

WHM Work Connections Limited

WHM Work Connections Supported Living Office

Inspection report

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Date of inspection visit:
14 December 2015

Date of publication:
10 February 2016

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 14 December 2015. At our previous inspection 21 January 2014 the service was compliant with the regulations. This inspection was announced. 48 hours' notice of the inspection was given because the service is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

WHM Work Connections Supported Living Office provide personal care and support to people that already access their skills centre. They support people to carry out daily living tasks in their own home and in their local community. At the time of our inspection there were six people using the service. One person was receiving support with their personal care at the time of our inspection.

There is a registered manager at the service. 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 felt safe using the service. Staff had a good understanding of the types of abuse and knew how to report any concerns.

Risks associated with people's care had been assessed and control measures were identified and put in place to keep people safe.

People were supported by a core group of staff. People received support from staff that knew and understood their needs. The service was flexible to respond to people's needs and to enable them to attend activities of their choice.

Staff were supported in their roles. They received regular training to further their knowledge. They received supervision to support them in their work.

Staff had a good understanding of how they were able to respect people's privacy and dignity. People were supported to be as independent as they wanted to be. Staff encouraged people to develop independence.

People contributed to decisions about their care and support. People's needs were assessed and care plans put in place to ensure that they were met.

People were supported by a team of staff that had the managerial guidance and support they needed to do their job. All of the staff at the service shared the same vision and values. They were all committed to supporting people to maximise their independence by enabling individuals to have choice and control over their own lives.

There was no system in place to monitor that people received the allocated times of calls that they should have had throughout the month.

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 were supported by staff that had a good understanding of the various types of abuse and knew how to report any concerns. Risk assessments in relation to people's care had been carried out and control measures had been put in place to reduce associated risks. The service followed a recruitment policy to ensure that staff were suitable for their roles.

Is the service effective?

Good ●

The service was effective.

Staff received training and support to enable them to meet people's needs. Staff gained people's consent before supporting them with any care. People were supported to access health professionals as required.

Is the service caring?

Good ●

The service was caring.

Staff were kind and caring to people. People had regular staff that supported them with their needs. Staff had a detailed knowledge of people's support needs and knew about their likes and dislikes.

Is the service responsive?

Good ●

The service was responsive.

People contributed to decisions about their care and support. People were able to make choices about the things that they wanted to do. The service was flexible to meet people's needs. People felt able to raise any concerns. Information about how to complain was available in an appropriate format.

Is the service well-led?

Requires Improvement ●

The service was not consistently well led.

Staff at all levels knew and understood the needs of people that

used the service. Staff at the service shared the same vision and values of the organisation. The service had no system in place to ensure that people received their allocated support hours throughout the month.

WHM Work Connections Supported Living Office

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 14 December 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. The inspection was carried out by one inspector.

We reviewed notifications that we had received from the provider. A notification is information about important events which the service is required to send us by law.

We spoke with four people that used the service, one of whom received assistance with their personal care. We spoke with the registered manager, a director of the service and two support workers.

We looked at care records of the person that received assistance with personal care from the service and other documentation about how the service was managed. This included policies and procedures, three staff recruitment records and records associated with quality assurance processes.

Is the service safe?

Our findings

People that used the service told us they felt safe. One person told us, "I'm happy with them [the service], I feel safe." Staff had a good understanding of the various types of abuse and knew how to report any concerns. There was a safeguarding adults policy in place that staff had access to and an easy read version available for people who used the service. This contained information about the various types of abuse and examples of what people may experience if they were being abused. People told us that they would contact the managers of the service if they ever thought that they were being abused in any way. The policies contained contact numbers for people and staff to phone to report any concerns.

We saw that risk assessments in relation to people's care had been carried out. They were specific to each activity and identified the hazard, the risks, the existing control measures in place and any further control measures required to complete the activity. These were available in people's homes for staff to follow and enabled people to carry out activities that they wanted to do with control measures in place to reduce the associated risks.

The service had produced a risk assessment and contingency plan relating to providing care to people in their own homes in severe weather conditions. They had also provided guidelines for staff to follow when dealing with an emergency situation. This demonstrated that the service had plans in place to follow in response to an emergency situation. Staff were familiar with these and confirmed that they had access to copies of the guidance.

Support workers from the day care service operated by the provider carried out the domiciliary care service to provide continuity of care for people that used the service. The service had specific support staff who were familiar with people's needs and usual routines. When a new staff member was introduced they spent time shadowing a more experienced member of staff. They also had a lone worker competency assessment carried out before they were able to support people on their own.

We saw that there was a detailed recruitment policy in place to ensure that safe recruitment practices were followed. We looked at the recruitment files of three support staff that worked at the service. We found that the service had followed the recruitment policy in place robustly for two of the three staff. However we found that one staff member had commenced work in November 2013 without a Disclosure and Barring Service (DBS) check being carried out by the service. Although the member of staff did have one from their previous employer, the service had not carried out a risk assessment in relation to this to assess the risks that this may pose. The registered manager advised us that since this time they had updated the recruitment process and confirmed that now no staff commenced employment before they have received their DBS check back. The service had carried out a DBS check for this staff member in January 2014.

The service did not currently support anybody with regular medication but there was a detailed medication policy in place to support staff with the administration of medicines. We also saw that an easy read copy of the policy was available for people who used the service to support them to understand how staff would support them with the administration of their medicines. One person who used the service did have

medicine that staff needed to administer in an emergency situation. We saw that the service had guidance available and ensured that staff were all trained adequately to enable them to administer the medicine if required. This meant that staff had the right skills and knowledge to administer the medicine should the need arise.

Is the service effective?

Our findings

People told us that staff knew how to meet their needs. Staff told us that they received regular training to enable them to meet people's needs. They also gave us examples of specific training they had attended to further their knowledge about people's specific needs. This included emergency medicine training and lone working positive behaviour support training that they had received. We saw training certificates that confirmed that staff had attended relevant training to enable them to meet people's needs. Staff told us that they had regular supervisions and an annual appraisal. Supervisions were a meeting with a senior member of staff to support them in their work and discuss any problems. An appraisal was the opportunity for staff to reflect on their work and learning needs in order to improve their performance. Staff felt well supported in their roles and told us that were able to meet people's needs.

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 checked whether the service was working within the principles of the MCA. Staff told us how they always gained people's consent prior to supporting them with any care. The registered manager had a good understanding of MCA and was able to tell us about the action they would take if they had any reason to believe that a person did not have the capacity to consent to anything relating to their care. This included the carrying out of a MCA assessment and making a best interest decision if required. We saw the service had a detailed policy in place that provided details of the steps that staff should take if they were in any doubt about a person's capacity to make any decisions relating to their care and support.

Staff did not currently support anybody with their dietary needs but staff had a good understanding of how people should be supported to maintain a balanced diet.

People told us that staff would support them to make and to attend their medical appointments if they needed them to. One person told us, "They [the staff] always stay with me if I need them to." Staff told us that if they had any concerns about a person's health they would report them to the office. They also had access to people's health professionals contact details within people's care files. This meant that they would be able to contact them directly should the need arise. We saw from one person's records that staff had made a referral to an Occupational Therapist.

Is the service caring?

Our findings

People told us that the staff were nice. When asked about how they found the staff one person told us, "nice, polite, honest and caring." Another person told us the staff were down to earth. They told us, "They [the staff] treat me as who I am not for what I've got." Another person told us, "They're nice, they talk to me and they are kind." They went to tell us how staff listened to them. We saw that staff were kind in their approach. We saw that staff were polite and friendly.

People told us that they had regular staff who supported them with their needs. The registered manager told us how they provided regular staff for people to ensure that they had consistency with staff that supported them. They explained how beneficial this had been to people and recognised this was at the centre of staff developing positive relationships with the people they supported. Care records that we saw confirmed that people had regular support staff.

People told us that staff knew them well and that they were always able to make decisions about their care and support. Staff members confirmed that they knew people who used the service well and were able to tell us about their likes and dislikes. We saw that detailed information about people likes, dislikes and preferences were recorded within people's care plans.

People told us that they knew staff that provided the domiciliary care from the day service that they attended which was owned by the same provider. They told us that although they already knew the staff they would still be introduced to them and staff shadowed a couple of domiciliary care visits before they supported them alone. Staff confirmed this to be the case.

Staff had a good understanding of how they were able to respect people's privacy and dignity while assisting them with personal care. For example they explained to us how they waited just outside people's bathroom doors to ensure that they were nearby in case they were needed but to allow people private time while completing their personal care.

People told us that they were able to be as independent as they wanted to be and that staff supported them to do this. Staff gave us examples of how they were able to promote people's independence by supporting and encouraging people to do as much for themselves as possible

Is the service responsive?

Our findings

We saw that people's needs were assessed and care plans developed to meet people's needs. We saw that people contributed to decisions about their care and support. One person told us, "They always ask me what I want to do and they write it in my care plan." We saw that care and support plans were in place and that they provided detailed information about people's needs and how staff should support people to ensure that their needs were met. Staff told us that people's care and support plans provided adequate details to enable them to meet people's needs. We saw that care and support plans provided relevant details for staff to follow whilst ensuring that people had choices about the things that they did.

The registered manager told us how they only provide a domiciliary care service to people who attend the day centre service. They told us that when they received an enquiry about the service they would discuss the care that the person wanted to receive and develop a care plan with them to meet their needs.

The service was flexible to meet people's needs. For example one person told us how they can change the time of their call to ensure that staff are able to accompany them to a local rugby match. We saw within their care records the service had agreed to change the time of the call as required as long as they were provided with 24 hours' notice. Another person told us that staff always asked them at the beginning of their call what they wanted to do, sometimes they liked to go shopping and sometimes staff helped them with things such as paying bills or revising for their driving theory test. Staff told us that they supported people with a variety of activities to meet people's needs.

People told us that they had no complaints. They told us that they would contact the registered manager or director of the service if they did. They confirmed that they had their contact numbers and would feel happy to do so. There were appropriate policies and procedures in place for complaints to be dealt with. There were arrangements in place to record complaints that had been raised and what had been done about resolving the issues of concern. A copy of the complaints policy was provided to people in an easy read format. We saw feedback from a relative of a person that used the service that stated they knew how to complain and it was very easy to talk to the registered manager or director and get answers to any queries. The service had not received any complaints.

Is the service well-led?

Our findings

People told us that the registered manager and director of the service were approachable and in regular contact with them about their care. Staff told us that the registered manager and director of the service were always available if they needed them. People were supported by a team of staff that had the managerial guidance and support they needed to do their job. People benefited from receiving care from a cohesive team that was enabled to provide consistent care they could rely upon.

The registered manager at the service was aware of the requirements and responsibilities of their role. Policies and procedures to guide staff were in place and had been updated when required. We spoke with staff who were able to demonstrate a good understanding of policies which underpinned their job role such as safeguarding people, health and safety and confidentiality.

Staff at all levels knew and understood people that used the service. They were able to tell us about people's life histories and achievements that people had made. All of the staff at the service shared the same vision and values. They were all committed to supporting people to maximise their independence by enabling individuals to have choice and control over their own lives. These were the values of the organisation.

We found that one person who used the service had a provider managed account to allow the flexibility they required with their calls. This was where the provider had a set amount of hours of support that they provided for the person each month and the person had flexibility to change their calls as required. However we were concerned that from the records that had been completed for November we were not able to evidence that the person had received the correct allocation of support time. We spoke with the person who confirmed that staff always stayed for the length of time that they had agreed. We discussed this with the registered manager and director who advised us that the person did always receive the right amount of support hours. There was no system in place to monitor this, the records demonstrated a number of occasions where the person had not received the allocated times of calls that they should have had throughout the month. The registered manager and director advised us that this was something they would address at the next staff meeting and introduce a mechanism to ensure that the right amount of care hours were received.

The service sought feedback about the service through annual reviews and quality assurance questionnaires. We saw that feedback provided by relatives about the service was positive. One person had recently had their annual review and the feedback about the service and how it was meeting their needs had been positive.