

The Lady Verdin Trust Limited

The Lady Verdin Trust - Daily Options

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 comprehensive inspection was announced and took place on 28 March 2018 with a second announced visit on 4 May 2018. Additional telephone calls and visits to people using the service took place in between those dates. The inspection was carried out by one adult social care inspector.

Daily Options is part of the Lady Verdin Trust and is registered to provide personal care to people living in their own home, with their family or in other residential accommodation such as a care home. The office is located in the centre of Crewe. Plans were on-going plans for the service to merge with another provider, Choice Support.

Not everyone using Daily Options received regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. Of the 62 people receiving support from Daily options at the time of the inspection, only seven were receiving 'personal care'. Because of this we focussed our inspection on people who received personal care.

At the last inspection we rated the service as good and, at this inspection we found the service remained Good. This report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The service had a registered manager. A registered manager is a person who has registered with the CQC 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.

The service maintained effective systems to safeguard people from abuse and individual risk was fully assessed and reviewed. People were supported by enough staff to meet their needs and in a caring and compassionate way. People's dignity, privacy, human rights and right to be as independent as they could be were maintained. When required, people were assisted with their medicines safely.

We saw evidence that the service learned from accidents and/or incidents and that steps were taken to prevent them happening again.

Staff had the training and skills needed to meet people's needs and were supported by a management team in order to complete their role effectively.

People had care and support plans that were personal to them and reflected their individual needs and preferences. Staff knew people's support needs well and assisted them in the manner they preferred. The provider had systems in place to enable people and their relatives or representatives to give their views. These included a system for recording and responding to complaints, meetings, regular contact, review and

a service questionnaire.

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.

We saw that the service was working within the principles of the MCA and that information within care records, observations and staff knowledge supported this. The registered manager had identified that documentation to record assessment of a person's mental capacity, recording of best interest decision making and consent needed to be improved and was working with the provider to source new documentation.

Staff spoke positively about the provider and management of the service including the approachability of senior staff.

Daily Options worked effectively with other agencies including other care providers involved in people's care, social workers and supported people to attend appointments to health care services as and when needed.

Quality assurance systems were in place. A variety of audits were carried out and used to drive improvement.

Further information can be found in the detailed findings included in the full report of this inspection.

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 remains good.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service remains good.

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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 comprehensive inspection was announced and took place on 28 March 2018. A second announced visit took place on 4 May 2018. Additional telephone calls were made to staff and relatives of people using the service on 29 March 2018 and visits to people using the service and staff on 6 and 9 April 2018. We gave the service 48 hours' notice of the initial inspection visit and pre-arranged times for telephone calls and visits. The inspection was carried out by one adult social care inspector.

Prior to the inspection we checked the information we held about Lady Verdin Trust Daily Options. We looked at any notifications received and reviewed any other information we held. We also contacted Cheshire East Council about their knowledge of the service.

During the inspection we visited two people who were receiving regulated services from the provider, spoke with two relatives, the registered manager, area manager, service manager and 5 support staff. We looked at records relating to the operation of the service which included 4 service user files, complaints, incidents, medicines, 2 staff files and records relating to the provider's quality assurance systems.

Is the service safe?

Our findings

We visited two people who used the service. Due to their communication needs we were not able to seek detailed views about the service however we saw that staff were attentive and that people were comfortable and relaxed in their company. One of the people we visited told us that they were happy when [Name] was with them. Relatives we spoke with told us that they felt the care their family member received was safe. Comments included "Yes, staff know (Name) very well" and "I have to have that trust."

Before accepting additional referrals risk and staffing levels were considered in order to ensure that the service could provide additional support safely. There were sufficient numbers of staff, appropriately deployed to ensure people's needs were met and to keep people safe.

At our last inspection we were told that the service was actively trying to recruit more staff. One relative we spoke with said that they had not always been able to have additional support when it was required and were hoping that the service would grow in line with their relative's increased support needs. During this inspection the registered manager explained that they were now slightly overstaffed and were building bank staff to support flexibility.

Policies in relation to safeguarding and whistle-blowing were in place and staff demonstrated a good awareness of safeguarding procedures and who they would inform if they witnessed or had an allegation of abuse reported to them. This included who they would report to both within and outside of the service.

Accidents and incidents had been recorded and were seen by the registered manager. Staff were aware of the reporting procedures. We saw that, where required, investigations had been carried out to establish if lessons could be learnt to stop it happening again. For example, following one incident which occurred during a car journey, we saw that additional safeguards were implemented.

Systems were in place to identify and reduce the risks to people using the service. These documents were individualised and provided staff with clear information about the risk and the support people needed to manage these and we saw that they were regularly reviewed. Staff understood the support people needed to promote their independence and yet minimise risks. For example, we were told that one person was keen to take part in a parachute jump and was supported to try an indoor sky jump as a trial. This enabled their abilities to be assessed and allowed them to make an informed decision whether to proceed with the jump.

The provider had a business continuity plan in place to cover emergency situations so that people would continue to receive safe and effective care.

There was a policy and procedure in place to ensure that, when the service supported people with medicines, safe procedures were followed. We saw that staff received training, competency was monitored and that appropriate documentation was in place when required.

We reviewed recruitment practices and found them to be safe. Records included application forms,

interview records, references, identification and Disclosure and Barring Service (DBS) checks. DBS checks are used by employers to establish if recruits have a criminal record or are barred from working with vulnerable adults or children. This helps employers to make safer recruitment choices.

Is the service effective?

Our findings

A relative we spoke with told us that staff were relaxed with their family member and did not appear rushed.

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.

We checked whether the service was working within the principles of the MCA and found that policies and procedures were in place to provide guidance for staff. We found that staff were knowledgeable in this area and considered people's mental capacity and best interests when providing support, in addition there was evidence of this within the care files reviewed.

However, we found that records with regard to documenting assessment of people's mental capacity and decisions made in their best interests about support provided by Daily Options needed to be improved. The registered manager advised that they had already identified this and were working with the provider to source new documentation.

New staff completed a general induction when they commenced employment. Prior to staff working with a person using the service an induction was carried out which was tailored to the individual to be supported. The registered manager informed us that staff were 'matched' with individuals with regard to experience, interests etc. to promote positive relationships. There was an established process for regular supervision and annual appraisal. Staff told us that these sessions gave a "Good chance if you have anything to say." Regular team meetings took place which staff told us were "Great."

We saw that staff had access to regular training including with regard to people's specific needs such as epilepsy and certain medicines. Staff told us that training was also provided with regard to equality, diversity and people's human rights and gave examples of how they used this in their practice. For example, we were told how one person who used a wheelchair was supported to join in at a dance and how another person was fully supported to express their gender identity. One staff member was very clear that they must not "Stereotype."

If required, Daily Options staff supported people to appointments with healthcare professionals such as GPs etc. and such visits would be recorded in the person's care records.

Is the service caring?

Our findings

We found that the support provided by the service was still person centred and caring. Staff spoken with said they thought people felt cared about, that they put "The person at the centre of care" and that it was "All about that person." A relative we spoke with said "I can't fault them (Staff)". One person told us that they were happy when (Staff name) was with them.

When we visited people we observed staff's approach to be attentive, caring and that they were intuitive of people's needs. They spoke with people in a kind and respectful way and showed regard to people's dignity and privacy.

We found that people, or where appropriate the person's family or representative, were involved and informed about the support provided by Daily Options and that regular reviews took place. A communication book was also used which was available for Daily Options staff and other care givers supporting the person so that all involved were aware of care and activities that had taken place.

Staff were clear about the need to support people's rights and needs regarding equality and diversity. We were told how a person was supported to express their gender identity in a sensitive and compassionate way.

People were supported to be as independent as they could be and, where appropriate to use the services of an advocate.

Is the service responsive?

Our findings

One relative we spoke with told us that they were "Very pleased with the care provided" and that staff "Know my (Relative) very well." Staff comments included "It's all about (Name)"; "We make goals plan ahead, it is very outcome focussed" and that "Staff go out of their way to make the experience of each person individual and unique."

We saw that the support remained responsive. During the two visits to people that we carried out we saw that staff were responsive to people's needs including non-verbal communication signs. At one visit we were greeted at the door by the staff member and person using the service. This ensured that they were aware of who was entering their home and were given the opportunity to express if they did not want the inspector to enter. During the other visit the staff member introduced the inspector and made sure that the person wanted to speak with them. During both visits we could see that people were clearly at ease in the staff member's company, that staff knew the people well and were responsive to their needs.

People's support was person-centred and individual to their preferences. The registered manager explained that initially staff were "matched" with people using services in line with skills and interests to promote effective relationships. However people, or their representatives where appropriate, were able to request a change should they feel the relationship was not working. We saw that consideration was given to who would support the person in the event of staff sickness or leave and all staff received an induction specific to the needs of the people they supported.

We saw that people's choices were respected and supported, for example, day to day activities and specific wishes such as the parachute jump noted in the Safe section of this report.

We saw evidence that each person had an individualised support plan which included clear outcomes, wishes and aspirations. Details of activities that respected people's preferences were recorded. For example, one person's noted "(Name) really enjoys walking through the trees and likes staff to interact with her whilst out walking, smelling flowers, walking through leaves, light and reflection, anything sensory on the way" and in another "Would like to be supported by female staff who are not too young."

People's 'Talents' were recorded for example "Non-verbal but communicates well with her body language" as were prompts which were responsive to the individual's needs such as placing a towel over their knee to remind them that they were on the toilet.

There was a policy and procedure in place to record and respond to complaints. We saw that information was also available in pictorial format. The last recorded complaint was received in July 2017 and we saw that this had been responded to appropriately.

Is the service well-led?

Our findings

There was a management structure in place to support the operation of the service which included a registered manager. The registered manager was aware of the day to day culture of the service and of events and incidents that they were required to report to the Care Quality Commission. A service manager was responsible for the day to day organisation of staff schedules and the service was overseen by an area manager and regional quality team.

Staff spoke positively about the management of the service and the approachability of senior staff. Comments included; "Could go to (Name) with anything" and "Constantly there to support." Staff and managers spoke with clarity and enthusiasm about their roles and demonstrated a positive and transparent approach when questions were raised during the inspection.

When asked about the visions and values of the service staff were clear it was about the people they supported. Comments included "Make life more interesting, providing a service people want and need"; "To work with a person centred approach to achieve goals and good quality of life."

We saw that regular meetings took place for example staff, family and carers. People, family and carers were able to express their views with regular contact as well as support reviews and questionnaires distributed by the service which were also available in pictorial format. Responses to the questionnaires distributed in 2017 were mostly positive and we saw that improvement to issues raised in early 2017 was noted in responses received later that year. For example "Staffing improved greatly."

Systems were in place which continuously assessed and monitored the quality of the service. These included managing complaints and accidents and incidents. The documentation showed that management took steps to learn from such events and put measures in place which meant they were less likely to happen again. Records reviewed during the inspection were clear, detailed and well organised.

We saw that Daily Options worked effectively with other agencies including other care providers involved in people's care, social workers and supported people to attend appointments to health care services as and when needed.