

South West Independence Limited

South West Independence Limited Care at Home

Inspection report

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Ratings

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

Summary of findings

Overall summary

This inspection was announced and took place on 31 March 2015. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure the registered manager would be available for the inspection. It also allowed us to arrange to visit people receiving a service in their own homes.

South West Independence provides personal care to people in an assisted housing complex. People who use the service have individual tenancy agreements for self-contained flats within a shared building. At the time of the inspection they were providing personal care to five people. We visited three people in their homes to discuss the care package they received.

This was the first inspection of the service since they re-registered at their new location. No concerns have been identified with the care being provided to people.

There was a registered manager in post. 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.

People who received care and support from South West Independence told us they were happy with the service provided. They said the registered manager and staff were open and approachable and cared about their personal preferences and maintaining their independence. One person said, "I Like it here they are all very nice and they know what I like and don't like." Another person said, "I am really happy here, they know I like football and snooker."

People were supported by sufficient numbers of staff who had a clear knowledge and understanding of their personal needs, likes and dislikes. We observed the registered manager and staff took the time to talk with people during visits to their flats. One person said, "I know everybody and I know who is coming and when." That person also said the staff went further to make them happy. They explained, "They got me a letter from Arsenal for my 50th, and took me to Cardiff for the snooker."

People told us they received care from care workers who were knowledgeable about their needs and were appropriately trained to meet them. Care workers had access to training specific to their roles and the needs of people. For example they had attended training in the management of percutaneous endoscopic gastrostomy (PEG). This is a way of ensuring people with swallowing difficulties receive the nutrients they need through a tube direct into their stomach. Staff told us the training they received was good. One staff member said, "I have managed to attend plenty of training and achieved my qualifications."

People said they were cared for and supported by care workers who were polite, compassionate and caring. One person indicated "Yes," when we asked if people respected their privacy and dignity. Another person

said, "They always wait until I say they can come in to my flat."

People's care needs were recorded and reviewed regularly with senior staff and the person receiving the care. All care plans included written consent to care. Care workers had comprehensive information and guidance in care plans to deliver consistent care in the way people preferred. One person said, "We have talked about my care plan so I know it's there."

During our visit to one person's apartment we observed a relaxed and friendly relationship between the person and care worker. The person communicated through their computer and through facial expressions. They were very happy and laughing throughout the visit and indicated they were very happy with the staff delivering their care.

The registered manager had a clear vision for the service. They explained they aimed to, "Support people with a level of independence they could achieve themselves." They also said they aimed to do this by providing care and support in a person centred way, respecting their individual wishes as far as was possible. Staff said they knew the philosophy and values and hoped they supported people to live their lives as independently as possible. One staff member said, ""We try really hard to ensure people are supported to maintain their independence and do what they want like any other young person in society."

People were protected from abuse because the provider had systems in place to ensure checks of new staff character and suitability to work with vulnerable adults were carried out. Staff had also received training in protecting vulnerable people from abuse.

The service had a complaints policy and procedure that was included in people's care plans. People said they were aware of the procedure and knew who they could talk with. People and staff said they felt confident they could raise concerns with the registered manager and they would be dealt with appropriately.

There were systems in place to monitor the care provided and people's views and opinions were sought on a daily basis. Suggestions for change were listened to and actions taken to improve the service provided. All incidents and accidents were monitored, trends identified and learning shared with staff to put into practice.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good 

The service was safe.

People were protected from the risk of abuse as staff had been trained to recognise and report abuse. Staff were confident any concerns would be acted on and reported appropriately.

People were protected from being looked after by unsuitable staff because safe recruitment procedures were followed.

Risk assessments were completed to ensure people were looked after safely and staff were protected from harm in the work place.

Is the service effective?

Good 

The service was effective.

People received effective care and support because staff understood their personal needs and abilities.

Staff had the skills and knowledge to meet people's needs. The provider had a programme of training which ensured staff had up to date guidance and information.

Staff ensured people had given their consent before they delivered care.

Is the service caring?

Good 

The service was caring.

People received care from staff who were kind, compassionate and respected people's personal likes and dislikes.

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

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

Is the service responsive?

Good 

The service was responsive.

People were supported by sufficient staff to provide a consistent team of care workers.

People received care and support which was personal to them and took account of their preferences.

Arrangements were in place to deal with people's concerns and complaints. People told us they would be comfortable to make a complaint and felt any concerns raised would be dealt with.

Is the service well-led?

Good ●

The service was well led.

People and staff were supported by a registered manager who was approachable and listened to any suggestions they had for continued development of the service provided.

There were systems in place to monitor the quality of the service, ensure staff kept up to date with good practice and to seek people's views.

People were supported by a team that was well led with high staff morale.

South West Independence Limited Care at Home

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 was announced and took place on 31 March 2016. The provider was given 48 hours' notice because the location provides a domiciliary care service was a small care home for younger adults who are often out during the day; we needed to be sure that someone would be in.'

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information in the PIR and also looked at other information we held about the service before the inspection visit. This was the first inspection of this service since it was re-registered at their new location.

South West Independence provides personal care to people in an assisted housing complex. People who use the service have individual tenancy agreements for self-contained flats within a shared building. At the time of the inspection they were providing personal care to five people. We visited three people in their homes to discuss the care package they received.

We spoke with three staff members as well as the registered manager. We looked at records which related to people's individual care and the running of the service. Records seen included four care and support plans, quality audits and action plans, three staff recruitment files and records of meetings and staff training.

Is the service safe?

Our findings

People told us they felt safe with the care provided and the staff who visited them in their apartments. One person said, "Yes, never safer," Another person who communicated through their computer said "Yes" and then laughed and made eye contact with the staff member in the room.

People were protected from harm because all staff had received training in recognising and reporting abuse. Staff told us they had attended training in safeguarding people. They also confirmed they had access to the organisation's policies on safeguarding people and whistle blowing. Staff understood how to recognise the signs that might indicate someone was being abused. They also told us they knew who to report to if they had concerns. People had access to information on how to report abuse in the files kept in their homes.

Staff said there was excellent communication between themselves and the registered manager and they would be listened to if they raised any concerns. Where a concern had been identified the registered manager had informed appropriate agencies to make sure people were protected.

Risks to people were minimised because relevant checks had been completed before staff started to work for the agency. These included employment references and Disclosure and Barring Service (DBS) checks to ensure staff were of good character. The DBS checks people's criminal history and their suitability to work with vulnerable people. All three staff members we spoke with confirmed they had not started work for South West Independence until their references and DBS check had been received.

Care plans included clear risk assessments relating to people's personal needs and the environment. At the time of the inspection one person had a risk assessment in place for epileptic seizures. This person did not require 24 hour care; however equipment was in place to alert on-call staff if they were experiencing a seizure during the night. Care plans also showed risks had been discussed and agreed with people at their first assessment. For example there were risk assessments for people who wanted to join in sporting events such as golf. These included the risks associated with sunburn, heat stroke and the use of vehicles at the venue. There was clear guidance for staff on what to be aware of and how to support the people involved. Risk assessments were reviewed with people when care plan reviews were carried out and if people's needs changed. One person said, "I am involved with discussing the care plan so I know what is in it."

There were also risk assessments associated with safe moving and handling procedures, all staff received regular training. Risk assessments contained clear guidance on safe procedures and equipment used. The provider ensured equipment was checked and maintained regularly.

The agency's policy and procedure for the safe handling of money protected people from financial abuse. When handling people's money as part of their personal care package staff kept a record of, and receipts for, all monies handled.

Systems were in place to ensure people received their medicines safely. All staff received medicine administration training and had to be assessed as competent before they were allowed to administer

people's medicines. Some people required assistance with their medication. Clear risk assessments and agreements were in place to show how and when assistance was required. There were clear protocols to show at what level the assistance was required for example, just prompting or reminding a person to administer prescribed medication from a blister pack.

We observed staff following the correct procedures when they supported people to receive their medicines. People told us they had their medicines within the correct timescales. Staff had clear guidance on the use of specific medicines related to epilepsy. Very clear instructions were in place in the event of an epileptic seizure for one person and all staff knew the process to follow.

Is the service effective?

Our findings

People received effective care and support from staff who had the skills and knowledge to meet their needs. People said they felt all the staff were well trained and knew their needs well. One person said, "They seem to know what it's about so guess they are trained to know." Another person indicated they thought staff knew them well.

People were supported by staff who had undergone a thorough induction programme which gave them the basic skills to care for people safely. All the staff spoken with confirmed they had attended an induction programme. All new staff completed the Care Certificate work books. This is a nationally recognised training resource for all staff new to providing care. The registered manager confirmed the induction process also included an overview of the skills for care code of conduct, report writing food hygiene and first aid. They confirmed the induction would also cover specific needs of people if necessary. The service also had an agreement with another agency for their staff to shadow staff so they obtained experience in areas their induction could not cover due to the needs of people in their care.

All staff confirmed they had access to plenty of training opportunities. This included annual updates of the organisation's statutory subjects such as, manual handling, medication, safeguarding vulnerable adults, infection control, health and safety, food hygiene, first aid and nutrition. The registered manager confirmed staff could also attend further training related to specific needs. For example they had attended training in the management of percutaneous endoscopic gastrostomy (PEG). This is a way of ensuring people with swallowing difficulties receive the nutrients they need through a tube direct into their stomach. One staff member said, "We don't need it now but it was really interesting and we can go on updates when we need to."

People were supported by staff who received regular supervisions. These were either through one to one meetings, team meetings or working with senior staff. This enabled staff to discuss working practices, training needs and to make suggestions with regards to ways they might improve the service they provided. Staff confirmed they met regularly to discuss training needs and work practices. The registered manager said they aimed to carry out six one to one supervisions with staff annually as well as staff meetings and unannounced checks of staff when supporting people.

People only received care with their consent. Care plans contained copies of up to date consent forms which had been signed by the person receiving care. One person said, "They respect my space and always ask me first." Another person said, "Yes," when we asked if staff sought their consent. Staff confirmed they would always ask for consent before doing anything.

Staff had a clear understanding of the Mental Capacity Act 2005 (MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. 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. Nobody receiving a personal care package lacked capacity at the time of the inspection however the registered manager was aware of the process they would follow.

Some people required assistance to prepare food and eat. Staff had clear guidance on how to support people. One person was supported regularly to cook their main meal of the day. Other people would join in in the communal area and bake cakes or cook a communal meal. A meal was provided for each person daily if they requested one.

Is the service caring?

Our findings

All the people we spoke with were very complimentary about the care they received. Everybody said the staff and the registered manager cared about their needs and wishes. One person said, "I like all the staff they are all really good and do care." Another person indicated through facial expressions they had a very good relationship with staff. When we asked if staff were good and caring they said "Yes," using their computer to reply.

People had a consistent staff team and this was important to them. They all indicated they had developed close relationships with staff and knew the team well. One person said, "I know everybody and I know who is coming and when." That person also said the staff went further to make them happy. They explained, "They got me a letter from Arsenal for my 50th, and took me to Cardiff for the snooker."

People confirmed care workers cared for them in a way that respected their privacy. One person said, "They all treat me very well." Another person answered yes when we asked if they felt staff treated them with respect. Staff were observed to respect people's privacy by ringing door bells and waiting for people to respond before they entered the apartments. One person said, "This is my flat and they always wait for me to say they can come in." During our visits we did not observe personal care however people told us they never felt uncomfortable with the staff they received care and support from.

During our visit to one person's apartment we observed a relaxed and friendly relationship between the person and care worker. The person communicated through their computer and through facial expressions. They were very happy and laughing throughout the visit and indicated they were very happy with the staff delivering their care.

There were ways for people to express their views about their care. Each person met with the registered manager when they started to use the service to discuss their care needs and expectations. People were able to discuss their care plans with staff and the registered manager when reviews were carried out or when needs changed. For example we saw in one care plan, "Ask me, Talk to me, it's my decision." This showed people were consulted and enabled to express their view on the care and support they received. People were also consulted daily on how the day had been for them when the practice record was completed, their views were then recorded in a reflection record.

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

Is the service responsive?

Our findings

Everybody told us care workers had a good knowledge of their needs and responded in a flexible way to any changes that were identified.

Staff had a good knowledge of the needs and preferences of the people using the service. This enabled them to provide care that was responsive to people's individual needs and wishes. People said the staff all knew what they needed and how to care for them appropriately. One person said, "I like the staff because they understand my needs, they listen and communicate very well."

Care workers had a good understanding of what was important to people and provided support in line with people's social and cultural values. Everybody said staff respected them as individuals with their own lifestyles and preferences. One person said, "They know what I like to do and they have taken me out to do it. Took me to Great Western Railway and to Cardiff for the snooker." The registered manager confirmed the support they provided could be flexible to meet the individual needs of people such as going out or going to hospital and doctor appointments. People were encouraged and supported to continue with their hobbies. For example one person had been golfing whilst another person was very active within the local community. They were supported to read stories to children at a local school and run a local radio.

Staff worked in partnership with people to make sure care plans were personalised to each individual. Care plans contained information to assist staff to provide care in a manner that respected their wishes and assisted them to be independent. One person explained how they had been involved with their care plan they said, "They are really good discuss everything with me." Care records showed staff held a monthly meeting with each person and discussed how they felt about the support they received. During this meeting people were asked if there was anything they would like to improve, change and any activity they would like support with.

Staff explained people could choose who supported them; One staff member explained how one person did not like male staff to support them with personal care. However they were happy for a male staff member to assist them at meal times and had developed a good relationship with all the staff in the team.

Initial assessments were carried out with people who wished to use the service. This enabled them to express their wishes and views. It also allowed the agency to decide if they were able to provide the care requested. The registered manager confirmed that they carried out an assessment of people's needs before they offered a care package. If they felt they were unable to meet the needs of the person they would either signpost them to another care agency or refer them to other healthcare professionals. This meant people could be supported to receive a personal care package that was appropriate to meet their needs.

Changes to people's care plans were made in response to changes in the person's needs. People said their care plans were reviewed with them and any changes were made immediately and agreed with them. Staff confirmed they were aware of changes made in care plans. One staff member said, "The care plans are very clear, idiot proof really anything important is written in bold or highlighted so we do not miss it."

Communication is excellent. They let us know about any changes and they are at the end of the phone if you need them."

Each person received a copy of the complaints policy when they started to use the service. Care plans contained the contact details and guidance on how to raise a complaint. People said they knew how to raise a complaint if they needed to. One person said, "Yes," and indicated the registered manager when we asked them if they knew who to complain to. The registered manager confirmed they had not received any complaints however the policy was readily available in the site office for anybody to read.

Is the service well-led?

Our findings

People were supported by a team that was well led. The registered manager was supported by a small team of staff who all said there were clear lines of responsibility. Staff also confirmed they had access to senior staff to share concerns and seek advice. Senior staff worked as part of their team which enabled them to monitor people's well-being on an on-going basis. One staff member said, "Its and very good company to work for. The managers are easy to approach and the communication is great. We have a really good team. I actually look forward to coming to work never been able to say that before." Another staff member said, "They are brilliant not only care about the clients but us as well."

People told us the registered manager was always present in the building and was open and approachable. One person said, "They are always a round and I know who the boss is."

The registered manager had a clear vision for the service. They explained they aimed to, "Support people with a level of independence they could achieve themselves." They also said they aimed to do this by providing care and support in a person centred way, respecting their individual wishes as far as was possible. Staff said they knew the philosophy and values and hoped they supported people to live their lives as independently as possible. One staff member said, "We try really hard to ensure people are supported to maintain their independence and do what they want like any other young person in society."

Staff personnel records showed they received regular daily contact with the manager as well as one to one supervision meetings. Supervisions were an opportunity for staff to spend time with the manager to discuss their work and highlight any training or development needs. They were also a chance for any poor practice or concerns to be addressed in a confidential manner.

There were effective quality assurance systems to monitor care and plans for on-going improvements. There were audits and checks in place to monitor safety and quality of care. If specific shortfalls were found these were discussed immediately with staff at the time and further training could be arranged. Staff members confirmed they had attended staff meetings to discuss ways to improve the service and how they worked.

Following comments raised by staff a change was made to the way decisions made at team meeting were communicated to staff so those who did not attend knew everything that had been discussed and agreed.

All accidents and incidents which occurred were recorded and analysed. The time and place of any accident was recorded to establish patterns and monitor if changes to practice needed to be made. Very few accidents had occurred during the time the service had been providing personal care.

The registered manager kept their skills and knowledge up to date by on-going training and reading. They shared the knowledge they gained with staff on a daily basis or at staff meetings/supervision.

People were supported to share their views of the way the service was run. Monthly meetings with people meant they were able to comment on the care and support provided and suggest any changes or

improvements.

The service had a contingency plan in place for adverse weather conditions ensuring people did not experience a lack of care and support. Staff had access to four wheel drive vehicles and they could remain at the assisted living property if staff were unable to travel.

Although South West Independence had not needed to notify the Care Quality Commission of any significant events which had occurred, the registered manager was aware of their legal responsibilities.