

UK Care (Special Needs) Limited

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Inspection report

The Coach House, Wildwoods Private
Theobalds Park Road
Enfield
Middlesex
EN2 9BW

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18 October 2018
19 October 2018

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29 November 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 inspection took place on 18 and 19 October 2018 and was announced. We gave the provider 48 hours' notice that we would be coming because we needed to be sure that the registered manager would be available to support us with the inspection process.

UK Care (Special Needs) Limited provides the regulated activity of personal care to people living in a supporting living accommodation setting. The service aims to support people with learning disabilities and mental health conditions. At the time of this inspection there were seven people receiving personal care.

At our last inspection we rated the service 'Good', however, the service was rated requires improvement under well-led as concerns were noted around the way in which the service communicated with relatives about changes to the staff team. At this inspection we found that the service had addressed this concern and the evidence we looked at continued to support the rating of 'Good' and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

People and their relatives told us that they felt safe with the care and support that they and their relative received from support staff.

Risk assessments gave information on people's individual risks associated with their health and care needs and guided support staff on how to minimise known risks to keep people safe.

People received their medicines safely and as prescribed.

Safe recruitment processes ensured that only those staff assessed as safe to work with vulnerable adults were employed.

People were supported by sufficient numbers of staff. Staffing allocations were based on people's individually assessed support needs.

Accidents and incidents were recorded, reviewed and analysed to enable learning and improvements to prevent future re-occurrences.

Support staff told us and records confirmed that they were effectively supported through induction, regular training, supervision and annual appraisals.

People were appropriately supported with their nutrition and hydration needs to ensure they maintained a

healthy and balanced diet. Where people had specialist dietary requirements these had been incorporated into their care plan and delivery.

People were routinely supported to access a variety of health and social care services or where there was an identified need or concern.

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 observed people had established positive and caring relationships with support staff. Support staff knew the people they worked with very well.

Care plans were person centred and comprehensive and enabled support staff to provide care and support to people that was responsive to their needs.

Complaints were recorded and appropriately responded to with details of the actions taken to resolve the complaint.

Clear management oversight systems in place allowed the registered manager and provider to monitor the quality of care and support people received. Where concerns were noted action plans in place ensured these were addressed and future learning was implemented.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

<p>Is the service safe?</p> <p>The service remains Good.</p>	<p>Good ●</p>
<p>Is the service effective?</p> <p>The service remains Good.</p>	<p>Good ●</p>
<p>Is the service caring?</p> <p>The service remains Good.</p>	<p>Good ●</p>
<p>Is the service responsive?</p> <p>The service remains Good.</p>	<p>Good ●</p>
<p>Is the service well-led?</p> <p>The service has improved to Good. Communication between staff and relatives and improved. Relatives feedback about the service manager was highly complementary and we were told that the service always kept them updated.</p> <p>Management checks and audits were clearly documented and where issues were identified these were recorded with details of the actions taken to ensure people consistently received high quality care.</p> <p>People and relatives were always encouraged and supported to engage with the service and to give their ideas, suggestions on how the service could learn and improve.</p> <p>The service worked in partnership with a variety of healthcare, social care and community professionals so that people they supported had access to these professionals to maintain a fulfilling lifestyle.</p>	<p>Good ●</p>

UK Care(Special Needs) Limited

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 and 19 October 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because the location provides a domiciliary care service within supported living schemes and we needed to be sure that the registered manager or provider would be available to support the inspection process.

The inspection was carried out by one adult social care inspector.

Before the inspection, we checked for any notifications made to us by the provider and the information we held on our database about the service and provider. Statutory notifications are pieces of information about important events which took place at the service, such as safeguarding incidents, which the provider is required to send to us by law. We also used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

Inspection site visit activity took place on both days. It included visits to two supported living schemes, to meet people living at those schemes, staff working with them, and to check records kept at the schemes. We also carried out observations of people's interactions with staff and how they were supported, as some people were unable to communicate with us due to the complexity of their conditions.

During the inspection we spoke with three people and four relatives. One relative sent us their feedback about the service via email. We also spoke with the registered manager, the service manager, two senior

support workers and two support workers. We looked at four care plans and seven staff and training records, medicines records and other records relating to the management of the service such as audits, policies and procedures.

Is the service safe?

Our findings

People and their relatives told us that they and their relatives felt safe and secure living within their own flats and with the care and support that they received from support staff provided by UK Care (Special Needs) Ltd. One person told us, "I feel safe and support staff are always with us."

Safeguarding policies and procedures in place ensured that people were protected from any form of abuse. Support staff demonstrated a good understanding of the different types of abuse, how to recognise the signs of potential abuse and the steps to take to report their concerns. Support staff understood the meaning of the term whistleblowing and were able to list external professionals that concerns could be reported to including CQC, the police and the local authority.

People living at the schemes were also informed about recognising abuse and how to keep themselves safe and free from harm. Pictorial posters were displayed within people's homes which explained the different types of abuse and what they should do if they felt unsafe.

The service had identified and assessed people's individual risks associated with their health and social care needs. Each person's risk assessment detailed the effect of the risk, who could be affected and how, control measures in place and reactive strategies to minimise or mitigate the risk to keep people safe. Identified risks included behaviours that challenged, medicine administration, travelling in a car, cooking, managing finances and activities outside the service.

Staffing levels were determined based on people's assessed need and funding allocation. Some people were allocated one to one support for a set number of hours throughout the day.

Recruitment process in place ensured that only those support staff assessed as safe to work with vulnerable adults were employed. Recruitment checks completed included criminal record checks, proof of identity, right to work in the UK and performance in previous employments.

Systems and processes in place ensured that people received their medicines safely and as prescribed. Records were complete and there were no gaps or omissions in recording. Each person had a medication profile which listed their current medicines and any allergies or drug intolerances. Where people had been prescribed as and when required medicines (PRN), a PRN protocol was in place which outlined the name of the medication, signs to look for when the medication may need to be administered and how the medication was to be administered. PRN medicines are medicines that are prescribed to people and given when necessary. This can include medicines that help people when they become anxious, aid constipation or inhalers for breathing difficulties.

All support staff had received training to administer medicines. Following the training each support staff member had been observed and assessed when administering medicines to ensure that they were competent to do so. Medicines administration and management was checked and audited on a weekly and monthly basis to ensure people were receiving their medicines safely and as prescribed.

Accidents and incidents were clearly recorded and included a description of the accident or incident, what actions were taken in response and any steps taken to prevent any future re-occurrences. All accidents were analysed and reviewed by the provider, registered manager, service manager and support staff to support further learning and improvements to service provision where required.

Each person had a personalised personal emergency evacuation plan on their care plan which detailed how the person was to be safely supported in the event of an emergency. Staff ensured accommodation was safely maintained in line with provider's policies. This included documented checks of fire equipment such as the fire extinguishers and evacuation processes.

The service ensured that staff understood infection control and how to protect people from infection. Staff had been trained in infection control and the service ensured adequate supplies of personal protective equipment (PPE) such as gloves and aprons.

Is the service effective?

Our findings

Records confirmed that all support staff received a comprehensive induction prior to starting work with the service, followed by regular training in a variety of topics which enabled support staff to support people effectively. Relatives confirmed that they believed support staff were appropriately skilled and training to carry out their role.

In addition to training, support staff also confirmed that they regularly received supervision as well as an annual appraisal which provided them with the opportunity to discuss their concerns, issues, ideas and suggestions. Records confirmed supervisions took place as stated within the provider's supervision policy.

People's needs, choices and wishes were assessed prior to them being offered a tenancy agreement and package of care within the supported living scheme. The service reviewed and considered the local authority assessment document from which the service completed an initial assessment. A person centred care plan was then compiled giving support staff information about the person and how they wished to be supported. A full review of each person's care plan was completed annually or sooner if any significant changes were noted.

People were supported with their nutrition and hydration needs where this was an identified need. Where people had specialised dietary requirements or support needs, support staff were aware and ensured people were appropriately supported. People were encouraged and supported to plan their own menus, do their own shopping and prepare their own meals.

The service and support staff worked effectively together as well as in partnership with other organisations and healthcare professionals to ensure people received care and support as per their assessed needs. Where concerns or issues were identified we saw records of appropriate referrals that had been made to the relevant professional to address the concern.

Where people had access to a variety of healthcare professionals these included social workers, GP's, psychiatrists, dentists and dieticians. Records detailed the reason for the meeting with each specific professional, the outcome and actions to be taken by the service to promote people's health and wellbeing. Within the service support staff maintained regular logs of people's health and wellbeing, participation in activities, weight and behaviour charts so that support workers could work together to ensure people received effective care and support.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). However, domiciliary care providers can apply for a 'judicial DoLS'. This is applied for through the Court of Protection with the support of the person's local authority care team. We saw documents confirming that the service had applied for 'judicial DoLS' where required and where authorisations had been granted this had been recorded within the care plan.

We checked whether the service was working within the principles of the MCA. Observations during the inspection, care records and discussions with staff demonstrated and evidenced that people's rights to make their own decisions were respected. Senior managers as well as support workers members demonstrated a good understanding of the MCA and DoLS and the importance of obtaining consent and ensuring people were given choice and the autonomy to make their own decisions where possible.

People were not restricted from leaving the supported living accommodation and were encouraged and supported to access the community. We saw evidence that people went out to various places and people identified as being of risk when going out in the community had risk assessments in place.

Is the service caring?

Our findings

During our visit to the supported living accommodation we observed very positive, kind and caring interactions between people, the service manager and support staff. People told us that they were happy living at their accommodation and we could see from their behaviour and facial expressions, when they were interacting with support staff, how comfortable and confident they were. One person told us, "Yeah, [name of service manager] is very good. I go to college. [Name of service manager] is doing a fantastic job. They [support staff] are very good. I care about [name of support staff], she is very helpful."

All relatives that we spoke with were highly complementary of the support staff and care and support that their relative received. Comments included, "Caring they are, they are all wonderful", "I have only met one or two and the ones that were there on the day [person] moved in were very good", "I have always found them [support staff] extremely kind and honest. The kindness and compassion did not change they [support staff] are fantastic" and "I appreciate how kind everyone is. It is obvious that [person] is very happy there and that the carers have genuine but appropriate affection for him."

Support staff also knew the people they supported really well and had a clear awareness of their likes, dislikes, preferences and choices and most importantly their personalities and behavioural traits. With this knowledge care staff knew how to support people in a way which took into account their mental health needs and disabilities and supported them to maintain positive well-being.

We observed examples of where people were in control of and involved with their own care and support and requested support from support staff to enable them to meet their identified need. For example, we observed one person asking the service manager to help them organise an appointment with their GP to have the flu jab. Relatives also confirmed their involvement in every aspect of their relative's planning, delivery and review of their relatives care.

Support staff were able to give several examples of how they ensured people's privacy and dignity was respected at all times. Examples included, "By talking to them, of course informing them of what I am trying to do or what we are doing together and asking their choice and what they prefer to do" and "Knock their door, we have to always respect their life, treat them with respect all the time, they have their basic rights." We observed that people's privacy and dignity was respected at all times. One person told us, "I have a front door key, staff knock on my door."

People living at the schemes were supported by care staff in a way which promoted their independence. People held their own tenancy agreements and were responsible for maintaining certain aspects of their own care and housekeeping where possible. Support staff understood the importance of promoting people's independence.

People's needs in respect of their age, disability, sexual orientation and religion were clearly understood by staff and met in a caring way. Care plans clearly identified and recorded people's specific needs. People were supported to maintain personal relationships which ensured safety but also promoted and respected

the person's needs. One support staff told us, "It makes no difference at all, everyone is an individual, if people have different cultural needs we have to support them with that. Sexuality is a personal thing for each person and we support them with that."

Is the service responsive?

Our findings

Care plans were person centred and gave detailed information about the person, their background, their needs, behavioural traits, likes and dislikes, the goals they want to achieve and how they wished to be supported with all their listed needs. Care plans were compiled in partnership with the person, their relative and any involved healthcare professionals.

A one-page profile was also compiled which gave an immediate and clear overview of the person's support needs, their relationships and key significant information about them which would enable staff to support them with a person-centred approach.

Some of the people receiving support had noted behaviours that challenged. Care plans contained behavioural management plans for each person which detailed trigger behaviours, early warning signs that challenging behaviour was likely to occur, what the behaviours looked like, the strategies to de-escalate and calm the person that worked and those strategies that should be avoided. Support staff were clearly aware of these support strategies and we observed effective use of these during the inspection which was responsive to people's behaviours and personalities ensuring people's positive well-being was maintained at all times.

Relatives spoke highly of how support staff knew their relative well and were very responsive to their needs and behavioural traits. One relative told us, "The staff are very responsive to him. [Service manager] knows how to deflate the situation. They all get [name of person]."

Each person was allocated a named key worker, who they knew and who was responsible for reviewing the person's care plan and risk assessments as well as reviewing their set goals and targets in relation to their health and social care needs. The key worker met with the person monthly to review their care and support needs and a progress report was compiled which had been signed by the person confirming their involvement.

Some people had specific needs in relation to their communication abilities. Support staff were able to support people with those needs through pictorial and sensory aids and electronic systems such as Voice Output Communication Aids. VOCA systems generate printed and/or spoken text. Support staff were trained on how to use these devices which enabled people who are unable to use natural speech to meet all of their communication needs.

People were supported to engage and take part in activities and outings that were of personal interest. Some people also attended structured sessions within day centres. Activities included, attending college, eating out, swimming, going to the gym, visiting places of interest and annual holidays. We observed during the inspection that people were engaged and stimulated in a variety of activities on a one to one basis. The service also maintained an 'involvement folder' with photographic evidence of people participating in specific activities that they had expressed a wish to participate in and good news stories. These included, clay pigeon shooting, golf, darts, going to the circus, bowling and gardening.

People and their relatives knew who to speak with if they had any concerns or complaints to raise. One relative told us, "When it comes to my son I will complain and I am confident that it will be dealt with." Records of complaints detailed the nature of the complaint, the actions taken to investigate and resolve the complaint.

Is the service well-led?

Our findings

A registered manager was in post at the time of this inspection. 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.

At the last inspection in March 2016, we found that relatives expressed some concern around the way in which the service communicated with them especially around staffing issues. At this inspection this was not a cause for concern. People and their relatives knew the registered manager and the service manager and were complementary of them and the way in which the service was managed. We saw people approaching the registered manager and service manager with confidence to express their needs and ask questions.

Support staff also spoke highly of the registered manager and service manager and stated that they felt supported in their role by both managers who they described as, "Excellent, active, supportive and hands on." In addition to supervisions and annual appraisals, monthly staff meetings were also used as a support mechanism which included learning and information exchange. Support staff confirmed that these meetings were productive and that they were given the opportunity to share ideas and suggestions.

The registered manager and service manager carried out a number of weekly and monthly quality audits and checks to monitor the quality of care provided with a view to learning and improving. This included medicine audits, care plan audits, financial audits, training, environmental and health and safety checks. Where issues were identified an action plan was completed which detailed the action that needed to be taken to resolve the issue. Service managers also completed periodic out of hours visits and night checks to ensure that people were being supported safely and according to their needs and requirements.

People and their relatives were supported to engage with the service in a number of ways to ensure their feedback, suggestions and ideas contributed to improving the quality of care and support people received. Monthly meetings were held with people living at the supported living scheme where topics including, safeguarding, activities, events and issues were discussed. The service also supported people to be involved in training sessions with support staff and had also been encouraged to be involved in social inclusion sessions to empower them with integration and independent living within the community.

Relatives told us that the service regularly maintained contact with them about their relative and that they were able to contact the service manager at any time with any queries or concerns that they had. Annual satisfaction surveys were also used as a way to obtain people and relatives feedback about the quality of care and support that they and their relative received. The most recent survey was completed in March 2018 and results were overall positive. Where issues had been identified records confirmed the actions that had been taken to resolve these. Support staff were also given the opportunity to complete annual staff surveys to give feedback about how they felt working within the service and for the provider. Results were positive.

The service worked in partnership with other agencies to support care provision. We noted that that the

service maintained links with a variety of healthcare professionals such as social workers, mental health clinics, day centres, psychiatrists and GP's.