

People in Action

People in Action Domiciliary Care - Worcester

Inspection report

Suite 2, Crown House
Blackpole East
Worcester
Worcestershire
WR3 8SG

Tel: 01905755843

Website: www.people-in-action.co.uk

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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

This inspection took place on 20 May 2016 and was announced. We made phone calls to people, relatives and staff who use the service on 23, 24 and 26 May 2016. We gave the registered manager 48 hours' notice of our intention to undertake an inspection. This was because People in Action provide personal care for people who live in their own homes and we needed to be sure that someone would be available at the office.

At the time of our inspection eight people used the service.

The registered manager had left the organisation two months prior to our inspection. We were not notified that the registered manager had left or what plans the provider had in place to register a new manager with the CQC. We only discovered this information when we gave notice to the provider of our inspection. On the day of our inspection there was a branch manager and a deputy manager. The branch manager had worked for this service for 12 months and explained that their area manager would be applying to become registered manager. Throughout the inspection we spoke with the branch manager as the area manager was unavailable at the time of our inspection.

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

People felt safe with the staff who provided their care and felt they were protected from the risk harm. Staff recognised signs of abuse and knew how to report this. The branch manager ensured people's risks had been looked at and took actions to minimise risks without taking away people's right to make their own choices.

People told us there were enough staff to support them at the times they needed them. Staff told us they felt there were enough staff to provide safe care and support to people. The branch manager told us that advanced planning of staffing levels meant they knew that people's needs were able to be met. People's medicines were checked and managed in a safe way.

We found that the care and support people received was in-line with the Mental Capacity Act (MCA). However the provider had not tested that the actions they had needed to take, which were in line with the person's best interests might amount to depriving the person of their liberty. The provider had not discussed this with the local authority, so that the Local Authority could submit an application to the Court of Protection to ensure the person was not being unnecessarily deprived of their liberty.

People were supported to eat a healthy balanced diet and were supported with enough fluids to keep them healthy. Staff supported people with access to healthcare professionals, and provided flexible times to

ensure they made their doctor or hospital appointments.

People and where appropriate, family members, were involved in the planning around their care. People's views and decisions they had made about their care were listened to and acted upon. People told us that staff treated them kindly, with dignity and their privacy was respected.

People knew how to make a complaint and felt comfortable to do this should they feel they needed to. People were provided with the information they needed should they wish to raise a complaint. The provider had not received any complaints over the last 12 months.

We found that the checks the provider completed focused upon the experiences people received. Where areas for improvement were identified, systems were in place to ensure that lessons were learnt and used to improve staff practice. Staff felt supported by the branch manager to carry out their roles and responsibilities effectively.

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 cared for by staff who had the knowledge to protect people from the risk of harm. People were supported by sufficient numbers of staff to keep them safe and meet their needs. People received their medicines in a safe way.

Is the service effective?

Requires Improvement ●

The service was not always effective.

The provider had not tested that their actions to support people did not amount to depriving people of their liberty. People were supported by staff who had the knowledge and skills to do so.

Is the service caring?

Good ●

The service was caring.

People's decisions about their care were listened to and followed. People were treated respectfully. People's privacy and dignity were maintained.

Is the service responsive?

Good ●

The service was responsive.

People received care that was responsive to their individual needs. The provider ensured people had access to information to raise a complaint should they need to.

Is the service well-led?

Good ●

The service was well-led.

There was no registered manager at the time of our inspection, however the area manager was in the process of applying for their registration. People were included in the way the service was run and were listened too. Clear and visible leadership meant people received quality care to a good standard.

People in Action Domiciliary Care - Worcester

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 20 May 2016 and was announced. We spoke on the telephone to people, staff and relatives on the 23, 24 and 26 May 2016. The provider was given 48 hours' notice because the location provides a supported living and domiciliary care service; we needed to be sure that someone would be in the office when we visited. The inspection team consisted of one inspector.

As part of the inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law.

We spoke with two people who used the service and three relatives. We also spoke with three staff, the deputy manager and branch manager. We looked at three people's care records. We also looked at compliments, three staff recruitment records and medication audit.

Is the service safe?

Our findings

All the people we spoke with confirmed they felt safe. Relatives who we spoke with felt their family member received safe care. One relative said, "I am happy that they keep [the person's name] safe".

Staff told us how they supported people to feel safe. For example, one staff member told us that how the branch manager had arranged for them to accompany an experienced member of staff so they could gain the necessary knowledge and skills to keep the person safe during their planned activity.

We spoke with staff about how they protected people from the risk of harm. Staff showed a good awareness of how they would protect people from harm. They shared examples of what they would report to management or other external agencies if required. Staff told us about safeguarding training they had received and how it had made them more aware about the different types of abuse. Staff told us they had access to safeguarding information should they need this and that they would contact people in the office or the branch manager without hesitation. We found that where there had been potential safeguarding incidents these were reported to the local authority. The branch manager had followed the correct procedures to ensure people were kept safe.

We saw that the branch manager had assessed people's individual risks in a way that protected people and promoted their independence. For example, one person's support from staff during the night time was being put under review. Staff had promoted the person's independence and showed them how to use the telephone in case of an emergency during the night. They told us that while the person still received support from staff during the night, they did practice runs with calling on the phone to ensure the person remembered how this happened. Staff who we spoke with confirmed this happened and provided the person with the additional security should the night time support be removed from their care package.

All people and relatives we spoke with raised no concerns about staffing levels. People told us that they were aware of who was coming to support them when the branch manager sent them their monthly schedule. Relatives told us that they mostly had long standing staff who supported their family member. Relatives told us that there had been some staff leave the service and new staff were being recruited. One relative said, "We have had regular staff for a good period of time now. We have that continuity of staff".

Staff we spoke with knew their schedule a month in advance. They told us that they regularly supported the same people and felt that this had remained consistent. Staff felt the branch manager listened to them should changes to the rota be required. Staff we spoke with confirmed that they had suitable time with people and did not feel rushed to support the person.

The branch manager told us how they had recruited new staff and the use of agency staff had stopped. They told us that agency staff would not continue. The branch manager explained that if there were any shifts that were not covered these were opened up to staff. We spoke with staff about how many uncovered shifts they were required to cover. One staff member said, "There used to be quite a few hours, but now, there is nothing, there is always the odd occasion, but the shifts are covered now". The branch manager told us if

unplanned absences were not covered these were picked up by the deputy manager and the branch manager.

We saw records of checks completed to ensure staff were suitable to deliver care and support people before they started work for the provider. Staff we spoke with told us that they had completed application forms and were interviewed to assess their abilities. There were reference checks with staff previous employers and Disclosure and Barring Service (DBS) checks had taken place prior to the staff member working for the provider. The DBS is a national service that keeps records of criminal convictions. The provider used this information to ensure that suitable people were employed, so people using the service were not placed at risk through recruitment practices.

People and relatives we spoke with did not have any concerns about how their medication was managed. We spoke with staff who administered medication. Staff told us they had received medication training and their practices were checked by the process of spot checks. Staff had a good understanding about the medication they gave people and the possible side effects. Staff told us that if they arrived to a person's home and saw the medication chart had not been completed properly this would be reported to the registered manager. Staff we spoke with had not had this scenario happen to them; however staff felt confident that the branch manager would take action to address shortfalls. Medication chart audits were completed monthly, the monthly checks looked at areas such as, discrepancies in medications to missed signatures.

Is the service effective?

Our findings

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, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The provider was working within the principles of the MCA. The branch manager explained that one person they supported lacked capacity to make decisions about their care for themselves. The provider had worked with the local authority and was providing care and support which was in line the person's best interests and in the least restrictive way. However, the provider had not tested that the actions they had needed to take, while in line with the person's best interests, might amount to depriving the person of their liberty. The branch manager told us that they had not considered whether the person was being deprived of their liberty as they had, "Assumed that the local authority would have raised it first". Therefore the provider had not discussed this with the local authority, so that the Local Authority could submit an application to the Court of Protection to ensure the person was not being unnecessarily deprived of their liberty.

People we spoke with were happy with the staff who supported them and did not have to do anything they did not want to do. Staff we spoke with understood their roles and responsibilities in regards to gaining consent and what this meant or how it affected the way the person was to be cared for. Staff told us they knew people well and recognised through people's non-verbal communication and body language if the person did not want to do something. Staff told us they respected people's choices and would always offer them an alternative.

All the people we spoke with felt that staff who cared for them knew how to look after them and in the right way. We spoke with relatives about the staff who supported their family members. One relative told us, "[Staff member's name] is amazing. They use Makaton (a language programme of signs and symbols) to communicate with [the person's name]". Another relative told us, "Staff are conscientious".

Staff told us they had received training that was appropriate to the people they cared for, such as food hygiene and first aid. Staff we spoke with told us that the branch manager actively encouraged them to progress with their qualifications. One staff member said, "The training is intense. I have not been into any person without the shadowing and training first". Another staff member said, "I have specific training for people's care needs, for example epilepsy. This training is useful so I can support people in the right way". Staff told us they felt they had enough training and told us that if they felt they needed more training the branch manager would accommodate this.

Staff explained to us how they were supported in their role and how their knowledge was developed. For example, new staff members shadowed an experienced staff member. Staff told us they would only work alone when they and the branch manager felt confident to do so. We spoke with a staff member who provided support to newer staff. They were able to give examples of how they recognised when new staff may need extra support. They told us that the branch manager put extra support in areas that were specific to their learning needs.

Staff told us how communication was key to ensuring people received the right care. For example, they would spend time talking with people to get to know them and also ensure they received detailed information about people's care needs from the branch manager and staff. They told us they had regular one to one conversations with the branch manager which was a good opportunity for them to discuss their learning and development. A staff member told us they were well supported by the branch manager and their peers and felt confident to ask questions.

People we spoke with had different levels of need for support with meal preparation and cooking. Relatives told us their family member was supported according to their individual needs. Staff told us they received training in food hygiene and that they knew people's dietary requirements well. One member of staff said, "We know people well, but if we didn't the care plans are very detailed". Staff told us they supported people to remain as independent as possible and encouraged people to prepare and make their own meals. One staff member said, "We sit down together and plan out a shopping list based on meals they would like, we then go shopping for that food together".

Relatives we spoke with felt confident that staff would support their family member with the person's health care when they needed it. One relative told us, "We are always kept up-to date with what is happening for the person". Staff told us that where people required further support from other health care services these were made. For example, a staff member told us how they worked with the mental health team and where aware of what this meant for the person in the way of their care and treatment.

Is the service caring?

Our findings

People told us that staff were good and kind to them. One person said, "Yes, I'm very happy with [staff member's name]. I am happy with all of them". We found people were supported and encouraged to maintain relationships with their friends and family. People's views were respected. For example, it was found that people had expressed choices about whom they met with and who they spent time with. Staff followed these choices and put plans in place to support decisions made. Relatives we spoke with told us, "They are very good. Excellent with [the person], they are very caring and know [the person's name] very well". Another relative said, "The staff are very good at supporting them but keeping [the person's name] independent, which is a good balance for them".

Staff we spoke with knew people as individuals and told us about how people's independence was promoted. For example, ensuring their care needs were met but also ensuring people remained as independent as possible. Staff told us that caring for the same people on a regular basis meant that they got to know people and their families well. One relative told us how the staff member supported the person at college. They told us, "They are doing really well at college, they are still benefitting from it and it provides them with the stability". They told us this was still possible as, "[staff member's name] will break down the tasks to make it easier for them to understand".

One relative told us how staff would support their family member to stay in the family home while they went on a planned holiday. The relative told us, "Staff will sleep in our house, and I trust [staff members name] completely with this".

Staff told us that they were not only there to provide personal care, but to also provide a social aspect for people, to help maintain their positive well-being. They told us that they wanted to make their time with them meaningful and would spend time researching new activities they may wish to try. For example, one staff member had researched new activities for the person to take part in over the summer holidays. The person's relative told us how they had appreciated this and spoke highly of the staff member who had arranged this for the person.

People told us staff respected their privacy particularly if they needed support with personal care. We found that people's privacy was respected in regards to who visited them at their home and who they chose to let into their home. We found that if a person wanted to spend time in their room this was respected by staff. They told us that staff listened to what they had to say and spent time to respond to any questions.

People told us that staff spoke kindly to them and in a respectful way. They told us that staff listened to what they had to say and spent time to respond to any questions. Staff spoke about people respectfully and addressed people in a positive and courteous way. They understood people's needs by reducing any concerns. For example, staff introduced us to people first and asked them if they wanted to speak with us before assuming the person was happy with this.

Is the service responsive?

Our findings

People were involved in ensuring they received the right care and support. Meetings were held with the person and, where the person agreed, with their relative to update their health action plans so that people had clear goals going forward. The health action plans were available in pictorial format and contained relevant information for health professionals about the person and their health and personal needs. People told us that staff were kind and let them choose what they wanted to do. We were told people could choose what to do during their individual time with a staff member; often this involved going out and seeing friends and family and eating out. People also had the option of spending time with other people who lived at the service and sharing meal times if they wanted. We found that discussions at the beginning of the week were held to plan activities and events. One relative we spoke with told us that they had planned a holiday for the person and were able to choose the staff member the person preferred to accompany them.

People had an initial assessment before they began using the service. People and relatives told us the branch manager or deputy manager would visit them to see if they were happy or wanted to change their care plan. Relatives told us that following this they had annual reviews where checks were made to see if they were happy with the arrangements and if there was anything else they wanted to change. People told us they felt staff understood their needs and provided appropriate support in response to them.

People we spoke with told us that staff always respected their decisions about their care and that their individual needs were met. We found that people's needs were assessed and reviewed where required. Staff we spoke with knew about the needs of the people they cared for. Staff told us that they would always speak with the person to ensure they were providing care to them the way in which they preferred. We looked at care records for three people and could see people's likes and dislikes were recorded for staff to be aware of. People confirmed that their likes and dislikes were recorded and staff followed these. Where more complex needs were identified, staff were aware of how to support the person concerned.

The provider had a complaints procedure for people, relatives and staff to follow should they need to raise a complaint. There were complaint procedures that had been written in an easy read format that was adapted for people to use so they could make a complaint. This information gave people who used the service details about expectations around how and when the complaint would be responded to, along with details for external agencies were they not satisfied with the outcome.

People and staff and relatives felt confident that something would be done about their concerns if they raised a complaint to the provider. We looked at the provider's complaints over the last twelve months and saw no complaints had been received.

Is the service well-led?

Our findings

The registered manager had left the organisation two months prior to our inspection. We were not notified that the registered manager had left or what plans the provider had in place to register a new manager with the CQC. We only discovered this information when we gave notice to the provider of our inspection. On the day of our inspection there was a branch manager and a deputy manager. The branch manager had worked at this service for 12 months, they explained that their area manager would be applying to become registered manager.

We spoke with the branch manager who knew people who used the service and staff well. People confirmed that they had met people who worked in a management role. People, relatives and staff who we spoke with told us they found the branch manager and deputy manager were approachable. All people and staff we spoke felt confident that any questions they may have would be answered by the branch manager.

We asked the branch manager if they had sent out a satisfaction survey to people, relatives and staff who used the service. The branch manager explained that these had been sent out in 2015 however the results were sent to the provider's head office. The branch manager told us that the results had not been shared with them and were unaware if there were any actions they needed to take. The branch manager did not have an explanation for why this had not happened.

We spoke with staff about the service they worked for. One staff member said, "We do a lot of alone working, but we have team meetings and supervisions so it's all okay". Another staff member said, "I'm happy working for People In Action, everyone is very approachable. If you need to speak to someone there is always someone who picks up the phone". They told us that this meant they felt supported by the organisation for the work they were doing. Another staff member said, "They are really lovely to work for". Staff told us that they had regular contact with the branch manager and were kept updated this way.

We spoke with the branch manager about the checks they made to ensure the staff were delivering high quality care. They told us that they visited people to check that the care and support they received was meeting their needs. We found that through these visits actions were sometimes needed, for example, any adaptations to their care plans to better support the person. We saw and the branch manager told us that audits took place of the daily records. The branch manager checked these for language used to ensure comments were written in a respectful way. The branch manager also checked medication charts to ensure staff had completed these correctly. The branch manager told us that any shortfalls identified were discussed with staff to ensure they were completing the charts correctly and where necessary additional training was put in place.