

Community Therapeutic Services Limited

CTS Domiciliary Care

Inspection report

81 High Street
Worle
Weston Super Mare
Somerset
BS22 6ET

Tel: 01934708772
Website: www.cts-homes.co.uk

Date of inspection visit:
18 October 2016

Date of publication:
09 November 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?	Good ●

Summary of findings

Overall summary

This inspection was announced and took place on 18 October 2016. The service was given 48 hours' notice of the inspection because we wanted to make sure we would be able to speak with staff and people who used the service.

The last inspection of the service was carried out in November 2013. No concerns were identified at that inspection.

CTS Domiciliary Care provides personal care and support to people living in their own homes. The service specialises in the care of people who may have learning disabilities, autism, mental health needs, acquired brain injury, and who may also display behaviour described as challenging. At the time of this inspection the service was supporting three people. Packages of care varied from seven hours a day to 24 hour support.

There is no registered manager in post. However the manager of the service had begun the process of registering with the Care Quality Commission. 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.

The service was well led by a management team who were very person centred and supported their staff well. The management team sought people's views and took action to address any issues raised.

People were supported by a stable staff team and the provider was committed to staff retention to make sure people received consistent care and support. People had been able to build relationships with staff and were very relaxed and comfortable with the staff who worked with them. People told us staff were always kind and caring. A relative said they thought staff went "Beyond the call of duty."

People had their needs assessed and met by a staff team who received the training they needed to effectively support people. The provider's clinical team was available to make sure people's complex health and emotional needs were met in the least restrictive way.

Staff were conscientious and reliable. People told us they were always supported by staff they knew and staff always arrived at the correct time. Staff were flexible which meant people were able to decide on a daily basis what things they wanted assistance with and what they wished to do. One person told us "Everything is my choice."

People were supported to manage their complex behaviours and make choices about all aspects of their lives. People were fully involved in planning their care and had opportunities to make changes to their care plans. Staff helped people to pursue their hobbies and interests including accompanying people on holidays.

There were systems in place to make sure risks to people were assessed and managed to promote their safety and well-being. People's medicines were safely administered.

People's privacy was respected and staff were very clear that they were in someone's house not in an ordinary workplace. One member of staff said "Obviously it's their home not mine so they are in charge." Where people received 24 hour one to one support staff told us how they made sure people were able to spend time alone whenever they wished to. This demonstrated a respect for people to have personal space whilst ensuring their safety.

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.

Risks of abuse to people were minimised because the provider had a robust recruitment process and made sure staff knew how to raise concerns.

People were supported by adequate numbers of staff to meet their assessed needs.

People received their medicines safely from staff who had been assessed as competent to carry out the task.

Is the service effective?

Good ●

The service was effective.

People received care and support from staff who had the skills and knowledge to meet their needs.

Staff supported people to take control of their health care needs and helped them to arrange appointments with healthcare professionals when needed.

Is the service caring?

Good ●

The service was caring.

People received care from staff who were kind, compassionate and made sure people were respected and their likes and dislikes were taken into consideration.

People's privacy and dignity was respected and staff were conscious of the need to maintain confidentiality

People were involved in making decisions about their care and the support they received.

Is the service responsive?

Good ●

The service was responsive.

People received care that was responsive to their needs because staff had an excellent knowledge of the people they provided care and support for.

People were able to make choices about all areas of their lives.

People told us they would be comfortable to make a complaint if they were unhappy with their care.

Is the service well-led?

Good ●

The service was well led.

The vision and values of the service were understood by the staff and these made sure people were at the heart of the service.

People benefitted from a management team who were committed to listening to people to make on going improvements to the service.

Staff were motivated, they worked as a team and were dedicated to supporting people in a person centred way.

CTS Domiciliary Care

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 18 October 2016 and was announced. It was carried out by an adult social care inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information in the PIR and also looked at other information we held about the service before the inspection visit. At our last inspection of the service in November 2013 we did not identify any concerns with the care provided to people.

During the inspection we were able to meet and speak with two of the three people who used the service with their support workers. After the inspection we spoke on the phone to one relative to seek their views on the service provided. We also spoke with the manager for the service, a team leader and one of the directors of the company.

We viewed a selection of records relating to the running of the service and to people's individual care. These included looking at two care plans with people using the service, three staff files and a selection of policies and procedures.

Is the service safe?

Our findings

People felt safe with the staff who supported them. People we spoke with told us staff were kind and they could talk with them if they had any worries. One person said "I feel safe and I'm never frightened."

The service had policies and procedures about how to recognise and report abuse which helped to keep people safe. All staff undertook training in safeguarding vulnerable adults during their induction training to make sure they were aware of the signs of abuse and how to report it. The minutes of the last staff meeting showed that an interactive training session about safeguarding was held to continue to raise awareness of this issue. Where concerns had been reported the manager had worked with relevant authorities to make sure people were protected.

Risks of abuse to people were minimised because the provider had a robust recruitment procedure. Before commencing work all new staff were thoroughly checked to make sure they were suitable to work for the service. These checks included seeking references from previous employers and carrying out disclosure and barring service (DBS) checks. The DBS checks people's criminal record history and their suitability to work with vulnerable people. Staff files showed staff did not begin work until checks had been carried out.

People using the service had complex needs which could mean they displayed behaviours which could place them or others at risk. All staff undertook a very comprehensive course in positive behaviour management and one member of the staff team was a trainer in positive response training. This enabled them to facilitate training and also to offer advice and support to staff at any time. Staff told us the training really made them think about how they could support people in managing their own behaviour. The service was very committed to managing people's behaviour in a way that did not require the use of physical restraint. Records showed no physical restraints had been used by staff.

Each person had their needs assessed by staff and the provider's clinical team. The assessments highlighted what may be a trigger for certain behaviours and how associated risks should be minimised. Staff were very aware of the risks associated with people and said they worked flexibly to minimise these risks. For example one member of staff said they were able to change their working hours to make sure a person did not spend periods of time on their own in specified circumstances.

Risks associated with the person's home environment were assessed and measures were in place to minimise risks. Staff ensured smoke and carbon monoxide alarms were fitted and they supported people to test these regularly.

People had individual contracts which set out the number of hours allocated to them each day. People were supported by sufficient numbers of staff to meet their needs and ensure they received their allocated support hours. One person told us their staff always turned up when they were expecting them and they were also able to change their support hours, for example if they wished to go out on an evening trip. They said "If they were all sick or something then the manager would come. They wouldn't leave me with no staff." A relative told us the service was totally reliable and staff always turned up at the specified time.

People's medicines were administered by staff who had received specific training to carry out the task. Once staff had completed their training they had to observe medicines being administered a minimum of three times then be observed by a more experienced member of staff a minimum of three times. This made sure they were confident and safe to support people with medicines.

Staff kept records of medicines that had been administered or made available to people. Staff also checked stock levels in each person's accommodation daily which enabled them to quickly identify any discrepancies.

Some people were prescribed medicines on an 'as required' basis. These were made available to people on their request. One person said if they needed as required medicines at times when staff were not supporting them, they were able to contact a local care home owned by the same provider. They said "If I need them someone will come down."

Is the service effective?

Our findings

People received effective care and support from staff who had the skills and knowledge to meet their needs. All staff underwent a two week induction training course which gave them the basic skills to care for people safely. The induction programme for all staff included intensive training in positive behaviour management. In addition to completing induction training new staff were able to shadow more experienced staff for a further two weeks. This enabled them to get to know people and how they liked to be cared for. One member of staff told us "The shadowing was brilliant. I feel I really got to know each individual and it gave me loads of confidence."

After staff had completed their induction training they were able to undertake further training in subjects relevant to the people who used the service. Training completed included; autism, person centred care planning and equality and diversity. Many staff had nationally recognised qualifications in care which ensured they were competent in their roles. One member of staff said "Training is very good and they make it meaningful to the people we look after so it really helps you in your work."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 a person lacks the mental capacity to make a particular decision, any made on their behalf must be in their best interests and the least restrictive option available.

No one using the service lacked the mental capacity to make every day decisions. We observed excellent interactions between people and the staff supporting them. It was clear that staff explained things to people and gave them the information they required to make choices about their care and support. Care plans and guidelines contained pictures to make sure they were meaningful to the people using the service. One person told us "Everything is my choice."

All staff received training in the MCA during their induction period. Staff we spoke with were very clear about people's right to make decisions for themselves. One member of staff said "We can advise people but everyone must make their own choices. We all have the right to decide to do things that other people may not approve of."

People had support to meet their physical, emotional and mental health needs. The provider had a clinical team which included psychologists, a specialist nurse and an occupational therapist. These professionals were available to make sure people's needs were assessed and care plans were in place to meet people's needs in the most appropriate way. People were also supported to access other healthcare professionals in the local community such as GPs, dentists and practice nurses. People told us staff encouraged them to take responsibility for their health and gave them advice on how to improve their health. One person was being supported to stop smoking.

Each person had a health passport which contained the information required to effectively support the

person if they were cared for in another setting such as hospital. Information in the health passport included the person's on-going health needs, how they communicated and things that may make them anxious or upset.

Staff supported people to eat a healthy diet to reduce their weight and associated health risks. One person proudly told us they had lost weight and another person told us how staff had explained to them the possible health risks of being overweight.

Staff supported people to shop for food and helped them to prepare meals. This ensured people ate meals of their choosing but had advice and guidance on hand when purchasing food stuffs.

Is the service caring?

Our findings

People were supported by a stable staff team which enabled them to build trusting relationships and receive consistent care and support. A relative told us they found the consistent staff team a real benefit and they and their relative had been able to build relationships with staff. Each person had two keyworkers who took a special interest in them. Keyworkers provided day to day care and were also responsible for supporting the person to write and review their care plan. People knew who their keyworkers were and spoke very affectionately about them.

Two people who used the service had expressed a wish to meet and this had been arranged. Since the original meeting staff had supported them to meet socially including celebrating some special occasions together. Where appropriate staff also helped people to keep in touch and meet up with family members.

People were fully involved in all decisions about their care and support. People showed us their care plans and where they had signed to say they had understood and agreed with what was written about them. Some parts of the care plan were in an easy read format if this was appropriate to the individual. People met with their keyworkers each month to discuss what had happened that month and to make any changes to their care. One person said "We make changes according to what I want." One person was planning a birthday celebration and said they would discuss their wishes and plans at their next monthly meeting.

People were able to decide what they wanted to do and the support they required from staff. Staff said they were guided each day by what support the person wanted and the person they were with agreed with this. They told us on the day of the inspection they wanted to go into town to do some shopping with their support worker. They said "We will probably stop for a coffee too."

People were aware who would be supporting them each day and were able to make requests about the staff who supported them, particularly with social trips out and holidays. One person told us about a trip they were planning and their support worker asked who they would like to go with them and they named the member of staff. The team leader for the service said they would make sure this person was available.

People were supported by staff who were kind and patient. One person said "They are all kind and nice." A relative told us they thought staff went "Beyond the call of duty." Interactions we observed showed staff knew people well and they shared jokes together. Staff had a good knowledge of people's likes and dislikes and talked to people about things that were important to them such as hobbies and family members. We heard staff talking to one person about a place they liked to walk to and to another about one of their favourite television programmes.

People's privacy was respected and staff were very clear that they were in someone's house not in an ordinary workplace. One member of staff said "Obviously it's their home not mine so they are in charge." Where people received 24 hour one to one support staff told us how they made sure people were able to spend time alone whenever they wished to. This demonstrated a respect for people to have personal space whilst ensuring their safety.

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 affectionate way.

Is the service responsive?

Our findings

People received care that was responsive to their needs and extremely personalised to their wishes and preferences. Packages of care were tailored to people's specific needs and gave flexibility to enable staff to respond quickly to any changes in need or wishes. One person told us staff helped them with all activities of daily living. They said "They are very good. They help me to pay bills, shop, collect tablets and cook. I couldn't manage living here without them." A relative said the staff were totally flexible and responded to changes in their relatives wishes on a daily basis.

Each person had their needs assessed before they began to use the service. This made sure the service was appropriate to meet the person's needs and expectations. From the initial assessments care plans were devised to ensure staff had information about how people wanted their care needs to be met. Care plans were personalised to each individual and contained information to assist staff to provide care in a manner that respected their wishes. Information about the person was reflective of the people we met and outlined their likes and dislikes which they had told us about.

Part of the care plans had been developed between the person and the provider's clinical team. This part of the care plan gave indicators about areas that may make the person anxious or unsettled. This gave staff the information they required to provide a service which met the person's needs and supported their well-being. Positive response training made sure staff had the skills they needed to enable the person to follow their chosen lifestyle whilst maintaining theirs and other people's safety. Both people we met were very happy, relaxed and confident.

The staff responded to changes in people's wishes and needs. Care plan reviews contained information about what was working well for the person and what areas could be improved. Any changes required were discussed with the person at review meetings and changes were made to their care plans accordingly. One person had expressed a wish to change their accommodation. The person had been encouraged to write down what their priorities for alternative accommodation would be and staff were assisting them in their search based on their written criteria.

The way staff worked with people to enable them to manage their own behaviours helped them to develop their independence skills and enhance their well-being and quality of life. Staff we spoke with were very person focused and had a good knowledge of the people they supported. They discussed a variety of subjects which enabled people to make informed choices and remain in control of their care and support.

Staff were supporting one person to manage how they behaved in social situations. This had involved setting clear boundaries with the person about how they interacted with other people. The person showed us their 'boundaries folder' which was kept in their home and they could access at any time. It was clearly written containing pictures and words and it was evident the person referred to it often. They were able to tell us how staff had helped them to moderate their behaviour when interacting with people. Staff approach and support for this person enabled them to take part in social occasions which previously they would not have been able to appropriately cope with. Because of the consistent support and guidance provided by

staff the person had been able to meet new people, hold a birthday celebration in a public house and go away on holiday to a place of their choosing. The person talked very enthusiastically about the activities they had taken part in.

Staff were passionate about the work they did and the people they supported. During our two visits to people with their support workers we saw staff provided support which was very individualised and took account of their personalities, needs and wishes. People were encouraged to pursue their interests and hobbies. Both people told us they had been away on holiday with support workers. The holiday destinations had been very different showing staff took account of people's individuality and their choices.

The manager sought people's feedback and took action to address issues raised. A recent satisfaction survey had been sent to everyone who used the service. The results had been analysed and there was an action plan to address any issues highlighted. For example one person had answered 'don't know' to a question about making choices about the staff who supported them. In response to this staff had re-emphasised to the person they could request specific staff to support them. Whilst we were with them this person was asked about the member of staff they would like to support them with a trip.

People's representatives were also consulted about the quality of the service. The provider had commissioned an expert by experience to telephone people's representatives and seek their views. The responses to these conversations showed a high level of satisfaction.

Each person received a copy of the complaints policy when they began to use the service. No one had made a formal complaint but people said they could talk with a member of staff if they were not happy about any aspect of their care. One person said "I'd talk with the staff if I wasn't happy. They'd sort it out." One person's relative told us that communication between them and staff was excellent and they were able to discuss any issues they had at any time.

Is the service well-led?

Our findings

The registered manager for the service left in September 2016. A member of the company's senior management team was managing the service and had applied to be registered with the Care Quality Commission as the registered manager for this location. The manager had the experience and qualifications required to manage the service. They had a good knowledge of the people using the service and were extremely person focussed in their discussions with us.

People and staff knew who the manager was and said they were very approachable and listened to their views. One member of staff said "The manager is good. You could go to him with anything." Staff worked alone with people in their own homes but said there was good communication and they had telephone handovers to make sure they were up to date with people's current wishes and needs. Staff said they could contact a team leader or the manager at any time if they wished to discuss their work or report any changes. There was an on call system which made sure people and staff always had access to senior staff if they had any concerns or wished to pass on information.

The provider had a clear vision for the service. Their website stated; 'Through skilled person centred assessment, formulation and positive behaviour planning we aim to support people in their own homes within the community to maximise independence, dignity and choice.' Their vision and values were communicated to staff through staff meetings and formal one to one supervisions. Supervisions were an opportunity for staff to spend time with a more senior member of staff to discuss their work and highlight any training or development needs. They were also a chance for any poor practice or concerns to be addressed in a confidential manner. Staff we met with were working in accordance with the provider's philosophy to encourage people's independence and make sure they had the information they required to make informed choices about their care and support.

The provider promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment. To the best of our knowledge the service had notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.

The office for the service was located in the provider's main office which meant the manager had ongoing interactions with the provider and their clinical team. This enabled information to be shared and meant there was support for the manager and their team. It also meant that any concerns about a person or changes in their behaviour could be quickly discussed with the clinical team to make sure they were reassessed and received support and treatment in accordance with their needs. During the inspection staff came to the office and had access to the manager to raise any concerns or share information.

There were quality assurance systems in place and the new manager was looking at ways these could be strengthened to make sure staff and people were fully involved in planning changes and making improvements. The manager was supported by two team leaders and the new management team were in

the process of reviewing systems regarding how they monitored, improved and expanded the service. There was a commitment to on-going improvements. The team leaders carried out visits to people using the service and their support workers to monitor the quality of the service and the person's satisfaction levels. Currently these visits were not recorded but we discussed with them ways this could form part of the service's quality assurance system.

All incidents which occurred were recorded and analysed by the manager to see if any changes needed to be made to a person's support package. Records showed very few incidents had occurred which demonstrated people were receiving the support required to meet their needs and keep them safe. Any medication errors were reported and the manager investigated how these had occurred and any lessons that could be learned to minimise the risks of re-occurrence.

Any hospital admissions were looked at on a quarterly basis to make sure any recommendations made had been followed up. For example one person had been admitted to hospital and it was recommended they were seen by a specialist nurse. The person's care plan showed this recommendation had been actioned.

People and staff were asked for their views and action was taken to address any issues raised. Following the last survey of people using the service the manager had put in place actions which addressed any issues raised. This included making sure people knew they could make requests for a specific member of staff.

The provider took action to make sure people received care and support from a consistent staff group and had a commitment to staff retention to promote this. They had set up staff listening groups where the director of the company met with a group of staff monthly to enable them to share ideas and raise issues. They had also employed an independent company to carry out a staff survey which made sure all responses were confidential. In response to the staff survey the manager for the service had put in place an action plan to address issues raised which they hoped would maintain a stable and reliable staff team for people. The actions in place included making sure staff, who worked on their own, received recognition for the work they did. They also planned to have more regular staff meetings to make sure staff felt well supported in their work and to promote team working to make sure people received consistent care and support.

The provider had policies and procedures which made sure practice was in accordance with best practice guidelines and up to date legislation. We looked at a sample of policies and procedures and noted they were comprehensive and up to date. There was evidence that policies were put into practice. For example the lone working policy was in line with the information staff gave us about how they worked. This included telephone contact with other staff at the beginning and end of their shift. The policy also set out the training that would be made available to them before they began lone working and records showed all staff had completed this training.