Borough of Poole

Borough of Poole - Supported Living Service

Inspection report

Dorset House Bungalow, Coles Avenue
Hamworthy
Poole
Dorset
BH15 4HL

Date of inspection visit:
28 July 2016
02 August 2016
03 August 2016

Date of publication:
06 September 2016

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?	Requires Improvement

Summary of findings

Overall summary

We completed this unannounced inspection on 28 July 2016 and 2 and 3 August 2016. One inspector visited the service on each day of the inspection. Borough of Poole Supported Living Service provides a domiciliary care service for people with either learning and/or physical disabilities who live in their own homes. At the time of the inspection, staff were supporting 27 people to live independently. The service supported people to live in their own homes jointly with another housing and support organisation.

At the time of the inspection 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. However, the registered manager was away at the time of the inspection and had not been in post for an extended period of time. Instead, we were supported by two senior care staff and a service manager.

Recruitment practices were robust and medicines were managed safely to ensure people received their medicines as prescribed. We made a recommendation about the management of accidents and incidents.

People were supported to make decisions and their rights were protected when they lacked mental capacity to make a specific decision. People were supported to maintain their physical well-being and saw healthcare practitioners as and when they needed to.

Our observations showed people were treated with kindness and compassion in their day-to-day care. We asked people what was the best thing about the service. One person said, "My friends" and a member of staff told us, "They are so well looked after; when they go out they always want to come home".

Staff knew the people they were caring for and supporting, including their preferences and personal histories. This meant they were better able to form good relationships and support people in the way they wanted or needed to be supported.

People had support plans that reflected their personal history, individual preferences and interests. Staff had read people's support plans and used the information to make sure they helped the individual in the way they wanted or needed to be supported. We made a recommendation about the management of complaints.

The registered manager had not been in post for a period of time and governance procedures had not been followed. Where concerns had been raised about the quality of service these had not always been acted upon. This meant the quality of service people received could not be assured. You can see what action we told the provider to take at the back of the full version of the report.

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 were safely cared for.

Recruitment practices were robust and ensured people were supported by staff who were suitable to work with vulnerable people.

Medicines were managed safely and people received their medicines as prescribed.

We have made a recommendation about the management of accidents and incidents.

Is the service effective?

Good

People were effectively cared for.

Staff had the right skills and knowledge to support people.

People's rights were respected and staff worked in accordance with the Mental Capacity Act 2005.

People were supported to maintain their physical health and mental well-being.

Is the service caring?

Good

The service was caring.

People's dignity and privacy was respected.

Staff were caring and people liked the staff who supported them.

Is the service responsive?

Good

The service was responsive, although we have made a recommendation about the management of complaints.

People told us that staff responded to their requests for help or support quickly.

Assessments and care plans supported staff to understand what

support people wanted or needed.

Is the service well-led?

Requires Improvement

The service was not well-led.

There were some systems in place to seek feedback from people and their relatives. However, these were not robust and some feedback had not been acted upon.

The provider did not have effective governance systems in place to ensure people received a safe, effective, caring, responsive and well-led service.

Borough of Poole - Supported Living Service

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.

We completed this unannounced inspection on 28 July 2016 and 2 and 3 August 2016. One inspector visited the service on each day of the inspection. We met or spoke with 17 people who used the service. We also talked with a service manager and 13 other members of staff.

We sampled specific care records for ten of the people who were supported by the service. We also looked at records relating to the management of the service including staffing rotas, staff recruitment, appraisal and training records, accident and incident records, premises maintenance records, staff meeting minutes and medicine administration records.

Before the inspection we reviewed the information we held about the service. This included information about incidents the provider had notified us of. The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what it does well and improvements they plan to make.

Good

Is the service safe?

Our findings

People told us they felt safe where they lived.

People were protected from avoidable harm because there were systems in place to safeguard vulnerable adults. Information was available to staff about what action they needed to take if they were worried or concerned about somebody. Where safeguarding concerns had been raised, the service has taken action to protect people and learn from these situations to reduce the risk of future harm.

Risk assessments were in place to support people to be as independent as possible. These protected people and supported them to maintain their freedom. One good example of this was a risk assessment in place to support an individual with their ironing. The risk assessment broke down the task into its component parts. It provided staff with guidance on how to safely support the person in setting up the ironing board, and safely using the iron. Other examples of risk assessments included accessing the community, going swimming, and using public transport.

When people had accidents, incidents or near misses these were recorded. There was some evidence that these were monitored to look for developing trends. However, this system of oversight was not robust and we found that a serious incident affecting one person had not been fully investigated by the management team. This meant they had not taken the action required to protect this individual and others from the risks of a reoccurrence of this problem.

We recommend that the service seek advice and guidance from a reputable source, about the management of and learning from accidents and incidents.

The service followed safe recruitment practices. Staff files included application forms, records of interview and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure people were suitable to work with vulnerable adults. Records seen confirmed that staff members were entitled to work in the UK.

Because people lived in their own home and staff provided a domiciliary care service, staff were not responsible for the maintenance and upkeep of the environment. This was the responsibility of a partner organisation. When we visited people at home we noted numerous maintenance issues that potentially could place people at risk of harm. We checked that staff had raised these with the housing association and escalated their concerns when repairs were either not timely or adequate. Staff and people told us that communication and the length of time it took for a response was not consistent.

There were safe medication administration systems in place and people received their medicines when required. Medicines were stored in lockable cabinets located in people's individual bedrooms. Medication administration records (MAR) showed people had mostly received their medicines as prescribed. Where there were omissions in the records these related to prescribed creams. There was an auditing system in place that had alerted staff to the minor gaps we found in some people's records. We saw action was being

taken in response to these omissions.

Good

Is the service effective?

Our findings

People told us that staff knew what they were doing and helped them in the right way. We received a range of comments including, "All the staff are good", "They help me" and, "Really helpful". Our observations showed that staff confidently supported people and understood their needs.

People were supported by staff who had supervisions (one to one meetings) with their line manager. These included meetings during their probationary period, regular supervisions and annual appraisals. Staff had access to a range of training to make sure they had the right knowledge and skills. Training included safeguarding adults, medicines management, manual handling, communication, nutrition and emergency first aid. There was a system in place to make sure refresher training or updates were provided when staff needed them. Staff told us they felt confident and competent to meet people's needs because they had received the right training. One member of staff said, "They are really good with training", and another told us they were, "100% getting the right training".

Some staff felt well supported and able to seek informal advice or guidance whenever they needed to. However, other staff told us they had not felt supported. Staff said that the senior care officers listened to them but that when they raised issues with the manager these were not always listened to or acted upon. This was an area for improvement.

Consent to care and treatment was sought in line with legislation and guidance. 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. People were involved in their care planning and records showed their consent was sought to confirm they agreed with the care and support provided. People were supported to make everyday choices and told us staff listened to what they wanted to do and acted on their decisions. Some people did not verbally communicate and their records showed how they would communicate their decisions, such as through facial expression, body language or physical gestures. They described how a person might present, and what this might mean they wanted or needed to happen.

Where people may not have been able to make a specific decision their capacity had been assessed. For example, people's capacity to make a decision about wearing a lap strap in their wheelchair, manage their own medicines or make a decision about their specialist dietary needs had been considered. Where the assessment showed the individual was not able to make a decision, best interests decisions were in place that adhered to the MCA.

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. These safeguards can only be used when there is no other way of supporting a person safely. Staff had recognised where people may be at risk of being deprived of their liberty and had alerted the commissioners.

People were supported to have enough to eat and drink and had a balanced diet that promoted healthy

eating. People were involved in planning, shopping and meal preparation. One person told us, "I choose the meals for myself". Some people had specialist dietary requirements and staff understood and adhered to these.

People were supported to see healthcare professionals such as their GP, nurse, dentist, or physiotherapist to make sure their day-to-day health needs were met. For example, one person had been experiencing pain and staff supported them to see their doctor. Following this their care plans were updated so staff understood what signs of pain they may show and what action staff needed to take. Other people had been supported to maintain their physical and mental well-being by support to see specialists such as community learning disability health professionals and hospital consultants.

Good

Is the service caring?

Our findings

People told us that nearly all the staff were friendly, polite and kind and said they were happy with the care they received. One person commented, "I am happy". However one person said that some staff were less caring than others. They told us, "You can tell if they actually care or not, most of them are happy to be here".

Staff told us, "Its 100% about each individual, we push for independence".

Peoples' dignity was respected by staff. For example, during the inspection we noted staff closed people's bedroom door when they were supporting them and respected people's privacy. One person confirmed staff always knocked at their bedroom door before they went in.

People appeared happy and contented. They freely approached staff to chat or ask for assistance. People were happy spending time with staff and we saw examples of different types of communication that made sure staff had understood what people wanted or needed.

Information about advocacy services was available to people and staff told us about people who had been supported by an advocate to make important decisions about their lives.

People lived in mainly shared flats. These were homely and reflected the different interests and personalities of the people who lived there. People told us they liked their bedrooms and we saw peoples bedrooms were highly personalised and decorated to their taste. One person told us about how they had chosen their décor and furniture and said, "I have got a big room". Another person told us how they enjoyed music. Their bedroom had lots of musical instruments. Another liked their room and said, "I have got a new TV and disco lights, I like watching TV and playing music".

People's care plans helped staff to support them in an individualised way. For example, one person's plan told staff about their personality and how they wanted to be supported. It provided staff with cues about the individual's communication including key words that meant the person wanted to talk about a particular topic or memory.

People and their relatives were given support when making decisions about their preferences for end of life care. Some staff had received training in supporting people to consider their end of life wishes. We looked one person's plan. This had been written by staff and the individual's family and was extremely person centred. It included where the person would like to be cared for and what was important to them including their favourite hymns.

Good

Is the service responsive?

Our findings

People told us that staff responded to their requests for help or support quickly.

People's needs were assessed before they moved into the service. This enabled staff to be sure they had the right knowledge and skills to meet their individual needs.

From these assessments detailed care plans were developed. They were person centred and covered all aspects of support the individual required. They included important aspects of people's lives, for example their preferred daily routine and all aspects of their daily living support needs. One person's plan for personal care included their favourite soap, clothes including colours they liked and what type of shoes they wanted to wear. This meant staff were better able to assist people in the way they wanted and that would make them feel happy. Staff were also provided with guidance on people's medical conditions, for example epilepsy including the signs of a seizure and what action to take in the event of an emergency.

Staff and people had monthly reviews and care plans were updated with any changes. These reviews enabled staff to evaluate the support people had received and check people were happy with their care and support. Records showed that staff acted on the reviews by making changes to peoples' support.

Staff were also supported by a summary care plan. This was a shorter document that provided staff with guidance on how they needed to support the person, for example how the individual mobilised or communicated and their likes and dislikes. We saw these accurately reflected people's needs. This was an effective method of ensuring staff quickly and fully understood how an individual wanted or needed to be supported.

Each flat had a key task list which ensured staff knew everything that needed to be for the smooth running of people's homes on a daily basis. Other records such as daily records provided staff with information about how the person was, their meals, personal care support and activities.

The service had a complaints policy and procedure and concerns and complaints were shared with staff. For example, the senior care staff meetings had an agenda item to discuss complaints and their outcome. People's care plans also explored what support they would need to make a complaint. However, the complaints file did not show that all complaints had been investigated thoroughly. Some complaints had an outcome but no record of an investigation, one complaint outcome was that it had not been substantiated when the investigation showed that it had. Other complaints showed a brief summary of the concern but had no record of an investigation.
We recommend that the service seek advice and guidance from a reputable source, about the management of and learning from complaints.

Requires Improvement

Is the service well-led?

Our findings

People's experience of care was monitored through their monthly review meetings and people told us they mostly felt listened to. People also had house meetings where they were able to discuss a range of topics which included the environment, meals, activities and staff. People were able to contribute to the meeting agenda so they could be sure their ideas or concerns would be discussed. More formal review meetings were used to improve services people received. For example we were able to see a detailed plan of purchasing activity equipment for one individual that had commenced as a result of the review discussion. This showed that care staff were attempting to provide a person centred, responsive service for people.

However, relatives had completed quality assurance questionnaires. These contained mostly positive feedback about the quality of care, but also showed that half the respondents did not feel that staff kept them informed. These questionnaires had not been analysed and the concerns had not been recognised or acted on.

In addition, whilst staff felt listened to and supported by senior care workers, a significant number did not feel they had received appropriate management support.

The manager had not notified CQC about one significant event which we identified during the inspection. We use this information to monitor the service and ensure they responded appropriately to keep people safe.

The service worked in partnership with the local community learning disability team and the housing association. Some communication between the organisations was effective. For example, there was a link social worker to enable effective joint working. Staff were also situated in the same building as housing association staff and so could easily share information. However, some aspects of this joint working arrangement were not effective in terms of outcomes for people using the services.

Some quality assurance systems were in place to monitor the quality of service being delivered and the running of the home. For example, senior managers had audited people's care records, recruitment and staff supervision and appraisals, however, overall the provider did not have effective systems in place to monitor the quality of care and support that people received. For example, accident and incident analysis had not identified that one person had experienced a serious incident which meant that it had not been responded to appropriately. In addition, complaints made about the service had not been investigated or responded to robustly. This meant that the provider's quality assurance and governance systems did not enable them to identify trends or enable learning to reduce the risk that adverse situations could reoccur.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the provider did not have effective governance systems in place to ensure people received a safe, effective, caring, responsive and well-led service.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have effective governance systems in place to ensure people received a safe, effective, caring, responsive and well-led service.