

Sheffield City Council

Learning Disabilities Domiciliary Care Agency

Inspection report

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Date of inspection visit:
16 August 2018

Date of publication:
24 September 2018

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This was an announced inspection carried out on 16 August 2018. 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.

Our last inspection at Learning Disability Domiciliary Care Agency took place in June 2017. At that inspection, we found two breaches in the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were breaches in Regulation 12; Safe care and treatment and Regulation 17; Good governance. Following the last inspection, we asked the registered provider to complete an action plan to show what they would do and by when to improve the key question safe and well led to at least good.

At this inspection, we checked improvements the registered provider had made. We found sufficient improvements had been made to meet the requirement of these regulations.

This service is a domiciliary care agency. It provides personal care to people with a learning disability living in their own houses and flats in the community.

Not everyone using Learning Disabilities Domiciliary Care Agency receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

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

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.

Safeguarding procedures were robust and staff understood how to safeguard people they supported. People had individual risk assessments in place so that staff could identify and manage any risks appropriately. The service had appropriate arrangements in place to manage medicines so people were protected from the risks associated with medicines.

Recruitment Procedures were in place but there were some inconsistencies in staff files. The registered manager took immediate action to address this concern.

We have made a recommendation that the registered provider review their recruitment policy.

Systems were in place to make sure that managers and staff learn from events such as accidents and incidents, complaints, concerns, whistleblowing and investigations.

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.

We saw that people's care plans contained information about the type of decisions people were able to make and how best to support people to make these decisions.

People were supported with their health and dietary needs, where this was part of their plan of care. Staff were aware of the people who needed a specialised diet.

Staff we spoke with told us they felt supported. Staff underwent an induction and shadowing period prior to commencing work, and had regular updates to their training to ensure they had the skills and knowledge to carry out their roles. Although some staff told us they would like further training in positive behaviour support.

We have made a recommendation about staff training on the subject of positive behaviour support.

People were treated with dignity and respect, and their privacy was protected. During the inspection we observed staff giving care and assistance to people. They were respectful and treated people in a caring and supportive way. Staff spoken with could describe people's individual needs, hobbies and interests, life history, people's likes and dislikes.

The service provided information to people using the service in an easy read format to help people to be able to use it.

The quality and safety of the service was effectively monitored and improved when required.

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 and they were protected from the risks of harm and abuse.

Safe recruitments procedures ensured staff were suitable to work at the service.

There were sufficient numbers of suitably qualified staff to safely meet the needs of people.

Is the service effective?

Good ●

The service was effective.

People received care and support from staff who received appropriate training and support for their roles.

People's needs were assessed and planned for taking account of their preferences and choices.

People consented to their care and support and staff understood their right to do this.

Is the service caring?

Good ●

The service was caring.

People were treated with dignity and respect, kindness and compassion.

There was a familiar and stable staff team who knew people well.

Positive relationships had been formed between people who used the service and the staff.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care and support which was responsive to their needs.

People were confident about complaining if they needed to.

People were provided with opportunities to engage in meaningful activities.

Is the service well-led?

Good ●

The service was well led.

People and staff were complimentary about the ways the service was managed.

Staff felt valued and clearly understood the visions and values of the service.

The quality and safety of the service was effectively monitored and improved when required.

Learning Disabilities Domiciliary Care Agency

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 16 August 2018 and was announced. The inspection was carried out by two adult social care inspectors.

Before our inspection we reviewed the information, we held about the service including notifications that the registered provider had sent us and the Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, including what the service does well and any improvements they plan to make.

We contacted Sheffield local authority and Sheffield Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. This information was reviewed and used to assist with our inspection.

We checked a selection of records, including care records for three people who used the service, recruitment and training records for three staff, policies and procedures and other records relating to the management of the service. We spoke with six staff, including four care workers, the registered manager and a senior care worker.

Is the service safe?

Our findings

At our last inspection in June 2017, we found evidence of a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Safe care and treatment. This was because some medicine administration records contained unexplained gaps and the systems in place to audit and monitor this were not robust.

The provider sent us an action plan identifying actions to be taken and timescales for completion in order for them to meet all the requirements of the regulation. At this inspection, we found sufficient improvements had been made to meet all the requirements of the regulation.

We found people were supported safely with their medicines. Staff had completed medicines training and been assessed as competent to administer medicines. Staff had completed Medicine Administration Records (MAR) sheets after giving people their medicines. We sampled MAR sheets and found they had been fully completed. The management team had completed audits on the MAR sheets to ensure people had received medicines as prescribed to promote good health. When one person's medicines had been missed, the registered manager spoke with staff and ensured reminders were put in place to reduce the risk of this happening again.

Risks had been assessed for each person and were safely managed. Risk assessments had been undertaken for each person and included assessments in relation to choking, personal care and falls. For example, care staff identified one person was at risk of choking. They contacted the speech and language therapist and a risk assessment was put in place to reduce the risk of the person choking.

Risk assessments in relation to people's homes had been completed. These were accurate, stored securely and available to staff. Staff had completed training in safe working practices such as moving and handling and falls prevention to ensure they could support people to stay safe. Staff we spoke to told us, "The risk assessments are very comprehensive, that's where we have got really good with the paperwork. It doesn't matter where I work as I can pick up the risk assessment and know how to support people safely."

People were protected from avoidable harm and abuse because the provider had effective safeguarding procedures in place. Staff had completed safeguarding training and had access to the services safeguarding policy. Staff had a good understanding and awareness of abuse and knew how to recognise signs of potential abuse. Staff told us that they felt confident the registered manager would respond and take appropriate action if they raised concerns.

In addition to keeping a record of safeguarding concerns we saw the manager kept a record of any accidents and incidents that took place. The cause and effect of each accident or incident was investigated and recorded. Similar incidents were linked together to identify any trends and common causes, and action plans were put in place to reduce the risk of them happening again. For example, if a person experienced a number of falls we saw they were referred to the physiotherapist for advice and guidance.

The registered provider had a staff recruitment system in place. Pre-employment checks were obtained prior to staff commencing employment. These included at least two references, and a satisfactory Disclosure and Barring Service (DBS) check. A DBS check provides information about criminal convictions a person may have. This helped to ensure people employed were of good character and had been assessed as suitable to work at the service.

We looked at three staff's personnel files and found some inconsistencies. For example, some information about their work history was not on record and the process around obtaining references was confusing. For instance, one of the employees had a start date of 2006 and yet their reference was dated 2017. We discussed this with the registered manager who explained that the person had been employed by the provider since 2006 but this was not clear in the records. The registered manager undertook immediate action to ensure a full employment record was available for all staff.

The registered providers recruitment policy (2018) did not include any guidance on how many references were essential which did not support safe practice and whilst all the three staff files we looked at showed that people had not been employed until they had provided two satisfactory references and had been suitably cleared by the Disclosure and Barring Service (DBS) there was no mention of the need for references in the recruitment policy.

We recommend that the registered provider review their recruitment policy.

There were enough competent staff to support people and keep people safe. We reviewed staff rotas for four weeks prior to our inspection and found that staffing levels were consistently maintained. Staff told us there was always someone from management around to provide support if they needed it.

We saw evidence in the staff files we reviewed there was regular 'spot checks' being carried out on staff. Spot checks are visits which are carried out by senior staff to observe care staff carrying out their duties to monitor the quality of their practice and to ensure the safety of the people who are being supported.

We saw there was evidence that care staff were receiving supervisions. We saw there was a monthly planner in place to carry out these sessions in line with the organisation's policy.

Good infection control practices were in place. Staff told us and records showed that staff were provided with infection control training to ensure they followed good infection control principles. Staff were provided with gloves; aprons and we saw these were freely available from the office. Staff had a good understanding of food hygiene and safety as they had completed training.

Is the service effective?

Our findings

People's care and support was planned and delivered effectively. The registered manager told us they carried out regular visits to people so they could understand their needs, likes and dislikes and respond accordingly.

Staff treated each person as an individual and ensured people were not discriminated against when making their care and support decisions.

People's care and support was constantly reviewed and updated. Appropriate referrals were made to external services to ensure people's needs continued to be met.

People benefited from effective care because staff were trained and supported to meet their needs. Staff told us they were happy with the training provided. Training was provided in different ways to ensure staff had the knowledge and skills they needed. This consisted of face to face training, distance learning, and online learning. One staff member told us they had benefited from face to face training which better supported their learning needs.

New staff completed training before going out to visit people. The induction programme for new staff included fire procedures, safer working practice, safeguarding, infection prevention and control, moving and handling, equality and diversity, practical skills, medicines and record keeping. New staff worked alongside experienced staff to observe how people had their care delivered. Staff were observed and assessed during these shifts. This ensured they were competent to work on their own.

We checked the staff training matrix, which showed staff were provided with relevant training so they had appropriate skills. Staff spoken with said they undertook induction and refresher training to maintain and update their skills and knowledge. Mandatory training such as moving and handling, medicines and safeguarding was provided. Training in specific subjects to provide staff with further relevant skills were also undertaken, for example, training on autism and epilepsy. This meant all staff had appropriate skills and knowledge to support people.

Some staff said they would benefit from additional training in positive behaviour support. Positive behaviour support is a person centred approach to supporting people with behaviours that might challenge the service. Comments from staff included, "We have really good training but we could do with more training in mental health and how to support people who challenge the service. We have a lot of incidents but we need training in how to diffuse things, how to record incidents, we used to do breakaway training but we don't do it anymore.

We recommend that the service finds out more about training for staff, based on current best practice, in relation to positive behaviour support.

Staff had regular meetings with the registered manager to talk about their job role and discuss any issues

they may have. Staff told us they felt well supported and they could come into the office at any time.

Staff had an appraisal each year. The registered manager told us a new system of appraisal had just been introduced at the end of March 2018 and they were in the process of embedding the new system. These meetings gave staff an opportunity to review their progress and agree future training and development goals.

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 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. The registered manager and staff had a good awareness of the MCA and consent to care and treatment. The care records we reviewed had paperwork to evidence mental capacity assessments and best interest decisions had been undertaken in accordance with the principles of the MCA when people lacked capacity to make a specific decision.

Where possible care plans were signed by each person and showed consent to care and treatment had been obtained. Staff told us they gained consent from people before carrying out personal care and respected people's choices. One care worker told us, "You've got to assume that somebody has got capacity to make decisions. "

Staff supported some people with preparing their meals. All staff received mandatory training around eating and swallowing. This enabled staff to be able to assess people's nutritional risks and refer to speech and language therapists (SALT) when appropriate. Staff we spoke with told us that they then follow the dietary recommendations made by the SALT. One care worker told us, "We sit and involve people who may be only able to take a mashable diet to put together menus that they would like and would be safe."

Staff told us if they had concerns about people's health they would ring the appropriate professional themselves or let the office know. They were confident action would be taken. We saw evidence of occasions when people were not well and staff had supported them to seek advice. For example, staff were concerned about one person's mental health and the service had worked in partnership with health and social care professionals to respond to the persons changing needs and to change their care package to reflect these changes.

The registered provider had effective systems in place to support the sharing of information between the service and other agencies who also provided care to the same people. Staff told us they had a daily communication book which worked well. They told us it was good practice that after being off on leave or sick they read the daily records for the last seven days so they were up to date and signed to record this. This meant staff had access to accurate and up to date information to keep people safe and well.

Care Staff were aware that they had a responsibility to make sure people in their care, when possible, were able to understand the information given to them about their health or treatment. They told us they sat with the person and explained things slowly or could use easy read information and pictures to help people understand their choices.

Is the service caring?

Our findings

People we spoke with praised the care staff and said that the staff were very good. One person we visited told us, "the staff are brilliant." We saw the staff and people they supported talking, laughing and joking together. It was very relaxed. There was also banter between people who used the service and people were enjoying themselves.

We visited another person in their own home and observed staff to be kind and caring. There were good levels of engagement with the person throughout our visit. We saw that staff were consistently reassuring and showed kindness towards the person when they were providing support, having day to day conversation. The interaction between staff and the person they supported was inclusive and it was clear from how the person approached the staff, that they were happy and confident in their company. The care worker told us, "How the person had blossomed since living in their own home with support."

It was clear from observations between the person and staff that staff understood the person's needs; they knew how to approach the person and recognised when they wanted to be on their own. Staff we spoke with knew the person's history, showed concern for the person's wellbeing and described their needs and preferences in detail. They had a clear understanding of how the person wished to be addressed and supported.

We saw that staff respected people's dignity and privacy and treated people with respect and patience. For example, we saw care workers knock on doors before they entered and always asked people they were supporting before they did anything to assist with care needs.

We looked at people's care plans and found they were involved in developing the plans where ever possible. Information in the plans told staff about people's likes, dislikes, choices and preferences. We found that staff spoke to people with understanding, warmth and respect.

Staff were able to explain to us how they met people's needs. For example, staff could tell us how they communicated with people who did not have verbal communication and understood their communication methods.

People were supported to access the community and activities. Some people accessed it on their own and others were supported by staff. People told us they enjoyed the activities and that they could choose what they wanted to do and staff facilitated it. One person told us how the care staff had supported him to get a mobility car which helped him to go out much more often.

People had access to advocacy services. An advocate is appointed to seek the views and beliefs of the person and gather and evaluate all relevant information about that person to support them to make important decisions.

People's confidentiality was respected and all personal information was kept in a locked room. Staff were

aware of issues of confidentiality and did not speak about people in front of other people. When they discussed people's care needs with us they did so in a respectful and compassionate way.

Is the service responsive?

Our findings

People told us the service was personalised and responsive to their care needs. People's needs were assessed before they started to use the service. One of the management team met with the person and their family, where appropriate, to ensure the service would be able to meet the person's needs.

Each person had a detailed care plan that was tailored to meet their individual needs. These plans described the support people needed to manage their day to day needs. This included information such as their preferred routine, guidance about how to meet people's needs and other information including their food and drink preferences.

Each person had a health action plan which included information about what was needed for the person to remain healthy, including the support which a person may need.

Staff gave us examples of how they provided support to meet people's diverse needs such as those related to disability, religion, and sexual orientation.

Staff recorded the care they provided at each visit and we saw these records were detailed and clearly written. Staff told us they read the care plans and checked them at each visit for any changes. When people's needs changed, staff carried out further assessments to ensure their needs continued to be met appropriately. One care worker told us, "We involve people wherever possible in reviewing their care plans every few months or at least annually

People's communication needs were met. The service was complying with the Accessible Information Standard (AIS). The AIS applies to people using the service who have information and communication needs relating to a disability, impairment or sensory loss. Each person had a communication passport which identified their communication needs. Communication Passports are a practical and person-centred way of supporting people who cannot easily speak for themselves and pull important information together in an easy-to-follow format.

People told us the service would respond well to any complaints or concerns they might raise. They were confident their concerns would be taken seriously. People were given information about how to complain in an easy read format called 'Tell us what you think'. The service had not received any formal complaints and people told us they didn't have any complaints. One care workers told us, "If anyone has any concerns or worries we try and talk it through with the person."

People were supported at the end of their life to have a comfortable, dignified and pain free death for as long as the service could and the registered manager told us how they supported families through difficult bereavements.

People were supported to access a range of activities. One care worker told us, "We support people to do anything they want for example I support someone and they have just got a car and they like cinema, car

boots, markets" as well as going to the pub and trips to the circus.

Is the service well-led?

Our findings

At our last inspection, we found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the system in place for monitoring the quality and safety of the service did not identify the shortfalls we found on inspection.

The registered provider sent us an action plan identifying actions to be taken and timescales for completion in order for them to meet the requirements of the regulation. At this inspection, we found the registered provider had made sufficient improvements to meet the requirement of the regulation.

We found the registered provider had a quality monitoring system in place which ensured the smooth running of the service. For example, care plan audits, staff files, and medication checks were completed every six months by the registered manager. Monthly audits were completed by the senior management team and included medicines, finances and health and safety. Records were brought back from people's homes every month to ensure they had been completed correctly. Alongside these checks the registered manager told us they regularly conducted unannounced spot checks on staff. This was confirmed by one of the care workers who told us "The seniors come and double check on everything to make sure any necessary updates have been made and any discrepancies are highlighted."

All the staff we spoke with told us the managers of the service were visible, approachable and had an open-door policy.

The culture of the service was caring and focused on ensuring people received high quality person-centred care that enabled them to remain in their homes. It was evident staff knew people well and put this into practice. There was an emphasis on getting to know the person and tailoring the service to meet their individual needs and preferences. People were involved in the running of the service and encouraged to share their views.

People and staff spoke positively about the leadership of the service and told us the service was well managed. One care worker told us they described the vision and values of the service. They told us "We are very person centred what the service user wants and needs comes first before anything else. We try to support people to be as independent as possible and to have as much choice as possible."

The registered manager shared information with staff in a variety of ways, such as face to face, phone calls, and more formally through meetings. The registered manager and staff discussed people's care and support needs, shared information, and identified any training needs. Staff knew their roles and responsibilities and told us they were treated equally. All the staff we spoke to told us information sharing had improved and that staff meetings provided an opportunity to discuss changes in care plans and staff felt this was 'helpful'.

The registered manager attended local provider forums. In the past 12 months, the registered manager had developed good working relationships with local health and social care professionals. Those we spoke with confirmed the service was well led and care workers were knowledgeable about people's needs and

followed their guidance.

The registered provider sought the views of people being supported by the service in a survey In October 2017 and care workers told us that people they provided support for were given questionnaires every three months which they were supported to complete. They told us the feedback was positive and the information was used to improve service delivery.

The registered manager was aware of their responsibility to inform the CQC about notifiable incidents and circumstances in line with the Health and Social Care Act 2008.