

Barnsley Disability Services Limited

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Inspection report

Unit 23, Mount Osborne Business Centre
Mount Osborne Industrial Park, Oakwell View
Barnsley
South Yorkshire
S71 1HH

Tel: 01226243111

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Inadequate ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

Barnsley Disability Services Limited is a domiciliary care agency registered to provide personal care for people living in their own homes. At the time of the inspection the agency was supporting 19 people and employed 16 staff.

There was a manager at the service who was registered with CQC. 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 and associated Regulations about how the service is run.

The visit to the agency office took place on 14 October 2016. The registered manager was given two days notice of our visit. We did this because the registered manager is sometimes out of the office and we needed to be sure that they would be available.

The service was last inspected on 30 April 2014 and was meeting the requirements of the regulations we checked at that time. This is the first rated inspection of the agency.

Staff had received training so that they had the skills to carry out their role and this was updated regularly, so that people were cared for by staff received effective care. Staff received regular checks of their work, but supervision meetings and appraisal were not carried out.

Care records had been reviewed, but did not always reflect the care delivered to people and the care and support that they described to us.

Some risks to the health, safety and wellbeing of people who used the service were assessed and action was taken to minimise those risks, but we found care plans and risk assessments contained either none or insufficient information for supporting people with their finances, medicines, where people used staff transport and equipment.

There were quality assurance systems in place to monitor the quality and safety of the service provided, however the registered manager had already recognised these systems required improvement to allow them to assure themselves of the quality of service delivery and that they met regulations.

There was a strong person centred and caring culture at the agency. (Person centred means that care is tailored to meet the needs and aspirations of each person, as an individual.) The vision of the service was shared by the management team and staff. People had confidence in the service. Staff and people who used the service told us that they thought the service was well -led.

Staff told us they worked as part of a team, that Barnsley Disability Services Limited was a good place to work and staff were very committed to providing care that was centred on people's individual needs.

Staff had a good understanding of what to do if they saw or suspected abuse or if an allegation was made to them.

There were sufficient staff to meet people's needs and provide a regular team of care staff to people who used the service. Recruitment checks showed those staff were suitable to work with people who used the service.

People told us the service provided good care and support. They told us the staff were caring, kind and respected their choices and decisions. Staff were familiar with people's individual needs and were able to describe how they maintained people's privacy and dignity.

Staff sought people's consent to care and treatment.

People were supported with their health and dietary needs, where this was part of their plan of care or in an emergency.

People and relatives told us when they raised any issues with staff and the registered managers, their concerns were listened to and acted on.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

Some risks to the health, safety and wellbeing of people who used the service were assessed and action was taken to minimise those risks, but we found care plans and risk assessments contained either none or insufficient information for supporting people with their finances, medicines, where people used staff transport and equipment.

There were sufficient staff to meet people's needs and provide a regular team of care staff to people who used the service. Recruitment checks showed those staff were suitable to work with people who used the service.

People had confidence in the service and felt if they reported any concerns they would be acted on. Staff were also confident that any harm or abuse reported to the registered manager would be acted on.

Is the service effective?

Requires Improvement ●

The service was not effective in all areas.

Staff were trained to provide care and support to people who used the service and felt supported in their job role, however, systems for supervision meetings and appraisal were not carried out.

Staff sought people's consent to care and treatment.

People were supported with their health and dietary needs, where this was part of their plan of care or in an emergency.

Is the service caring?

Good ●

The service was caring.

People spoke positively about staff and said they were kind, caring and respectful and knew them well.

Staff spoke with pride about the service and about the focus on

promoting people's well-being. Staff were very passionate and enthusiastic about ensuring the care they provided was personalised and individual.

Staff were very respectful of people's privacy and dignity.

Is the service responsive?

The service was not always responsive.

Care records had been reviewed, but did not always reflect the care delivered to people and the care and support that they described to us.

People and relatives told us when they raised any issues with staff and the registered manager, their concerns were listened to and acted on.

Requires Improvement ●

Is the service well-led?

The service was not consistently well-led.

There were not always systems in place to assess and monitor the quality of service provided and this had led to a breach of three regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and non compliance with the service's own policies and procedures.

The vision and values of the agency were understood by staff and embedded in the way staff delivered care. The registered manager and staff had developed a strong and visible person centred culture in the service and all staff we spoke with were fully supportive of this. Staff told us the management team were very knowledgeable, inspired a caring approach and led by example.

Requires Improvement ●

Barnsley Disability Services 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 checked 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.

The visit to the agency office took place on 13 October 2016. The registered manager was given two days notice of our visit. We did this because the registered manager is sometimes out of the office and we needed to be sure that they would be available.

An adult social care inspector carried out the inspection.

Before our inspection, we reviewed the information we held about the service. This included the service's inspection history and registration information. We contacted commissioners of the service and 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.

The registered 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.

At the time of the inspection the agency was supporting 19 people who required personal care. We visited three of those people's homes. At one home we met and spoke with the person who used the service. At another home we met the person who used the service and their relative. A staff member was also present at this home supporting the person who used the service. At the third home we met with the relative of the person who used the service as the person who used the service was not there. We telephoned seven other

people who used the service and were able to speak with three of them and three relatives.

The service employed 16 staff who supported people. We telephoned 10 of those staff and were able to speak with four of them to obtain their views and experience of working for the agency.

During the inspection we reviewed the feedback received from people and/or their relatives and staff. We also spent time looking at records, which included eight people's care records, four staff records and other records relating to the management of the service, such as quality assurance and policies and procedures.

Is the service safe?

Our findings

We found systems in place to protect people from harm and abuse needed to improve in terms of safeguards around people's financial transactions.

People said they felt safe in their homes when care staff were there. Comments included, "I feel safe, especially with one that's been coming about four years. I have a good relationship with them", "I feel 100% safe with staff. If I didn't they'd be straight out of door" and "I know who it is because I see them coming, they don't need badges. I have a keysafe and when I'm in bed they use that and shout. I can tell it's them. I'm always introduced to new staff".

However, one person said they were uncomfortable with one member of staff. Discussions with the person confirmed they hadn't told anyone else about this. We reported it during the inspection to the registered manager who said they would act on the information.

We found safeguarding and whistleblowing policies and procedures in place. Whistleblowing is one way a worker can report suspected wrong doing at work by telling a trusted person in confidence.

Staff told us and records confirmed staff received safeguarding and whistleblowing training. Discussions with staff identified staff had a good knowledge relating to the safeguarding and whistleblowing procedure and were confident any concerns reported would be acted on.

When we spoke with people and staff it was not clear who was responsible for financial transactions and because of this, that appropriate safeguards were in place. This is because in discussions with people and their relatives it was apparent that staff helped people with their money and provided receipts and that on some social outings they paid for a drink for the staff member. Information about whether the staff member was responsible for supporting with their finances was not always in care plans and the policies and protocols in place about accepting gifts in the form of drinks were not clear and in some cases contradictory. We spoke with the registered manager who acknowledged this and amended the various policies to correspond with current practice on the day of the inspection. The registered manager said they would include specific detail of financial arrangements in their review of people's care plans and risk assessments.

Our findings meant complete records were not in place to evidence safe systems of work in regard to people's finances and was a breach of Regulation 17 Good governance of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

We checked systems were in place to see how risks to people were managed, so that people were protected, whilst at the same time respecting and supporting their freedom.

When we spoke with people and their relatives they were confident that care staff were competent and aware of risks that may be presented and managed these well.

In our discussions with staff they confirmed risk assessments were always available in people's homes and that if there were any concerns they would be reported and acted on.

We found assessments were undertaken to assess and identify risks to people who used the service and to care staff who supported them. These included environmental risks and other risks due to the health and support needs of the person, such as moving and handling. Risk assessments included information about actions which needed to be taken to minimise the risk of harm occurring. However, we found there was insufficient information and safeguards in place for risks associated with the use of medicines, equipment, people who used staff member's own transport and financial transactions. For example, where staff used a hoist when supporting people there was no information that this had been serviced and therefore was fit for purpose and safe for staff to use.

There was a safe handling, management and administration of medication policy in place, which identified how medicines were to be managed safely. In one case we found the person's care plan identified the use of a topical medicine to be applied by staff however, there was no record of this medicine in the medicine plan or any record made by staff confirming its application. For the same person there had been a change to their prescribed medicine, which had been amended on the medicine's plan, but there was no record of who had authorised the amendment. The service did not maintain an up to date version of the person's medicine plan at the office, which meant they would be unable to provide accurate information about medicines if staff rang with a query.

Our findings meant safe systems were not always in place in regard to people's safe care and treatment and was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

We found there were sufficient numbers of staff employed to meet people's needs.

People told us they received a consistent team of care staff, who came at the right time, stayed for the required time and completed all the tasks they were asked to do. People told us they had a rota telling them which staff would be supporting them and at what times. We saw these rotas in people's homes.

People told us there was an 'on-call' system for any out of hours concerns or emergencies and we saw details about this in people's homes. This was also confirmed by people's relatives. Comments included, "I tell them what hours I want and they bend over backwards to accommodate me", "I'm always told in advance who's coming and at what time. It's one thing I stipulated when I started with them. It might be on the day they let me know, but I do know. They always introduce new staff and new staff shadow the main carer if they're going to visit me", "We have the same carers, unless somebody leaves and that isn't often as turnover is low. I've had other agencies so I can compare. You're introduced to new staff and they don't come on their own until [relative] recognises them. [Relative] has lots of hospital appointments and they're seriously good at accommodating early morning calls", "Always introduced to new staff and has lots of choice. [Relative] is not frightened of giving feedback, both good and bad" and "More or less same staff. They try their best to come at same time, it's just the traffic, but they always stay their time".

Staff we spoke with confirmed they visited the same people, which helped ensure continuity of care for them.

We checked systems were in place for the recruitment of staff to ensure fit and proper persons were employed.

A recruitment and selection policy was in place and identified all the information as specified in Schedule 3

of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 must be available to demonstrate fit and proper persons have been employed. Schedule 3 is a list of information required about a person seeking to work in care to help employers make safer recruitment decisions. This was contradicted later in the policy by stating two references should be in place and not a check of the person's conduct in employment with a previous employer concerned with the provision of health or social care to children or vulnerable adults. We raised this with the registered manager for them to act on.

We checked three staff recruitment records and that in the main, information had been obtained in accordance with Schedule 3. However, for one member of staff a check of the person's conduct in employment with a previous employer concerned with the provision of health or social care to children or vulnerable adults was not in place. We raised this with the registered manager for them to act on.

Is the service effective?

Our findings

We checked staff had the right knowledge and skills to carry out their roles and responsibilities, meaning that people received effective care.

Our discussions with people and their relatives identified they felt staff were well trained and competent.

When we spoke with staff they told us they received training relevant to their role and that they felt competent in their role.

The service had a training matrix to monitor the training staff had received, when that training was due for renewal and identify where staff needed further training dependant on the needs of the person they were providing care to, for example, people whose skin integrity could be compromised, for example, because of lack of mobility. We found staff had received a variety of training relevant to their roles including understanding their role, personal development, duty of care, equality and diversity, working in a person centred way, communication, privacy and dignity, handling information, fluids and nutrition, safeguarding adults, mental capacity, basic life support, health and safety, infection control, medication, tissue viability, manual handling, catheter care, epilepsy and cerebral palsy.

The agency enrolled staff on the Care Certificate. The 'Care Certificate' is the new minimum standards that should be covered as part of induction training of new care staff. We discussed with the registered manager that care must be taken that staff complete this within a reasonable timescale, as we found one member of staff had been employed three months and had not yet completed it.

There was no policy or procedure in place for the supervision and appraisal of staff. Supervision is an accountable, two-way process, which supports, motivates and enables the development of good practice for individual staff members. Appraisal is a process involving the review of a staff member's performance and improvement over a period of time, usually annually.

Staff members we spoke with told us they felt supported in their role and they had regular observations of their work, but confirmed they did not have supervision and appraisal meetings to discuss development of their practice or their health and wellbeing as that was done, on an informal basis with the registered manager when they went to the office if needed. This was confirmed by the registered manager who said they had tried, but meetings had not been effective in obtaining a positive response from staff.

Our findings meant appropriate supervision and appraisal was not in place for staff and was a breach of Regulation 18 Staffing of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

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.

Staff told us they received training, but some were unclear as to how this might impact them in their role, however they showed a passion for upholding people's rights and supporting people to make their own decisions.

Equally, when we spoke with people they told us they consented to the care they received. They told us that staff checked with them to ensure they were happy with the support being provided. This was confirmed by people's relatives. Comments included, "Carers listen to [relative]. [Relative] makes decisions. They don't take over", "[Relative] is physically dependant, but mentally independent and they know this. [Relative] is well able to say when they physically require any care", "[Relative] makes all his own decisions and would say if not or if he had been exploited" and "Care staff are good. They wouldn't do anything [relative] doesn't want. [Relative] has difficulty with decision making, so I advise not to give [relative] more than two choices, because [relative] can't even comprehend that at times".

People's care records we looked at contained information about people's capacity to make decisions about their life without judgement of others.

We checked and found people were supported to have sufficient to eat, drink and maintain a balanced diet where this was part of their care plan.

We checked and found people were supported to maintain good health, have access to healthcare services and receive ongoing healthcare support where this was part of their care plan or if an emergency occurred whilst staff were at a call. All the care files we examined contained a risk assessment of the action staff needed to take in the event of an emergency.

Is the service caring?

Our findings

During our visits and discussions with people and their relatives we identified positive caring relationships had been developed between people who used the service and staff, with staff supporting them to express their views and be actively involved in making decisions about their care, treatment and support.

People and their relative told us staff were familiar and knowledgeable about their individual needs, their life histories, their likes and dislikes and particular routines. They gave examples of how staff treated them with dignity and respect and maintained their privacy. The examples they gave included making sure curtains and doors were closed and making sure they were afforded dignity when staff were providing personal care.

There were positive comments about staff. People and relatives said, "I can hear everything staff say to [relative]. They are respectful and good at communicating. They care", "My main pleasure is that they treat [relative] as an intelligent human being", "Dignity is the most important thing. The girl's are lovely – they're [relative's] pals, whilst at the same time, maintaining the professional boundaries. They're part of the family and have a laugh" and "They're respectful. When they use the bathroom [to support relative], they're very good at shutting everybody out".

People were provided with information to explain the standards they could expect from care staff working for the agency.

In our discussions with staff, it confirmed what people and their relatives had told us, as they demonstrated concern for people's well-being in a caring and meaningful way and they were passionate about their role. They demonstrated how thoughtful they were when describing the person, whilst at the same time being mindful of maintaining people's confidentiality.

Staff knew the people they supported well and were able to talk about people in terms of their relationships with them, their preferences and the care and support tasks they undertook.

Staff were able to explain how they maintained people's privacy, for example, by giving them their privacy whilst they went to the toilet. Staff also told us it was important to promote people's independence.

Comments by staff included, "Always treat people with respect. Treat people as you would want to be treated. For me, it's about what the client wants, as long as it's safe" and "Being able to promote a person's independence to live at home as long as possible, enjoying what they like to do and giving the person the time to be important".

Is the service responsive?

Our findings

We checked people received personalised care that was responsive to their needs.

In our discussions with people we found they received personalised care that was responsive to their individual needs and preferences. People told us staff were knowledgeable about their needs, preferences and interests, as well as their health and support needs, which enabled them to receive a personalised and responsive service. This was confirmed by their relatives. Comments included, "It's great. Makes life a lot easier. I'm pampered on a morning. I have my hair done every day without fail. I'm highly satisfied", "They do all the tasks they're supposed to, if they didn't I'd report them to the boss [manager]", "The standard of work is up to scratch, they're professional, do what I ask. If I need anything extra they'll do it, if they've time" and "They're great, always have been. They do their job right. We have a good talk and laugh".

Staff told us care plans and risk assessments were always in place and provided them with the information they needed to be able to care for people.

When we examined people's care plans we found they had been reviewed. However, there were some where the detail of the action to be taken to meet people's needs and safeguard them from harm was not clear from the plans and risk assessments. Daily records were insufficiently detailed to evidence the care delivered was in accordance with the plan of care. The registered manager told us they had identified this as part of their last review of care plans, which we saw had taken place in the last month. They shared they felt this could have been as a result of daily reports and associated documents in regard to people's medicines and finances not being returned to the office and monitored more closely. An action plan was not in place, but the registered manager told us this would be addressed after the inspection.

One person said, "I've a care plan, but I can't read it as it's small print as I'm waiting to have my eyes done. They and my daughter tell me what's in it. Don't worry, I've got my wits about me". This meant that whilst care plans and risk assessments may be in place, it was not always in a format that is suitable for the person. Again, the registered manager said she'd identified this and was going to address it.

Our findings meant good governance systems were not in place in regard to records and was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

We checked and found the service listened and learnt from people's experiences, concerns and complaints.

We found the service carried out observations of staff in people's home to ensure they had responded to people's needs as identified. In addition, people told us they were sent surveys to provide them with an opportunity to provide feedback about the service, so that the service could assess any improvements that might be identified. We saw the summary of these at the agency office.

When we spoke with people and their relatives they told us they would know how to complain, did not have any complaints about the service and felt confident that they would be listened to and their complaint

acted on. Comments included, "If I wasn't happy I'd tell gaffa [manager]. She's quite responsive" and "I've no concerns and if we did I wouldn't be afraid to let them know, they're very open. If I ring with anything, they always listen".

The service had not received any formal complaints since 2014. We saw that the outcome of that complaint was disciplinary action for the member of staff involved. This told us the registered provider acted on complaints when a complaint was made to them.

Is the service well-led?

Our findings

There was a registered manager in post 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 and associated Regulations about how the service is run.

The registered manager understood their responsibilities for sharing information with the Commission in regard to statutory notifications. A notification is the action that a registered provider is legally bound to take to tell us about any changes to their regulated services or incidents that have taken place in them.

The registered provider's certificate was displayed in the agency office, as was the outcome of the last inspection.

The service had a Statement of Purpose, but it required updating to include all the information required by the regulations. We informed the registered manager of this during feedback about our findings during the inspection.

When we spoke with people, their relatives and staff we asked them their opinions of the management and leadership of the agency and if the service delivered high quality care. Comments included, "It's well led. You can always get hold of [manager], even out of hours. They're a flexible, reliable company, professional and caring. I'd recommend them", "It's good leadership, definitely", "It's definitely well led. She [manager] doesn't take any rubbish. I just wish they'd get paid more. They're worth much more than what they're paid", "The manager's adored by the family. I could rely on them if I had a problem. They're flexible and adaptable. The care plan is a flexible plan", "I've found them accommodating, polite, they know what they're doing and there's good communication, so I would say they're well led. What we get is what we expect from the service", "Manager's very good, approachable. She's on our wavelength and has met [relative], so can fit carer to [relative]. I'd rate it as very good. Thanks must go to manager. She makes the service and if someone isn't up to standard, she does what she needs to do. She does what we need, makes sure [relative's] needs are met and we get value for money. I feel you can speak with manager without her getting defensive. She keeps an open mind and is fair", "I feel appreciated. I wake up in a morning and love to go to work", "It's one of the best places I've ever worked", "I find them spot on, approachable and always there for back up. "You feel like a person, not a number and to me if you're happy, the people you're caring for have a ray of happiness too", "It's good management, easy to work with" and "They're brilliant".

Staff received an employee handbook, which included information about the agency and other information they need to access whilst working such as their roles and responsibilities and relevant policies and guidance. The registered manager said this would need updating following our findings during the inspection.

Team meetings were not held on a regular basis. The last meeting was held in January 2016. The purpose of staff meetings is to inform employees, exchange information and collaborate business goals. This was

achieved at the January meeting where staff were asked for ideas about where the service could make financial efficiencies due to no increased funding, but an increase in the minimum wage.

There was a quality assurance policy in place, which identified how the service would assess and monitor the quality of the service provided. This included, an annual visit to service users to review care plan and effectiveness of care staff, regular supervision meetings between manager and care worker, annual survey of service users and relatives that will be published and checks on records and timesheets.

We found annual visits to people were carried out, as was the annual survey and checks on timesheets. Supervision meetings did not take place and the registered manager had identified the system for checking records was not effective.

We looked at the annual client review for 2016. In the section 'would you recommend us' comments included, "Yes, as you are always caring and very helpful to me", "Yes, because it's a good reliable service", "I would recommend your company to other people. I have been more than satisfied with the care you provide and the understanding your carers give" and "I know that the care [relative] receives is excellent".

The outcome of the inspection is that the service is in breach of three regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, safe care and treatment, staffing and good governance.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Persons employed by the service provider in the provision of the regulated activity must receive such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Care and treatment was not being provided in a safe way for service users.

The enforcement action we took:

Warning Notice

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems or processes had not been established and operated effectively to ensure compliance with regulations.

The enforcement action we took:

Warning Notice