

Nottingham Community Housing Association Limited

Personalised Support Team – Derbyshire, Ilkeston

Inspection report

Unit 4
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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

We inspected this service on 11 April 2016. This was an announced inspection and we telephoned the week prior to our inspection in order to arrange home visits and telephone interviews with people. The service provides care in people's homes to people with a learning disability or older people and people with debilitating illness and long term conditions. The service is available in the Erewash, Amber Valley and South Derbyshire area. At the time of the inspection 23 people were being supported by the service, some of these people lived in supported accommodation with other people. This was the first inspection for this service.

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 told us that they felt safe. Staff had a good knowledge of current safeguarding practice and how to apply this knowledge to their role of supporting people in the service. Risks to people had been identified and minimised wherever possible. We saw that there were sufficient staff available to meet people's requests for support. People were able to state when they wanted to receive support from staff who understood the need to work flexibly.

People were supported to make choices and where they may lack the capacity to make specific decisions appropriate support was given. We saw that medicines were managed safely. Staff had access to information about the specific support people needed with their medicines.

People told us they felt cared for. Care was planned with each person and people were able to state what support they wanted. The service had supported people to be as independent as possible in all aspects of their lives. When necessary specialist equipment was sourced and used to support the person to live independently whilst still remaining safe. People had been supported with planning their meals.

Staff felt valued and supported in their role and had the opportunity to feedback or make contributions to the service. Staff told us they had sufficient training to carry out their role effectively.

People and their relatives were aware of how to raise concerns or make complaints. We saw that where complaints had been received appropriate action had been taken to resolve the complaint. There were systems in place to monitor the quality of the service which included seeking feedback from the people who used the service. People who used the service were encouraged to be part of the organisation through board meeting, recruitment or their internal magazine.

The provider and registered manager had plans to improve the quality of the service to make it more

effective for the people accessing support and for the staff team.

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 ●

People told us they felt safe and staff knew how to recognise and report potential abuse. Risks to people were identified and managed in a way to keep them safe. There were enough staff available to meet the needs of people and medicines were managed in safely The recruitment practices in place checked staff's suitability to work with people.

Is the service effective?

Good ●

Staff received training and an induction that helped them support people. The principles of the Mental Capacity Act 2005 were followed. When people lacked capacity, decisions were made in people's best interests. People were supported to have a balanced diet.. Referrals were made to health professionals when needed

Is the service caring?

Good ●

Staff were kind and caring and people felt they had an open friendly approach to the support they gave. People's privacy and dignity was supported and maintained. Staff supported people in their preferred way so that their personal preferences were met.

Is the service responsive?

Good ●

People received personalised care and support which had been planned with their involvement. People's care was provided flexibly to meet their needs. People participated in activities and interests that were important to them. People knew how to raise complaints and there was a system in place to manage concerns or complaints.

Is the service well-led?

Good ●

Staff understood their roles and responsibilities and were given guidance and support by the management team. Systems were in place to monitor the quality of the service provided and make improvements. The provider sought the opinions of people and staff to bring about improvements and changes to the service. Information was shared about the service and people's experience.

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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.

This inspection visit took place on 11 April 2016 and was announced. The provider was given seven days' notice because the location provides a domiciliary care service and we wanted to make sure staff were available to speak with us. The inspection was carried out by one inspector.

We checked the information we held about the service and the provider. This included notifications that the provider had sent to us about incidents at the service and information we had received from the public. We also spoke with the local authority who provided us with current monitoring information. We used this information to formulate our inspection plan.

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 used a range of different methods to help us understand people's experiences. We visited three people in their homes and made telephone calls to two relatives. We sent out questionnaires to people who used the service and used this information to make a judgement about the service.

We spoke with five staff, the registered manager and the regional manager. We looked at care records for four people to see if their records were accurate and up to date. We also looked at records relating to the management of the service including quality checks

Is the service safe?

Our findings

People told us they felt safe when they received care. One person told us, "I have my independence, staff support me when needed and I can lock my door when I wish and at night." Staff had received training in safeguarding and had a good understanding of what constituted abuse and the correct procedures to follow. One staff member said, "If I saw any damage to the person or I had any concerns I would report it to the office."

Records showed the provider managed safeguarding according to its policies and procedures which helped to keep people safe. We saw where a safeguard had been raised, an investigation was completed and an action plan to resolve any ongoing concerns was implemented.

We saw that risks to people's wellbeing had been assessed on an individual basis. People's choices on how they lived their lives were the first priority and the registered manager and staff ensured that people had access to achieve this. The regional manager told us, "We are not risk adverse, we encourage positive risk taking." For example, one person required support to shower, however they liked to wash their own hair and the risk assessment identified this and the staff member confirmed this support was provided. We saw how a risk assessment had been completed to enable a person to access a supported holiday and the level of support to reduce the risks identified.

The risk assessments covered all aspects of the person's care and environment. Where the person required equipment to reduce any skin damage, a separate assessment had been completed which provided guidance on how to use the equipment safely. We saw another person had sensitive skin and a specific risk assessment had been completed to identify and reduce the risk through the use of toiletries and creams. Staff told us when any changes were required, they received an email and the care plan was updated. We saw records had been updated with changes as they had been made.

There were sufficient staff to support people's needs. People told us they received support from regular staff and the records confirmed this. One person told us, "I have a regular group of carers they are friendly and flexible." Staff we spoke with felt there was enough staff. One staff member told us, "There are enough staff, we all do what we need to support people's needs." The registered manager told us they used a range of information to ensure they have the correct level of staff with the right skill mix to support people. There was ongoing recruitment through a range of methods including 'refer a friend' incentive scheme.

The provider had a bank of staff who worked across the different locations to cover any staff absence. They told us this helped with consistency as staff were familiar with people and how to meet the people's needs.

The provider had introduced a 'Value based' test to the recruitment process. This test requires candidates to complete as part of their application and considers the staff members values. The registered manager told us this approach had focused the people applying and had increased their retention of staff once recruited. We saw that when staff started working in the service, recruitment checks were in place to ensure they were

suitable to work with people. This included a Disclosing and barring check (DBS) and references. A DBS provides a check relating to any previous criminal records. One staff member told us, "Even though I came from another care service I had to have my CRB and references cleared before I started working here." This demonstrated that the provider had safe recruitment practices in place.

People told us they were supported to take their medicines and have creams applied. People we visited showed us that they had their medicines delivered to them in blister packs. Medication Administration Record (MAR) sheets included relevant information on the medicines people were prescribed, the dosage and when they should be taken. We saw staff had completed the MAR sheets in accordance with the provider's policies and procedures.

Staff told us they had undertaken medicine training and had their competence checked to ensure they supported people safely. For example, where it was identified that the medicine should be given with food we saw that this was followed. Staff we spoke with understood other guidance for medicines and we saw copies of this information in the care plan folders.

Is the service effective?

Our findings

People who used the service told us that the staff were trained to support them. One person said, "They are very experienced when supporting me." Staff told us they had an induction when they started working at the service and that they worked alongside experienced staff who knew people well. They also told us they were given time to read people's care records and to talk to people about how they wanted to be supported. One staff member told us, "I did some shadowing with an experienced staff member; they showed me the daily routines." They also added, "I was made to feel comfortable and supported to learn about the people."

Staff told us they were provided with a range of training and that they could request additional through an online system which was specific to the needs of people they supported.. One person said, "There is loads to choose from, I am going to complete some end of life training, which I had requested." Another member of staff told us, "If I needed extra training it would be available." The registered manager told us that several people had been promoted internally and they had been supported with additional training for their new roles; and the staff in these roles confirmed this.

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA.□

We checked whether the provider was working within the principles of the MCA. Staff had received training in the Act and knew about people's capacity to make decisions. One staff member told us, "You have to always assume capacity, and if not it's about best interest decisions. In these situations you get advice from specialists to help make the decision in the person's best interest." We saw when required people had received a two staged approach to assessing their capacity. Where people lacked capacity a best interest assessment had been completed. For example one person required support with their finances, a best interest assessment had been completed and they now receive support from an appointee from the local authority. We saw people had been supported to make their decisions through the use of pictures and basic sign language.

We observed and staff told us , they always explained to people what they were doing and sought their consent before providing personal care. Staff understood the importance of getting to know someone to help guide their decision making. One staff member told us, "The more you get to know someone, the more they trust you and you can understand what they want." This showed the staff and manager understood their responsibilities to comply with the Act.

Some people required support with their meal preparation. One person said, "I am happy with the choices I get." Staff told us and we saw that a planned menu for the week had been completed and was displayed on the 'white' board. The person confirmed they had been consulted on the choices. We saw were people

required support with a specialist diet this had been noted and considered in the menu planning, following the advice of health care professionals. .

People retained responsibility for managing their health care, but staff told us they had provided support when requested by people. One person told us, "I manage my own appointments, however recently my key worker has made a referral for an Occupational Therapist to come to review my bathroom arrangements." When people's needs changed, the staff took prompt action. , One person said, "Staff have called for my GP when I have been unwell." The care records recorded referrals made to health care professionals along with any guidance. For example, we saw where someone was at risk of skin damage, the prescribed creams and guidance was included as part of the person's care plan . This showed that the provider ensured people received support to maintain their health and wellbeing.

Is the service caring?

Our findings

People told us they had positive relationships with the staff. One person told us, "Staff are polite and help me do what I ask them to." Another person told us, "The staff are lovely, kind and helpful. They are friendly and chat about all sorts."

People were involved in deciding how their care and support should be delivered, and were able to give their views on an ongoing basis. For example, people had signed to say they agreed with their care plans. We saw how people's care records identified what they could do for themselves and in what circumstance additional support may be required. People we spoke to told us they were involved in their care planning in identifying the level of support they needed. Staff told us they felt it was important to be involved when developing the care plan as they were a regular part of their life. One staff member said, "You can build a rapport with the person so they feel comfortable around you. You're in their home so they need to trust you." They added, "You learn a lot more when you are with people and I enjoy their company."

The provider produced a magazine three times a year for people using service. The magazine featured information, events, people's experience and achievements. One staff member told us that they were encouraged to place articles in the magazine. For example they had produced an article showing a person who used the service growing their own vegetables and then making them into a meal. They told us, "The magazine is a really positive thing for everyone."

People told us their privacy and dignity was respected. One person said, "They shut the bathroom door and if I need help they offer it." Another person told us, "Staff give me privacy when I am in the bathroom." Staff we spoke with understood the importance of maintaining people's privacy and dignity. For example staff told us how they ensure a person has their dressing gown on when moving from the bathroom to their bedroom.

Is the service responsive?

Our findings

People told us staff knew about their needs and preferences. One person said, "The staff know what I need, but always ask if I need anything else." One relative told us, "The staff adapt support to [name's] needs and [name] responds well to the staff." Staff told us they were supported by care records to understand people's needs, and to adapt the support they provided so they could respond to changes. One staff member said, "I enjoy chatting to people and completing their care plans." Another staff member said, "The care records give a guide as to what to expect and how to support the person." For example one person who had behaviours that challenged, the information noted that on occasions they raised their voice and became agitated. There was guidance as to how to manage this situation to avoid it escalating or upsetting other people within the group home.

We saw that the service was flexible to people's needs. One person told us how they had been supported to attend appointments by staff that knew them. Records confirmed that information was provided for the appointments and changes made to the support they receive. The provider used a system which required staff to log in and out through a phone line to verify the time spent at each address supporting the person. The manager told us they used the data from this to ensure people received the time they had been allocated. It was also used to identify where there was a difference in the call. For example if a call was consistently longer, this would alert the staff to complete a review and consider the needs of the person and make changes to the calls. We saw where this had happened..

In the PIR the provider told us they were investing in mobile solutions. We saw that this process had started. One staff member told us they had an 'ipad' provided by the service. They said, "It's great, I can access my emails, I can see the electronic care records and make updates for other colleagues if things change." This ensured information about people's needs was current and cascaded to other staff members. The operations manager told us they would be expanding the use of mobile solutions to include a portal for people and families.

We saw that staff supported people to enable them to have meaningful and fulfilling life. People had been supported to go on holiday and follow their interests and hobbies. For example a trip had been organised for three people. The staff member told us, they had to consider the groups requests and interests. The trip had been planned around the individual's choices and the staff had ensured that everyone's choice had been considered as part of the weekend away.

People told us they would raise any concerns if needed, however those we spoke with had not felt they needed to. One person told us, "I am always satisfied." We saw that all complaints had been investigated in line with the organisation's policy. All stages and resolution had been communicated to the people involved. The provider had a 'praise and grumble' form which was available in the care folders. All those we saw related to praise and thanks. This showed the provider had systems in place to respond to any concerns.

Is the service well-led?

Our findings

People told us that communication from the office was good. One person told us, "I call every week; they are always friendly and ready to help me." We saw how people had been encouraged to be involved with the organisation. People using the service were part of the board and a sub regulation committee to ensure they were represented. The provider offered across the company for people who use the service to be involved in recruitment and in one part of the company we saw this had happened. The provider told us they planned to encourage more people to be involved in future recruitment. This shows that the provider considered people's views and encouraged them to be part of the organisation's decision making.

Staff told us they felt well supported by the registered manager and the other managers in the office.. One staff member told us, "The manager is very helpful, any problems they are always available for advice." Another staff member told us, "It's a great place to work, I am always supported." One staff member told us how the provider had supported them back to work after an absence. ; Staff told us they received supervision, appraisals and regular team meetings. One staff member said, "We get a team brief before the meeting and staff can add to the agenda." The provider had developed an electronic 'resource library' which was accessible to staff through the providers own network. This was used to share good practice. The registered manager told us, "It's to encourage ownership over peoples self-development." This shows the provider supported the staff team and encouraged their development and learning.

The registered manager also felt supported by the provider, through regular supervision. They told us, "My manager is always at the end of the phone and has a lot of experience in the regulations so able to answer my questions." The registered manager also attended a monthly group of managers from the providers other locations. They told us it was an opportunity to share learning and get support.

We saw that people were asked to give feedback on the quality of the service they received. The questionnaires showed a high percentage of a positive response. For example a 100% response to 'people being treated with respect' and 'receiving the support they needed'. The registered manager told us, "If there are any concerns we would respond to them."

The provider had systems in place to assess and monitor the safety and quality of the service people received. Audits were completed for the manager's monthly meeting. Any areas of concern generated an action plan. For example one supported accommodation required staff to receive additional training to reduce the risks and support the people using the service. The training was sourced and tailored to the people using the service. Staff we spoke with told us improvements had been made to the support at this accommodation.

The provider had completed an eligibility criteria and assessment to gain awards in dignity with two local authorities. The organisation embedded the dignity values into the training they provided. They had developed their own approach to encourage staff to identify what a 'great interactions' looks like and how people can receive them in their daily lives. In the PIR the provider told us they were introducing 'reflective

diaries' for staff. We saw this had happened. Staff we spoke with told us, "They are to record anything good or a learning situation, I have it but not used it yet, I think it will be a good thing." This demonstrated that the provider used different methods to support ongoing learning for the staff and the experience of the person.

The manager understood the responsibilities of their registration with us. They had reported significant information and events in accordance with the requirements of the registration.