their safety and welfare reduced they were able to reach their goals. For example we saw guidance was available in how to support one person with severe epilepsy and what emergency procedures staff were to follow to keep them safe. Staff told us, the guidance was "Clear and easy to follow."

The registered manager told us, and records showed, when accidents and incidents had occurred they had been analysed so steps could be taken to help prevent them from happening again. For example, the registered manager provided staff with specific training around managing people who have behaviour that challenge, so staff could support them safely. Additionally, advice was sought from health and social care professionals where required. A relative confirmed this when they told us, "They've [staff] involved the Intensive support team for advice to help [person's name] with their behaviour and anxiety."

Staffing levels were extremely flexible and based around the support each person required to be as safe as possible and achieve what they wanted in life. People who used the service, relatives and staff told us they believed there were enough staff to be able to support people's safety both in their home or when going out into the community. Additionally, staff told us if a person's needs changed and additional staff were required this would be put in place.

The required recruitment checks had been completed for all potential new staff to ensure they were suitable to work with people who used the service before they commenced their support roles. This included two references and a suitable Disclosure and Barring Check [DBS].

Staff had received infection control training and were provided with appropriate personal protective clothing, such as disposable gloves and aprons. Staff told us they had access to enough personal protective equipment available for their use.

People who required support to take their medicines had this clearly documented in their support plans and staff completed medicine records to show how and when people had received their medicine. People told

us they were happy with how staff assisted them to take their medicines. The registered manager told us all staff who administered medicines had been trained to do so and their competency was checked to ensure they did this safely. This was confirmed by staff we spoke with. We saw staff put their training into practice as they correctly followed the written guidance to make sure people received the right medicines at the right times.

Is the service effective?

Our findings

People told us they felt staff understood their needs and supported them in the way they wanted. One person told us, "My staff are good, I like all of them." A relative said, "I can't say anything derogatory against them [staff]. My [relative's name] has been the happiest he's been in years."

Staff told us how they were matched and trained to meet people's individual needs. A staff member said, "When I came into post I worked several shifts with experienced staff so I got to understand how best to communicate with people and understand their different routines. It's very important for some people to follow a strict routine because if we don't it causes them anxiety."

The registered manager told us most staff had National Vocational Qualifications (NVQ) but for any future new staff they were looking to implement the Care Certificate. The Care Certificate is a nationally agreed set of fifteen standards that health and social care workers follow in their daily working life.

A staff member told us they were supported to receive additional training that would help develop their understanding of certain conditions people lived with. They told us they had a really good understanding of people's specific learning disabilities and anxieties, which helped them to empathise and better support people and their families. For example autism training.

People and staff described regular spot checks on staff so that the registered provider could monitor how staff were performing their role. Staff told us this was supplemented by regular supervision and staff meetings so that staff understood what was expected of them and for them to also share any queries they had. One staff member told us they felt the management was supportive they said, "If ever a situation arises with a person, you're not sure about, you can go to them. They have a very good knowledge base, so usually have the answer."

Staff told us they had completed training in the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We spoke with people and their relatives and they explained staff always checked people accepted their support. Staff we spoke with had an understanding about the MCA and knew which people they supported had capacity to consent to their care. The care co-ordinators knew who needed support with decisions and who should be involved with best interest decisions. Staff told us they had clear information and people's relatives said staff demonstrated practice compliant with the MCA.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA. Any applications to deprive someone of their liberty for this service must be made

through the Court of Protection.

People told us staff always asked them about their preferences about their meals and drinks before helping prepare them, to ensure people were offered a choice. Staff monitored people's food and liquid intake to ensure they didn't become dehydrated and so stayed fit and well. We saw people were assisted to make their own menu plans and supported to do a weekly food shop.

In the Provider Information Return PIR it stated, "We have a number of customers who we visit to support at meal times - we always try and make sure they have the slots that they wish to have so they can eat when they want to."

We saw people had accessed healthcare professionals as required in order to stay physically and mentally well. Everyone receiving care and support had a hospital support plan in place. These plans reflected people's on going health needs and provided staff with guidance on how to support people and recognise any deterioration in their health. Records showed referrals to dentists, psychologists, and speech and language therapists had been made for specialist advice.

Is the service caring?

Our findings

All the people and relatives we spoke to were happy and complimentary about the care they received. A relative described the staff as being, "So supportive they [staff] are like part of the family. When they bring [person's name] to visit they just fit in with the family. We now invite them to our family events."

All the staff spoke passionately about the people they cared for and being able to provide the best outcomes for them. One staff member said about a person they supported, "I try to make his life the best it can possibly be." Another staff member said "Staff feel valued here so they go the extra mile for people" For example staff came in on their day off to support one person to attend a hospital appointment.

Staff we spoke with understood how some people's day to day preferences and wishes were linked to their cultural, religion and values. People's care plans considered their physical, emotional and spiritual needs. Care plans provided clear guidance for staff to follow, so people were supported in ways which took their individual needs into account. This included people's physical and sensory needs. People's care plans had regularly been reviewed and their views on the care they received had been sought. People who used the service and relatives told us they were involved in day to day decisions about their care and support. One relative told us, "I'm very much involved with [person's name] care. I have daily contact, so speak with the staff every day."

We saw the provider had explored different ways of helping people to communicate and express their wishes. Staff told us about examples of how they worked flexibly and would alter their plans, to assist a person to search for items on the person's laptop in order to reduce their anxieties. They said, "It's important to be flexible and able to adapt when working with the person to avoid causing them unnecessary distress."

People and relatives told us staff supported them in a dignified way that protected their privacy. A staff member told us, "It's important for staff to give people their personal space and respect. If they have a seizure when I'm out and they become incontinent I cover them with a blanket to protect their dignity whilst I find the nearest changing area." Another staff member said, "I always treat people the way I would want a relative of mine to be spoken to."

We discussed with the registered manager how responsive the provider was in relation to equality, diversity and human rights; and how it promoted inclusion for people of all religions, cultures and sexuality. The registered manager told us they had a diverse staff group who comprised of different religions, cultures and people from all backgrounds, were welcome to work or use the service without fear of discrimination.

The registered manager was aware of the need to maintain confidentiality in relation to people's personal information. We saw personal files were stored securely in the office and computer documents were password protected when necessary.

Is the service responsive?

Our findings

People and relatives told us they received care and support based on their needs and preferences. This enabled people to remain as independent as possible in their own homes. A relative told us how their family member was supported twenty four hours a day in their own home by a regular staff team. They said, "The staff team is settled which benefits [person's name] because they know their routines and they don't like change."

In the PIR the registered manager had written "Our overall aim of our service is to meet the needs of our customers who use our service. We determine how they want their care through their support plan that is sent to us by the early help and support team and also through speaking with them and their family members. We try to gain as much information as possible about our customers and this is contained in a section of our enablement plan headed "all about me". We feel we can offer a better service if we know all about their history and also about their future wants and aspirations, this allows each person to have personalised care."

Staff and the management team told us they worked closely with community teams to meet the complexities of people needs and changes needed. We saw evidence of this at the time of our inspection as the management team responded to a person's needs so they were able to live at their home with the support they required. One staff member told us how they had supported a person with acute anxiety, so was working with the Intensive Support team to find ways to manage the behaviour, so they had received specific training so the person's needs were effectively responded to. Staff told us how people's changing needs were met, such as increasing people's care call times when required. One staff member told us, "We [staff] are always kept up to date with any changes to clients." The registered manager told us of how they were flexible the team were and able to respond to people's needs to support them to live at home with the care they required.

We looked at the provider's complaints procedures and found any complaints received had been dealt with in line with the provider's policy. People and relatives we spoke with told us if they had raised any concerns they had felt listened to by the registered manager and the minor complaint resolved.

We saw from feedback requested from the provider there were many compliments about the service provided. They included, "I feel it necessary to inform you of witnessing such good practice whilst supporting one of our more challenging customers." Another person had written "Staff interaction with [person's name] is always a pleasure to see."

Is the service well-led?

Our findings

At the time of our inspection 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 and their relatives told us they liked the registered manager as they were approachable and supportive. A relative told us, "If ever I have a problem I can always speak to the registered manager."

People who used the service and staff were encouraged to share their concerns and opinions to help them improve the quality of the service. For example, we saw people had completed questionnaires about the quality of the service provided, so any improvements identified could be made.

Staff spoke about the values of the care services they provided and the culture of the management and senior staff team. On talking about their work one staff member commented, "I love working here, its' a fantastic team and very well-led."

The registered manager monitored and took action to ensure that people's support kept them safe and well. People's welfare, safety and quality of life were looked at through regular checks of how people's support was provided, recorded and updated. For example, checks were undertaken on medicines and people's home environment risks, were also evident so that the registered manager had a clear overview of activity in people's homes. Visit times were planned, timed and checked against the records, support staff signed to confirm support had been given to people in their homes and in the community. This enabled people to be assured they received consistent care and support in line with the service agreements. The registered manager performed random spot checks and drop in sessions to ensure people were satisfied with the service provided.

We heard from the registered manager about how they were active in the local community forum groups and the importance they placed on networking with other managers to share and learn from best practice. In the PIR the registered manager had written, "We have weekly senior management meetings where we get together to discuss and highlight any issues that are happening within the service. I also submit a monthly service report where I am able to highlight issues and good news to my senior managers. The registered manager is the chair of the local skills for care registered managers group. Here we are able to share and expand our knowledge on many different areas and make sure that we sharing good and bad practice to learn from. We have a formal Memorandum of Understanding with commissioners and our service meets regularly with the authorities Commissioning team to ensure service growth and development reflects both customer's needs and commissioning intentions for the authority."