

Harrow Mencap

Community Solutions (part of Harrow Mencap)

Inspection report

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Date of inspection visit:
13 July 2017

Date of publication:
09 August 2017

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

Community Solutions (part of Harrow Mencap) is a domiciliary care service which provides 24-hour respite support and personal care to people with learning disabilities living in their own home. The service runs also summer holiday activity scheme, day services and befriending service. On the day of our inspection Community Solutions (part of Harrow Mencap) provided care and support to five people.

At the last inspection on 4 June 2015, the service was rated Good.

At this inspection we found the service remained Good.

People were protected from harm and abuse and care workers demonstrated understanding of how to recognise different forms of abuse and how to report these. Risks in relation to treatment and care provided were assessed and robust risk management plans ensured that identified risks were minimised. The provider followed safe recruitment practices and sufficient staff were deployed to ensure people's needs had been met. Where people received support in taking their medicines appropriate procedures were in place and followed.

Care workers had access to a wide range of mandatory and specialist training and received appropriate support to carry out their duties. People had been supported to have maximum choice and control of their lives and staff did support them in the least restrictive way possible. The policies and systems in the service supported this practice. Where people received support at meal times this was clearly documented to ensure people's choices and needs had been met.

The service ensured that a stable base of care workers provided support to people, which ensured consistency and professional relationships were maintained. People were consulted in all aspects of their care.

Care plans were of good standard and reflected people's needs as well as people's wishes how they required their care to be carried out. People told us they were confident to raise concerns with the agency and felt that they were listened to.

People who used the service and care workers told us that Community Solutions (part of Harrow Mencap) had been well managed. They told us that the manager and registered manager were accessible, listened to their suggestions and provided support as and when needed. Care workers told us that team work was strength of the agency and staff were able to rely on each other.

Further information is in the detailed findings below.

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 checked 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 took place on 13 July 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection was carried out by one inspector.

Before our inspection we reviewed the information that we held about the service. This included notifications and other information that we had received from the service and the Provider Information Return (PIR). This is a form that asks the provider to give key information about the service, what the service does well, and the improvements that they plan to make.

We reviewed records held by the service that included the care records for five people using the service and five staff records, along with records relating to management of the service. We spoke with the registered manager, the agency's care manager, one office care administrator and three care workers. We also spoke with one person who used the service and one family member.

Is the service safe?

Our findings

We asked people if they were safe with their care workers. One person who used the service told us, "I trust the carers, they are good and I feel safe". One relative told us, "The carers are very good and make sure me relative is safe and well looked after."

Staff told us that they would talk to the registered manager or the agency care manager if they would notice anything unusual with a person they supported. One care worker told us, "If one of my clients had a bruise or told me something of concern, I would write it down and call the office, I am confident that they will sort it out." All care workers had received safeguarding adults' and safeguarding children training during their induction and regular refreshers were arranged on an annual basis.

Care records we viewed had a detailed risk matrix. Risks were graded from very low to very high and all risks had an easy to follow risk management plan attached, which provided care workers with the information of how best to manage identified risks. All risk management plans had also a section which provided guidance and information of "What was positive about taking the risk". This showed that the service was risk aware but not risk averse and supported people to take risks as long as they were measured and calculated.

The staffing rotas that we viewed showed there were sufficient staffing deployed to support people's needs. People who used the service told us they valued having regular staff visiting them. One relative told us, "[Relatives name] enjoys having the same person helping her and so do we."

We looked at five staff files. The provider followed safe recruitment practices and records included copies of identification documents, evidence of eligibility to work in the UK, two written references, application forms and criminal record checks.

Some people received support in taking their medicines. Medicines administration records (MARs) were of good standard and had no gaps. People who required support in the administration of medicines had a detailed risk assessment in place and care workers were able to tell us where medicines were stored and how they would ensure that they administered medicines safely. Care workers responsible for the administration of medicines had received medicines administration training. The agency's care manager told us that they were in the process of introducing a quarterly competency based assessment for care workers involved in the administration of medicines.

Is the service effective?

Our findings

One relative told us, "They are well trained; they definitely know what they are doing." During the last satisfaction questionnaire completed in September 2016 a relative made the following comment, "The staff are brilliant and clearly knowledgeable about how to meet their needs". One care worker told us when we asked them about training and support, "Training is easy to access and flexible, I have recently done safeguarding adults, food hygiene and manual handling training. It really helps to have the training and understand better of what I do."

We viewed the training matrix and it was evident that staff received a wide range of training such as first aid, manual handling and safeguarding adults. The provider also supported staff to develop their career, by helping staff to complete specific qualifications in health and social care and encouraged them to develop into more senior roles by providing specific leadership and management programmes. The provider was recently awarded the silver Investors in People award. 'Investors in People (IIP) are a recognition that an organisation looks to improve performance and realise objectives through the management and development of its people.' Care workers told us that they had received regular supervisions and appraisals, staff records we viewed 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. We asked care workers to give us examples in how they enable people to make decisions on their own. One care worker told us, "I support and the people lead the support." Another care worker told us, "I would never do anything without asking the person first if it is ok." This meant people who used the service were able to be supported in the least restrictive way and were supported in making their own decisions.

We saw in two care plans that people received support with cooking their meals and shopping for ingredients. The care plans of both people were detailed and provided information of people's likes and dislikes. Where people required support to eat a healthy diet or had dietary advice due to chronic illnesses, this was clearly recorded and care workers were able to tell us of what to look out for. One care worker told us, "[Persons name] is overweight and we follow the guidelines provided by the dietician and make sure we provide a healthy diet."

Care plans contained information about people's health needs and how these should be supported by staff, along with contact information for health professionals. Where care workers had made contact with professionals, such as the person's GP or community nurse, this was recorded in their daily care notes.

Is the service caring?

Our findings

People who used the service told us, "The staff is good, I have a particularly good relationship with [person's name], and she is very kind and caring." Comments made by people who used the service and their relatives in the satisfaction questionnaire included, "The service is outstanding and I feel [person's name] is very lucky to be able to access it." Another comment made stated, "Good very friendly and accommodating and listening to what I feel."

Care workers talked positively about the people who used the service and indicated that they understood their needs. They told us that they worked on a regular basis with people and that this helped them to know what their needs were. One care worker said, "It really helps that the same team of staff support [person's name], this makes it easier for all of us and we know what [person's name] needs, a lot goes without saying."

The agency care manager told us that all new staff had been introduced to the person first to "see if they get on with each other". New staff had done a number of shadowing shifts together with a more experienced colleague to ensure that they knew how to meet people's needs. Care records viewed confirmed that this happened. The manager and care workers told us that people were usually supported by regular care staff, to maintain and build good caring relationships. The staffing rotas that we viewed confirmed that people were supported by regular care staff. People told us that they received care and support from the same staff and were always informed if this changed.

Staff had received training in equality and diversity and we discussed with care workers how they would use their training in their everyday work. One care worker told us, "I would always take my shoes off in [service user name] flat; this is to respect her religion." Another care worker told us, "It is important for [person's name] that we go regularly to the temple." We saw in one person's care folder that the family asked to provide staff which spoke the same language. Rotas showed that the some staff was provided who spoke the person's language and the agency's manager told us that they were looking to recruit more staff.

Information about supporting people with dignity and respect was included in their care plans. One relative told us, "They always listen to what [person's name] says and respect theirs and our wishes." Care workers described to us how they supported people's dignity and privacy. One care worker told us, "I will always ask and explain of what I am about to do even if I know the person well. They may change their mind, which we all do at times."

One relative said, "The office keeps in touch, they contact us regularly and ask us if we are still happy with the support."

Is the service responsive?

Our findings

One person using the service said, "Support meets all my needs at the moment." One relative told us, "My relative gets the support she needs and the carer understands her well."

We looked at the care plans for five people. All care plans were based on an assessment of need which was person centred. People and their relatives were involved in the assessment process and were consulted to express their needs and interests and how they wished to be supported. The assessments formed the basis of each care plan that contained detailed information about people's care needs such as mental and physical health needs, their behaviours, mobility and also information of what people were able to do independently. Each assessed need contained clear guidance for staff about how support should be provided and we saw that this guidance included information about maintaining people's independence and ability to undertake parts of their care independently.

All information within the care plans was specific to each person. The care plans were regularly reviewed, and we saw that, where a people's needs had changed their plans had been immediately updated to reflect this. For example, we saw in one care plan that the dietician recommended for the person to have more exercise and the care plan had been updated in accordance to the recommendation. Care workers also confirmed that they encouraged the person to walk more to help the person to reduce their weight.

We viewed daily care notes for the month of June 2017 and we saw that these contained information about care delivered, along with details about the person's response to this and any concerns that care staff had. They also showed where concerns had been reported. Staff members completing the care notes had also recorded how support had been offered, and the activities that they had supported people to participate in.

The provider told us in the PIR that they had received eight complaints in the past twelve months. We viewed complaints records and saw that complaints had been addressed quickly and to people's satisfaction. People who used the service told us that they had no complaints and a relative said, "If anything is wrong I will call the office."

Is the service well-led?

Our findings

People who sued the service were very positive about the agency care manager and all office staff. One person told us, "I find it easy to talk to them" and a relative said "[Managers name] is very good she always responds to my calls." Care workers were similarly positive about the management of the agency. They said, "[Managers name] is excellent I can talk to her about everything and there is always somebody available even out of hours."

The agency had a registered manager. 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.

The agency's care manager was responsible for the day to day running of the agency. The registered manager told us that Community Solutions (part of Harrow Mencap) was planning to register the agency care manager with the Care Quality Commission, he told us, "She is doing most of the work anyways and knows any agency related issues better than I do, so this would make sense." The agency care manager was supported by a team of care administrators, with the plan of appointing a deputy manager in the future. The care administrator we spoke with demonstrated that they were knowledgeable about people's needs. One care administrator said, "I have worked for Community Solutions (part of Harrow Mencap) a long time and I will cover care calls where staff are absent. This helps us to do our jobs well."

The care workers we spoke with told us they received support from the management team in order to help them in their roles. One care worker told us, "I have no problem speaking to the manager; she always listens and will help." We saw that regular care workers meetings had taken place where staff were able to discuss issues in relation to their roles in supporting people.

We saw that the agency had a range of quality assurance processes in place. These included external monitoring by senior management, as well as internal quality assurance processes to ensure day to day processes were monitored. These included regular care plan reviews, spot checks to people's homes as well as regular telephone monitoring. We saw that during the last audit an action plan was provided to the agency's care manager and we saw that work was on-going to meet the recommendations and improve the quality of service provided to people who used the service.

The service regularly sought information from people regarding their views of the service. We saw that feedback from people indicated high levels of satisfaction. Where they had raised concerns, this was recorded and actions to address these had been identified and met.