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FUN Domiciliary Care Agency

Inspection report

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Date of inspection visit:
04 November 2016

Date of publication:
10 February 2017

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection took place on 1 and 4 November 2016. The inspection was announced giving 48 hour's notice, so that the manager and staff could ask people using the service if we could visit them in their own home. The service provides personal care for eight people with a learning disability, living in shared or single accommodations with four people living in one house, three people in another and one person who lives on their own. On the days of our inspection eight people were using the service. The service was last inspected in July 2014 under of previous methodology and there were no breaches.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were safeguarded from abuse because the service had good processes in place to ensure staff knew how to respond appropriately to any allegation of abuse. All staff had attended safeguarding training to ensure they had a good understanding of their roles and responsibilities, if they suspected abuse was happening. Staff knew who to contact to ensure people were protected.

People were supported by a sufficient number of suitably experienced and knowledgeable staff and there was a 24 hour on call service. .

The provider had ensured there were appropriate staff recruitment checks carried out on potential staff before they started work at the service. Staff had been recruited using a laid down policy and procedure which included how new staff were supported through their induction to the service. Once employed the service provided its staff with organised training opportunities throughout the year as arranged by the manager. This gave the staff the opportunity to learn new skills and to keep their knowledge up to date.

There were systems in place to manage medicines and people were supported to take their prescribed medicines safely.

Staff knew people well and were skilled and competent in meeting people's needs. Staff were supported and supervised in their roles. People, where able, were involved in the planning and reviewing of their care and support. Daily notes were written in an informative style and were up to date.

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 a person lacks mental capacity to take particular decisions, any decisions made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this

in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Unfortunately, the service had not correctly applied the Deprivation of Liberty Safeguards (DoLS), This was because people were living in their own home and hence the service should have worked with the Court of Protection. However appropriate mental capacity assessments and best interest decisions had been undertaken and the impact was minimal. As soon as the manager became aware of this situation, corrective action was set about with regard to talking to the people concerned, families, relevant professionals, staff meetings and arranging further staff training.

Staff were aware of what people enjoyed to eat and drink and worked with them to purchase and then prepare meals. Each person was registered with professionals in the local area such as GP's and Dentists to meet their needs and also specialist for complex needs.

Positive and caring relationships had developed between people and staff. The staff on duty knew people well and throughout the times we visited we observed positive interactions between people using the service and staff. People were supported to make day to day decisions and were treated with dignity and respect at all times. People were given choices in their daily routines. We saw that people enjoyed days out and pursued their own interests. One person was very proud of their vehicle and worked with the staff to keep it clean.

People were supported to maintain relationships with friends and family so that they were not socially isolated. There was an open culture approach by the management and staff were supported to provide care that was centred on the individual. The support plans were written in a person-centred style and there was clear involvement of the person themselves and their families.

People and relatives told us they were supported to report any concerns or complaints and they told us they felt they would be taken seriously. People who used the service were encouraged to be involved in decisions about the service. The support plans were reviewed yearly and as required in response to changes in a person's condition. The provider had systems in place to check the quality of the service and took the views and concerns of people and their relatives into account to make improvements to the service.

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.

The provider had plans in place to manage emergencies.

There were sufficient experienced staff to meet people's needs.

Risks were assessed and monitored regularly and medicines were managed safely.

Staff demonstrated a good knowledge of safeguarding procedures and reporting requirements which meant they would not know how to respond appropriately to any safeguarding concern.

There were recruitment processes in place to help ensure that only suitable staff were employed.

Is the service effective?

Requires Improvement ●

The service was not always effective.

The service had assessed each person's capacity that used the service but incorrectly put DoLS in place rather than apply to the Court of Protection with regard to restricting people's liberty in their own home.

Staff were supported through supervision to promote positive practice and identify any further support staff might need to be effective.

People were supported to have sufficient to eat and drink in order to maintain a balanced diet.

Is the service caring?

Good ●

The service was caring.

We observed and we were told that people were treated with kindness and respect. People were encouraged and supported to maintain independence.

People were encouraged to express their views and these were

taken into account in how the service was provided.

People's privacy and dignity was maintained by the people who were involved in their care.

Is the service responsive?

Good ●

The service was responsive.

People needs were assessed and their care plans updated accordingly. This meant staff had clear guidance on how to meet people's needs

People were offered choices and their decision was respected. People were supported in a personalised way.

Information on how to make a complaint or raise a concern was readily available. Feedback was acted upon to improve the experiences of people using the service.

Is the service well-led?

Good ●

The service was well-led.

The service encouraged people to express their views and people said staff listened to them and supported them.

The quality of the service was well monitored. People using the service, their relatives and staff had opportunities to say how the service could be improved and raise concerns if necessary.

People had many opportunities to maintain links with the community.

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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.

The inspection took place on November 01 and 04 10 2016 and was announced.

The inspection team consisted of one inspector.

Before our inspection we reviewed the information we held about the service, which included the provider information return (PIR) any safeguarding alerts and statutory notifications which related to the service. Statutory notifications include information about important events which the provider is required to send us by law.

We focused on speaking with people who lived at the service and observing people's interactions with the staff and speaking with staff. Some people had very complex needs and were not able, or chose not to talk to us.

We spoke with four people who used the service and two relatives. We also spoke with the registered manager and four members of the care staff.

We looked at four people's care records, three staff recruitment records, medication records, staffing rotas and records which related to how the service monitored staffing levels and the quality of the service. We also looked at information which related to the management of the service such as quality monitoring audits and records of complaints.

Is the service safe?

Our findings

People received a safe service. We asked one person if they felt safe? They told us, "Yes because the staff come with me when I go out and are here when I am here."

The manager had worked with the staff to consider how people could be protected from the risks of abuse. Staff had received safeguarding training and knew how to recognise the signs of abuse and what actions to take, if they felt people were at risk. This training was refreshed every year and was also delivered as part of the induction training for new staff. There was a policy and procedure which included the details of who to contact with safeguarding concerns. We spoke with staff about safeguarding and the staff told us about different types of abuse and the training they had received.

Staff were aware of the company's whistle blowing procedure. A member of staff told us, "Do not think I will ever need to use this as it is such a good place to work, but you must always be prepared." Whistleblowing is the term used when someone who works for an employer raises a concern about malpractice, risk (for example about people's safety), wrongdoing or possible illegality, which harms, or creates a risk of harm, to people who use the service, colleagues or the wider public. Another member of staff told us, "The owner visits regularly and the manager is here most days and they always want to know how things are, they are passionate and want the best for people."

We saw that risk assessments were carried out and reviewed as required for each person at the service. The risk assessments were intended to keep people safe whilst supporting them to maintain their independence as much as possible. The risk assessments we saw were personalised and linked to the person's overall support plan. One person's record showed a specific risk with choking and how the staff worked with them to reduce the risk. Staff were also aware of one person's difficulty with their eye-sight and had taken account of this in the risk assessment which was written in a positive way. This meant the risk was recognised and actions were recorded to instruct staff on how to reduce the risks.

We saw detailed risk assessments in place with regard to personal evacuation plans. There was also written information about the premises including those related to fire, health and safety and use of equipment. Each accommodation used by the service had a maintenance plan to prevent the properties from falling into disrepair.

There were procedures to record accidents and incidents. Incidents and accidents were recorded by staff and investigated by the manager. Analysis of incidents and accidents was discussed with the staff team to identify actions to reduce the likelihood of them happening again in the future. The manager explained to us how these would be discussed at team meetings or they would call a special meeting for the staff if they needed to quickly relay information.

The service had a recruitment policy and procedure. The procedure had been designed to ensure the service only employed people suitable to support people living at the service. All applicants had to complete an application form and those short-listed were invited to attend the service for an interview. Before anyone

could commence work at the service a Disclosure and Barring Service (DBS) check was completed to determine if the applicant had a criminal conviction that prevented them from working with people that used the service. References from previous employers were obtained to check past performance in other employment. The staff member was given a contract of employment and an up to date job description. New staff were subject to a probationary period during which time they would meet with the manager to check upon their progress to determine if they were suitable to work with people using the service.

There were enough staff to meet people's individual needs. The staff were assigned to work with particular individuals and hence people got to know each other well. A small core team of people worked with people which was supplemented by bank staff to cover annual leave and sickness. This meant that people knew the people supporting them. The manager tried to work the rota at least a month ahead and the staff would inform people on a weekly basis the staff that would be with them that week.

We saw the rota for the past month and the one planned for the coming month and saw that it showed consistent numbers of regular staff. Relatives told us that they thought this was a key factor in supporting their relatives.

People received their medicines in the way that was intended. People's medicines were stored appropriately. We saw the medicine records for people who used the service and saw that they had been completed with no errors. The staff we spoke with were knowledgeable about the medicines used, with regard to why they had been prescribed and their potential side effects and people's allergies. Staff had received training in how to support people to take their medicines and this was regularly updated. The service had a clear medicines policy and procedure. There were no controlled drugs in use at the service and audits of the medicines were regularly carried out by the senior staff. We saw staff supporting people to take their medicines at tea time and this was done in a calm supportive manner with least disturbance or attention drawn to the person.

Is the service effective?

Our findings

There was a supervision policy and procedure in place and also an annual appraisal for all staff.

Individual meetings were held between members of staff and their supervisor on a regular basis. These meetings were for the purpose of discussing the support provided training and development opportunities. A member of staff told us, "I find the supervision helpful and the manager supportive, a good problem solver." During these meetings guidance was provided by the supervisor in regard to work practices and opportunities were given to staff to discuss any difficulties or concerns they had.

When new staff commenced work at the service, an induction program was followed to welcome them to the service and provide the necessary support and training required for their role. This included spending time working alongside experienced members of staff to gain the knowledge needed to support people effectively. Following induction, staff continued to receive further training in areas specific to the people they worked with, for example, Autism. A relative told us, "The staff know how to help [my relative] they read and write in their care plan and I think they are given a lot of training."

People received effective care and support from staff who were well trained and supported by the management team. Staff knew people well and understood their needs and preferences. They sought people's consent before they supported them and discussed activities with them in a way people could understand. This included using pictures and gestures. We also saw that best interest meetings had been arranged and people had been supported by family members with their consent to make decisions.

People without capacity were supported lawfully. Staff had received training in the Mental Capacity Act 2005 (MCA) and understood the need to assess people's capacity to make decisions. The MCA provides the legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make particular decisions for themselves. The requirements of the Deprivation of Liberty Safeguards (DoLS) applies to hospitals and registered care homes. This service was supporting people in their own homes and hence DoLS could not be applied unless referred to the Court of Protection (COP). Hence a COP 10 DOL form needed to be completed and COP 3. The service was acting in the peoples best interest to support them, keep them safe while being least restrictive with their liberty and we viewed the impact was minimal. The service once aware of the problem worked with the people and other professionals to resolve the situation and informed families. The manager arranged meetings to discuss with staff and arrange further training.

People were supported to eat and drink enough for their needs. Staff were careful to ensure they were purchasing the foods that people liked and where and when possible took people food shopping. The staff worked with people to ensure they had sufficient to eat and drink and according to their choices. Each person's choices, likes and dislikes were recorded in their support plan. The staff recorded and monitored people's dietary intake whenever there was a concern. One person told us, "I like the cooking it is very good." Staff told us that they always spoke with people to determine what meals to have that day and we saw that snacks were also available for people to enjoy.

People's health needs were identified and effectively assessed. Each person had a health and well-being section within the support plan. This included the history of people's health and current health needs. Additionally people had hospital passports so that hospital staff would know how to offer care, if necessary. Detailed records of health and well-being appointments, health referrals and the outcomes were kept. All information about people's health could be easily accessed, including in an emergency situation.

The service worked closely with health and social care professionals to achieve the best support for the people they supported. The service had strong links with the specialist community nurse teams and relatives. All of the people living at the service had their own GP and dentist. People received regular health and well-being check-ups and any necessary actions were taken to ensure people were supported to keep as healthy as possible. We saw in one person's support plan that they had regular appointments with a consultant. The appointments were clearly documented and staff were in attendance to support. The results of the appointments had been recorded and the treatment explained in the support plan.

Is the service caring?

Our findings

The service provided was responsive and caring. One person told us, "The staff are very nice." A relative told us, "The staff are fantastic, [my relative] is very happy." The manager informed us that people had been involved with making choices about the environment. They explained how the staff worked with individuals with regard to their respective abilities to communicate. This meant that some people would use pictures by pointing to them to support the verbal word. It also meant closely working with relatives who knew people's views from their experience and these views were included in the support plans. On the days of the inspection, we saw that people looked relaxed and calm. We observed positive interaction between people, and supporting staff. We heard staff asking people for their opinion and offered choice with meals and also which interests they were going to pursue in the evening after tea.

We saw from the support plans that staff had taken time to discuss and record with the person and their relatives what the person liked, this included clothing, hobbies and interests, types of music and films that people enjoyed. This meant that the staff were able to plan outings and hobbies for some people together while also working on a one to one basis with people for interests that were not shared by others. For example one person was enjoying a film when we visited from their collection, while other people using the service were out with other staff members. It was considered that other people would not have enjoyed the film so it was an apt time for the person to watch and enjoy their film.

The staff mostly worked in specific accommodation so they got to know people's needs and aspirations well. When talking with staff members they had detailed knowledge of the people using the service. This was confirmed in the support plans. The manager explained that the staff were given time when they commenced working for the service to meet and to get to know people. Staff were also given time to read support plans and were reminded of the importance of accurately recording information. We saw that the support plans included a detailed history of the person, their current needs and how staff were to work with the person to achieve the agreed goals. A member of staff told us that each situation was assessed as it arose while staff were also guided by what strategies had worked in the past. The manager explained to us how the support plans were constructed from the assessment when first meeting the person and we saw that they were detailed and they were written in a person-centred way.

Staff did not work set hours each day but were flexible in order to meet the individual's needs. Hence the importance of communication between staff both verbal and written, we heard staff clearly explaining to each other what had happened and what was planned next and as far as possible this involved the person using the service for their views and they were involved in the planning process. A member of staff told us, "Best place I have ever worked because we are not rushed and the people come first."

Although some people using the service had a range of communication difficulties, staff ensured they were involved in making decisions about their support. The members of staff we spoke with were able to give examples of how people communicated their needs and feelings. We observed staff using hand gestures to explain to people while also talking with them and staff were conscious about making positive eye-contact in their interactions.

People's diversity was respected in order to provide individualised support. The support plans gave detailed descriptions of the people to be supported their individual needs and how support was to be provided. There had been input from families, historical information, and contributions from the staff team who knew the people well and the involvement of the people themselves. People were provided with activities, food and a lifestyle that respected their choices and preferences. Plans of support included people's life choices, aspirations and goals. This included planning for the future

People's privacy and dignity were respected. People's bedroom doors were closed or left open as per their choice. One person informed us that they had their room decorated as they wished and the staff supported them to purchase clothes which they wanted. A member of staff explained to us how they supported a person when providing personal care and they ensured whenever possible they were covered with a dry towel when they washed other parts of the person's body. They also encouraged and supervised the person washing themselves.

Is the service responsive?

Our findings

People received care and support which was personalised to their needs. The manager explained to us that a great deal of thought was put into the assessment process whenever there was a vacancy to determine if the service could meet the person's needs. Consideration was given to the people already living at the service and whether their needs were compatible with any potential new resident.

The support plans we saw were individualised and focussed upon the support the individual required and were clear about what the person could do for themselves. We saw in the records that family and professionals views had been taking into consideration in developing the support plans. Nobody had joined the service recently but we saw the documentation that would be used for an assessment and the manager talked us through the process.

Information in people's support plans included people's individual daily routines, their preferences and how to support their emotional needs. A great deal of appropriate time was spent supporting the people in one accommodation as one person's needs were changing. Service staff were aware of this and were working with other professionals to support the person. The support plans were reviewed annually or more frequently if a change in a person's support was required. The service prepared detailed information prior to formal review meetings. The accuracy of the support plan was checked regularly by the team leader. We saw records and amendments to the support plan which confirmed this was happening.

A range of activities were available to people using the service and each person had an individualised activity schedule which was flexible enough to take into account the person's health and well-being each day. People were supported to engage in activities outside of the service to help ensure they were part of the community.

A member of staff told us links to the community were maintained by supporting people to engage in activities outside the service. This was regarded as extremely important to ensure that people's well-being was maintained and that their quality of life, choices and preferences were central to the approach of the service. People told us about how they enjoyed eating out and another person about courses they were attending. A member of staff told us, "We are always on the lookout for things that people can do and if they wish to then we do our best to arrange." The staff member explained they worked with the manager and senior staff to check risk assessments were considered and in place.

The service had received a number of compliments that were recorded. The service had a complaints policy and procedure. Any complaints would be recorded and the manager explained to us how they would respond to a complaint. At the time of the inspection there were no outstanding complaints. The manager told us that staff worked with people every day and knew people well, so any problems could be identified and action taken quickly to resolve any issues.

Is the service well-led?

Our findings

The service was planned and well led. The service had a statement of purpose and the manager informed us that the staff worked to provide a supportive environment in which people could develop their skills. The staff we spoke with were aware of the statement of purpose, their responsibilities and understood how they related to the wider team. Staff informed us the manager was available to provide support and advice when required. They also found the provider helpful and supportive. One member of staff told us, "The manager has helped me greatly to learn which has helped me to become confident."

A member of staff told us, "I think I enjoy working here because it is well managed. There are always things to do we work with the people to cook and clean their home and support them to do as much as they can. We are doing more in the garden now than ever before."

The service had developed by listening to the people and their relatives that used the service. This included having a keyworker system in operation. A keyworker system is for the purpose that staff can provide support for all people using the service while providing an opportunity to work closely with a person they support as a keyworker. Hence the staff will spend more time with the person to promote person-centred care and support. Each person using the service should have a keyworker when this system is established. A member of staff told us, "We work together well as team, because we know each other and what the person we support wants." They explained the importance of taking nothing for granted so always asking and checking while having the time to know the person and support them. A relative told us, "Thanks to the manager and staff, [my relative] is more independent now than ever."

Staff spoke positively about the support they received from the senior staff. Senior staff worked over the weekends and were available for 24 hour telephone support as required. During the course of the inspection the manager was observed being approached by staff and people in a relaxed manner and they were responded to positively and with respect. A member of staff told us, "The manager works really hard at forward planning which helps with annual leave and day off requests. I think this is paid in kind as staff are very flexible to change shifts when they can and help at short notice."

Audits were organised by the manager and the results of the audits which involved people using the service, relatives and staff were analysed so that any difficulties or ideas could be considered by the management team and improvements implemented.

The provider was available to support the manager by phone as required while also visiting the service regularly and held monthly meetings with the manager to discuss any matters arising and plan the future of the service.

The service worked closely with health and social care professionals to achieve the best support for the people they supported. The service had strong links with the specialist community nurses teams and relatives. The manager told us, "We work with and in partnership with professionals."

The headquarters of the service was close to the accommodation and there were plans to further develop this into a community resource where courses and activities could be provided. This would provide another opportunity alongside the existing for people using the service to use these facilities alongside members of the public, hence increasing people's experiences with other people and new ventures to try out.