Shaw Support Services Limited

West Midlands Branch

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 took place on 2 February 2016 and was announced.
Shaw Support Service Ltd provides support for people living in their own supported living accommodation. There were 17 people receiving a service for which CQC registration was required at the time of the inspection.

A registered manager was in post 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 who used this service were helped to stay safe as the provider, registered manager and support staff had a clear understanding of risks and how to manage them effectively. There were sufficient staff employed to meet the needs of the people they support, enabling them to enjoy activities of their choice. The provider had procedures in place to ensure people received their medicines as prescribed and to effectively and safely meet their health needs.

Staff had been recruited following appropriate checks on their suitability to support people in their own homes and the community. People felt the support staff knew them well and respected their preferences. Before supporting people staff asked people's consent, but were aware of what procedures to follow if a person didn't have the mental capacity to make all of their own decisions.

People were happy staff supported them to maintain their independence. Staff made sure people were able to make choices about the care and support they received.

People were assisted by staff to stay healthy and access health and social care services as required. Staff understood the best ways to communicate with people, using a variety of communication aids.

Staff understood people's assessed needs and responded appropriately when they changed. People's interests and preferences were documented, staff encouraged people to pursue activities they enjoyed.

The provider actively sought people's opinions about the quality of the service they received through satisfaction questionnaires and workshops.

Leadership of the service at all levels was open and transparent and supported a positive culture committed to supporting and enabling people with learning disabilities. Staff felt supported by senior management and involved in the development of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

This service was safe
People felt safe with the support staff, who knew how to keep them safe in their own home and out in the community.
People were confident that support staff knew and managed risks for their safety and wellbeing.
People were happy with how staff supported them with their medicines

Is the service effective?

Good

This service was effective.
People were supported by staff who were well trained and supported.
Staff had a good understanding of their responsibilities when people did not have the capacity to make decisions; the correct process was followed to ensure decisions were taken in people's best interests.
People were supported to access different health professionals as required

Is the service caring?

Good

This service was caring.
People liked the staff who supported them and had developed good working relationships with them.
Staff respected people's independence and dignity when supporting them.
People were involved in their care planning and made aware of the options available to them.

Is the service responsive?

Good

This service is responsive.
People felt staff responded to their needs. Staff identified people's changing needs and involved other professionals when required.
People knew who to talk to if they had any concerns or complaints; they felt they would receive a prompt response.
People were supported to access fun and interesting things to do of their choice.

Is the service well-led?

Good

This service is well-led.
People and support staff felt they could approach the registered manager to resolve any concerns
People and support staff spoke positively about the team and the leadership.
The service was monitored and developed through detailed quality audits.

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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 took place on 2 February 2016 and was announced. The provider was given 48 hours' notice because the location provides homecare services and we needed to be sure that someone would be in. One inspector carried out this inspection.

We reviewed the information we held about the service and looked at the notifications they had sent us. A notification is information about important events which the provider is required to send us by law. The registered manager had notified us the service had made changed to their registration.
We spoke with three people who used the service and one relative by telephone on the day of the inspection. We spoke with the Registered manager, the Care Co-ordinator and two care staff.

We looked at three support records, three recruitment files, staff training records and customer feedback surveys. We also looked at the service quality assurance audits the registered manager and senior staff had completed to monitor the quality of the service they provided.

Good

Is the service safe?

Our findings

All the people we spoke with told us staff looked after them in a safe way. One person told us how they, "Felt safe by staff's presence in their home". Another person told us, "They [staff] help me stay safe." A relative told us how impressed they had been with the service because they had taught their relative about potential dangers, including, "Fire drills and stranger danger" in a way they could understand, which had helped their relative take, "Responsibility for their own safety."

The registered manager had a clear understanding of their responsibilities to identify and report potential abuse under local safeguarding procedures. The training information for all staff working for the provider showed safeguarding formed part of their required and ongoing training. Staff were able to describe the actions they would take if they thought someone they supported was at risk of being abused. One staff member told us, "I would go straight to my manager, if they didn't take action, (I'm confident she would), then I'd report it to the local authority safeguarding or CQC".

People spoken with said support staff discussed all aspects of their care with them including any identified risks to their safety and welfare such as cooking their meals. Staff provided examples of how they managed risks to people's health and welfare in a way which supported people's freedom and enabled them to maintain control over their lives. For example, one person told us how due to their specific health requirements, staff helped them plan and cook meals to help them stay healthy. Staff told us how they would report any concerns or changes in people's physical or mental health to senior colleagues or health professionals to promote people's safety.

Staff told us how they supported people who may have behaviour that challenged and mental health needs. Staff told us how they used their knowledge and understanding of people's facial expressions and gestures to recognise signs a person may become anxious or unhappy. They told us people's risk assessment were in people's support files. These gave staff information they needed to consider so they would be able to help people stay safe. For example, one person felt anxious when they were in a particular shop. Staff knew this retail outlet was to be avoided, so the person's anxiety was not unnecessarily increased.

We saw the provider's records of the checks they made to ensure staff were suitable to deliver care and support before they started working at the service. The provider checked with staff's previous employers for two references and with the Disclosure and Barring Service (DBS). The DBS is a national agency that keeps records of criminal convictions. The staff records we looked at showed the results of these checks, which helped the provider to make sure suitable people were employed so that people were not placed at risk. People and staff told us they felt there were enough staff employed to meet their needs. The registered manager told us they used a dependency tool to decide the staffing requirements needed to support each individual person. This tool enabled the manager to make sure there were enough staff to provide care calls to people in their own homes.

Some people we spoke with told us they needed support from staff when taking their medicines. We saw people's support plans guided staff while they supported people with their medicines. This included

medicines which some people needed at certain times to meet their mental health and emotional needs. Staff understood when to give these medicines so people had their medicines as prescribed. Staff told us they had been given training to support people in taking their medicines, which included a competency check to ensure they were competent. They were able to explain the procedure they would follow if they found a medicine error. Staff told us medicines were checked weekly and any problems reported to the care coordinator and the registered manager, so action could be taken to help prevent it happening again.

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Good

Is the service effective?

Our findings

People were cared for by staff who had the right skills and training to care for them effectively. All of the people we spoke with said staff knew how to care for them. One person told us, "The staff are very good." Another person said, "Staff know me well – they know when I am not right and help me."

The registered manager tried to match staff skills to meet the needs of people. Staff told us they felt they had the right training to enable them to effectively support people. They described how they had received specific training which was suited to each individual person's requirements. We were told one person required staff to have a good knowledge of helping someone who has diabetes, so had been trained accordingly, to ensure the person received the correct care and support.

We asked staff about the training they had received since starting their employment. One staff member told us they had attended the provider's corporate training, and then completed a local induction training programme. In addition to this training they had received specialist mental health awareness and behaviour that challenged training to support them in their new role. Staff told us they felt well prepared before they started to work on their own with people, so they could support people safely and effectively in their own homes.

Staff told us they were able to obtain support either through regular one to one meetings, staff meetings. They could contact the care coordinator or registered manager immediately if they had any concerns for people. One member of staff told us, "It doesn't matter what time of day it is, the registered manager will always help and give advice if we are concerned for anyone. She always listens."
All the staff we spoke with had a good understanding and worked in the principles of the Mental Capacity Act 2005 (MCA). The MCA sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including when balancing autonomy and protection in relation to consent or refusal of care or treatment. This includes decisions about depriving people of their liberty so that they get the care and treatment they need where there is no less restrictive way of achieving this. Applications to deprive someone of their liberty for this service must be made through the court of protection.
People told us they had been asked to consent to their care. All the people told us they had been central in deciding what care they wanted and the way they preferred this to be delivered. People were given choices and the staff worked flexibly to accommodate their requests. For example, one person told us staff asked them what help they would like with their dietary needs, which varied according to their mental health and well-being. Staff were asked to gently encourage people to eat, but they had to respect their decision if they refused.
People told us staff supported them with making sure they had enough to eat and drink. One person told us staff were sensitive to the fact they were vegetarian, so helped them plan weekly menus accordingly. Staff knew they had to consider other health factors such as diabetes in order to keep people safe and well. Staff explained they were told by the registered manager to respect and encourage people's independence when choosing and helping people to cook their meals. One person told us they, "Enjoyed cooking with staff and without them I would starve."

We saw from the care records people had a health action plan, which recorded any health requirements and when people had visited health professionals. These records were written in easy read format, so people understood the contents and any advice from health professionals they should follow. Staff told us they often supported people to access health appointments such as opticians, doctors or dentists. We were given examples of due to staff support one person had developed the confidence to make and attend their own GP appointments.

Good

Is the service caring?

Our findings

People told us they received care and support from staff who understood their individual needs. One person told us, "Staff work very hard, to help me." A relative told us they felt, "[Person's name] was very happy and well supported."

Staff we spoke with had a good understanding of people's preferences, routines and support needs. They were mindful people still had choice and control over the care and support they received on a daily basis. People told us staff supported them to pursue interests and activities of their own choice. Staff rotas had a degree of flexibility to accommodate people's choices. For example, staff told us how they were going to work extra hours to take someone on holiday.
There was a detailed assessment of people's needs which formed their support plan. This included people's preferences and routines which had been compiled with the person and their family. We saw the wellbeing of each person was documented in daily records, enabling staff to support and monitor people's mental health. These recorded the person's activities, support with people's behaviours and communication and provided an overall picture of the person's wellbeing. We saw when people needed care and treatment from other professionals the management team and staff supported the person with any advice and actions they needed to implement in their daily lives. For example, where people's mental health wellbeing had deteriorated advice from their community nurse was sought. This supported our observations that staff were responsive to people's needs.

We saw people were asked to share their views and feedback about the quality of the care and support they received through satisfaction questionnaires. These had been analysed and action taken to improve people's experience of the service provided. We were shown detailed evidence from the providers quality assurance department, from which improvement plans had been drawn up. However, the registered manager had identified a fault with the existing questionnaire because she felt it may have misled people about how they managed their finances. She felt they needed to ask people whether they were independently managing their monies, as previous results were misleading, because staff didn't look after people's finances. All the results we saw were overwhelmingly positive; as a result staff had received a financial reward from the provider.

All the people we spoke with told us if they wanted to raise complaints they knew who to speak with. There were arrangements for recording complaints and any actions taken. We saw where complaints had been made they had been responded to. We also saw people were happy and felt comfortable to share any concerns they had with the registered manager during everyday conversations. For example when one person had decided they wanted particular members of staff to support them this was accommodated. All complaints and questionnaires were sent out to people in an easy read format so they could understand.

Good

Is the service responsive?

Our findings

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Good

Is the service well-led?

Our findings

People who used the service and family members told us they liked the registered manager who was approachable and available if they needed to speak with them. One person told us, "[Registered manager's name] was very nice and knew them well." A relative told us how impressed she was with the registered manager and the staff and how they supported their family member.

We saw there was a clear management structure and out of hours cover to support people and staff on a daily basis. People told us they could contact the registered manager directly if they had a problem on a daily basis. For example during the inspection we saw the registered manager take a call from someone who uses the service. It was nothing urgent but the registered manager explained how the person liked to talk to them daily and it was important to them they had the opportunity to tell them about their day. Relatives told us they could speak to the registered manager to discuss any issues.

Staff told us they felt much supported by the registered manager, both professionally and personally. One member of staff told us, "I love my job; I wouldn't change a thing about the way the service is run. We work as a good team. [Registered manager's name] is brilliant; they listen to us and always do the best for people we support."

The area manager and registered manager listened to what people felt about the service they received in their homes and what they thought could be better. Both the area manager and registered manager were keen to provide people using the service an opportunity to influence and shape the way services were delivered. For example, we saw and heard from people that they had individual meetings with the support staff and the registered manager. They were asked to share their views about the quality of the support provided. The registered manager told us the area manager thought it was important for them to have face to face contact with the people who used the service to gain direct quality feedback from them. One person gave us the example how the area manager had helped them return some faulty goods to a shop because they were nervous about going alone.

The registered manager was supported by the provider's quality assurance department to continually monitor the running of the service. We saw quality audits included all aspects of people's care and support including medication checks and home environment checks to ensure people were supported to stay safe and well. For example where someone's home required decorating this had been identified and actioned.

There was a culture of support staff reporting incidents and concerns, ensuring the provider could identify and respond to risks to the safety and welfare of both people and support staff. Where there had been incidents we found that learning had taken place and actions taken to reduce the risk of similar events .For example, the registered manager had taken immediate steps when they thought a member of staff was thought to be at risk, when supporting an individual. This helped both the staff member and the person they were supporting become less anxious.

We asked the registered manager about their vision for the future. They told us they were always looking to

improve the service and outcomes for people. They were looking forward to the new expansion and development of the service to help more people.