Central Bedfordshire Council

Walkers Close

Inspection report

Domiciliary Care Agency
3-6 Walkers Close
Shefford
Bedfordshire
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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 12 February 2016 and was unannounced. When we last inspected the service in September 2013 we found that the provider was meeting the legal requirements in the areas that we looked at.

Walkers Close provides personal care and support to six people with a learning disability within a supported living scheme. The scheme consists of four flats and an office base in a single building within a housing estate in Shefford, Bedfordshire.

The service has 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.

People were safe and the provider had effective systems in place to protect them from harm. Medicines were administered safely and people were supported to access other healthcare professionals to maintain their health and well-being. They were supported effectively and encouraged to be as independent as possible. They were assisted to maintain their interests and hobbies. They were aware of the provider's complaints system and information about this and other aspects of the service was available in an easy read format. People were encouraged to contribute to the development of the service and to develop links with the local community.

Staff were well trained. They understood and complied with the requirements of the Mental Capacity Act 2005 (MCA). They were supported by way of regular supervision and appraisal. They were caring and promoted people's privacy and dignity. Staff were encouraged to contribute to the development of the service and understood the provider's visions and values.

There were effective complaints and quality assurance systems in place.

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.

Staff had a good understanding of safeguarding procedures to enable them to keep people safe.

Risk assessments were in place and reviewed regularly to minimise the risk of harm to people.

Emergency plans were in place.

Is the service effective?

Good

The service was effective.

Staff were well trained and were supported by regular supervision and appraisal.

Consent was obtained before support was provided.

The requirements of the Mental Capacity Act 2005 were met.

Is the service caring?

Good

The service was caring.

Staff's interaction with people was caring.

People's privacy and dignity were protected.

People were supported to maintain family relationships

Is the service responsive?

Good

The service was responsive.

People were supported to follow their interests and encouraged to contribute to the running of the service.

Comments and complaints were responded to appropriately.

Is the service well-led?

Good

The service was well-led.

The management was supportive and approachable.

The provider had an effective system for monitoring the quality of the service they provided.

Staff were aware of the provider's vision and values.

Walkers Close

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 12 February 2016 and was unannounced. The inspection was carried out by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information available to us, such as notifications and information provided by the public or staff. A notification is information about important events which the provider is required to send us by law.

During the inspection we spoke with two people who used the service, a support coordinator, a support worker, two members of staff provided by an agency and the registered manager. We observed the interactions between members of staff and people who used the service and reviewed the care records and risk assessments for two people who used the service. We checked medicines administration records and looked at staff training and supervision records. We also reviewed information on how the quality of the service was monitored and managed.

Following the inspection we looked at the recruitment records of two staff that had recently started work at the home and the induction training programme.

Good

Is the service safe?

Our findings

People who used the service told us that they felt safe. One person told us, "Staff keep me safe. They look after my money. I know what to do in case of fire." Another person said, "They come seven days a week, weekends and overnight. It makes me feel safe having staff around and they come and ask if I feel okay. Things like that make me feel safe."

The provider had an up to date policy on safeguarding and whistleblowing. Whistleblowing is a way in which staff can report misconduct or concerns within their workplace without fear of the consequences of doing so. One member of staff told us, "If I find anything that I am not happy about then I would report it." They were able to demonstrate a good knowledge of the types of harm that people could experience and the organisations to which any suspicion of harm to people should be reported, including the local safeguarding team and the CQC. Records showed that where there had been an allegation of harm to a person by a member of staff this had been thoroughly investigated and appropriate action taken by the service. Staff told us that they received regular refresher training on safeguarding following their induction training. The members of staff from the agency told us that they were required to read the service's policies and were aware of the whistleblowing and safeguarding processes which they would follow. The agency provided their training. One member of staff from the agency told us that they had completed training on safeguarding in August 2015.

We saw that there were person centred risk management plans for each person who used the service. Each assessment identified possible risks to people, such as going out in the vehicle jointly owned by the service users, or suffering an epileptic seizure whilst showering or using sharp kitchen implements. These risk assessments included details of what would reduce the hazard, the available options, the possible outcomes and the service user's view as to how the risk should be managed. We saw that special equipment had been purchased to allow one person to prepare food that required peeling and chopping but which reduce the risk of injury should they have an epileptic seizure.

Records showed that the provider had carried out assessments to identify and address any risks posed to people by the environment and had plans in place for the continued operation of the service in an emergency. These included assessments of the communal flooring, chemicals used when cleaning the communal areas and extreme weather conditions. Repairs to the property were the responsibility of the housing association from which people rented their accommodation. The service held contact details for the housing association's emergency services and staff told us that they would assist people to contact them should this be needed. When invited into people's accommodation we saw that noticeboards within the flats contained details of emergency evacuation plans for the people who lived there.

There were enough staff to support people safely. Staffing levels had been determined by the needs of the people who used the service and the levels of support that had been identified within their needs assessments. Some people needed very little support whilst one person required support with nearly every aspect of their daily life. The number of staff needed varied throughout the day as people attended their daily activities. On the day of the inspection we saw that staff numbers reduced when people were at day

centres or otherwise away from the service. However additional staff accompanied people to and from the day centres and on activities within the community, such as shopping. The care coordinator told us that there was a waking night staff to support people when required.

Documents forwarded to us showed that the provider had a robust recruitment policy. This included the making of relevant checks with the Disclosure and Barring Service (DBS) to ensure that the applicant was suitable to work in the service, health questionnaires to ensure that applicants were mentally and physically fit for the role applied for and the follow up of employment references. This assisted the provider to determine whether the applicant was suitable for the role for which they had been considered.

Staff told us that they received regular training on the administration of medicines. One member of staff said, "We have training on medication every two to three years. It is one day. I did it in June or July last year."

Medicines were stored appropriately within locked cabinets in people's flats. We looked at the medicine administration records (MAR) for one person who had been prescribed the most medicines and found that these had been completed correctly, with no unexplained gaps. Protocols were in place for them to receive medicines that had been prescribed on an 'as and when needed' basis (PRN). When we carried out a reconciliation of the stock of medicines held for the individual against the records we found this to be correct. Because of the number of medicines administered two staff signed to the MAR to confirm that they had been given. Where one of the staff had not been trained in the administration of medicines they identified this by signing the MAR in red. Medicines were, however, only administered by staff that had been trained to do so. We saw that there were protocols in place for ordering medicines and for the return and disposal of any unused or unwanted medicines.

Good

Is the service effective?

Our findings

People told us that the staff had the skills needed to support them effectively. One person said, "Staff know what they are doing."

Staff received a full induction before they worked on their own with people. One member of staff told us, "I got a proper induction. I spent a week or so shadowing experienced staff until I was confident and happy to support people alone." They went on to tell us of the training modules that had been completed during their induction which included data protection, medicines administration, nutrition, safeguarding and the Mental Capacity Act 2005. They described how the training they had received on diversity had reinforced knowledge that they already had about respecting individuals, their wishes and needs. They told us that they arranged any training that they wanted to do by booking themselves in on line or asking the manager during their supervision.

The support coordinator confirmed that the provider had their own in-house electronic training application and also delivered face to face training in-house. The assistant manager for the service also delivered training on safe moving and handling to staff. The support coordinator told us, "Some training is task specific. It is assessed via the self-service portal and some is computer based whilst other training is role specific. We recently did a dignity day which involved the whole of the staff team. We looked at some of the practices and some of the statements we made and how these could be interpreted by people. It has made us more aware of what we say." They confirmed that the provider supported staff to gain nationally recognised qualifications. They told us, "There is a working party looking at the Care Certificate." They also told us that they had the National Vocational Qualification (NVQ) level 3 in health and social care and business, the rest of the staff were qualified to NVQ and there was one member of staff who was currently undertaking an apprenticeship for a level two NVQ.

Staff told us that they received regular supervision. They said that supervision was a two way conversation, during which they discussed their training and development needs, their morale, any concerns they had or any complaints they wanted to make. One member of staff said, "I have supervision every three months and as and when I require it. I also have had an appraisal." The support coordinator explained that there was a 'supervision tree' whereby the assistant manager carried out supervisions with the support coordinators who in turn carried out supervisions with the support worker. As the service used regular agency staff, they were also included within the supervision tree to ensure that they were supported in their roles

Staff had received training on the requirements of the Mental Capacity Act 2005 (MCA) 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. Staff were able to demonstrate that they had understood the requirements of MCA and the care records documented when people had been assessed as lacking the capacity to make decisions and best interest's decisions had been made on their behalf. One care record showed that the person lacked the capacity to

manage their finances and a decision had been made in their best interests that a 'deputyship' be established for managing their money. The person understood this and told us, "They look after my money. I go shopping and buy stuff and they help me choose what stuff to buy. I have to be careful with money. I have a bank account. They keep it safe, in the office and lock it away."

One member of staff told us, "We make sure that people always have choices and try to make sure these are safe choices. If they made a choice that was not safe I would try to talk them out of it but it is their choice. They have to be able to make their own decision but I would explain the dangers of it. I would sit down with them and go through it very, very carefully. If there was a real safety issue I would inform the office."

We saw that people had signed to agree the support that was to be provided to them. However people told us that staff still asked them for permission before providing any support. One person told us, "They talk about what they want to do." Another person told us, "They come up and ask how I'm doing." Staff told us that they always spoke with people before supporting them with any task. One member of staff said, "I just say 'is it okay to help you wash now?' If it is not I will try again later." Another member of staff told us, "I ask them what their support needs for the day are. I ask them if they need help to do any other chores and if they are happy for me to support them or whether they want anyone else to support them." We observed staff asking people if they were ready to go out shopping or wanted help to make a drink.

Records showed that people had agreed that staff could have access to their accommodation in certain circumstances if they were not at home. Each person had signed a consent form for staff to hold a key to their home and the circumstances in which this could be used.

Staff told us that they were able to communicate with the people who used the service. One member of staff told us, "It takes a while to convey a message sometimes. I am 70% good with understanding some people. There are just a few barriers and I can pick up two or three words and use logic to work out what they want." They told us that they did not use MAKATON, a form of communication often used by people with learning disabilities, as they knew the people who used the service and were able to communicate with them.

People planned and prepared their own meals as well as shopping for their food. One person told us, "I do shopping for food but staff go with me in the car and come round the shop with me." Support plans showed that people were supported to make healthy choices about food and were assisted to prepare their meals.

We saw evidence that people had been supported to attend appointments with healthcare professionals. One care record showed that the person had been assisted to attend a dental appointment in January 2016. We also saw evidence that the service made appropriate referrals to other healthcare people, such as the Speech and Language Therapy service, when this was appropriate.

Good

Is the service caring?

Our findings

People told us that staff were kind and considerate of them. One person said, "The staff are kind. They speak to me nicely in a very calm manner." Another person told us, "The staff are nice people, very friendly and very helpful."

We saw that the interaction between staff and people was caring and supportive. Staff spoke with people in a very respectful way; people appeared very much at ease with staff and willingly followed prompts given by them. One person told us, "They treat me with respect." Another person said that staff were, "Quite understanding." One member of staff told us that they would always use appropriate language when talking with people or when supporting or encouraging them to complete tasks.

People were involved in decisions about how their support was delivered. Care records included a section headed, 'This Is Me' which had been completed in conjunction with the people who used the service. This section explained to staff how they liked to be supported with various aspects of their daily life. For example, one record showed that the person usually liked to sleep with their hall light on but that staff should ask them on leaving each night as they might change their mind.
Another record included details of how the person wished to be supported with managing their money. Support workers were advised that the person should be consulted about how much they were prepared to spend on each activity.

Staff knew the people they supported and were able to tell us about their personal histories, likes and dislikes. One member of staff described how one person particularly disliked their daily routine being disrupted so every effort was made to ensure that this did not happen.

People told us that staff supported them to be as independent as possible. One person told us, "Someone supports me to do my cooking but I do my own washing up. Someone also supports me to do washing but I load the washing machine up." Another person told us, "I do things for myself." We observed that this person had completed their laundry during the morning of our inspection and had hung it on the washing line in the garden to dry. They also told us that they were responsible for taking their own medicines but staff checked that they had done so.

We saw that people's privacy was maintained and staff knocked on doors and waited to be invited in. They asked people for permission to speak with them and were able to explain to us ways in which people's dignity was maintained. These included ensuring doors and curtains were closed when people were being assisted with personal care and thinking about the statements made to people and how these could be interpreted. The support coordinator told us that all staff had recently attended a 'dignity day' run by the provider which encouraged them to look at some of the working practices and statements made when talking with people. The staff were now more aware of the impact certain previously used statements could have on people and used more appropriate words that promoted their dignity.

Staff told us of ways in which confidentiality was maintained. One member of staff told us, "Information

about people stays within the organisation and team. It is not shared outside unless there is a likelihood of harm."

Information about the service, the complaints policy and the housing association which owned the property was available on a noticeboard in the communal area. The noticeboard contained information in easy read format and also a number of audio-visual discs were available on topics relating to safeguarding that people could view for advice and information. There was also information provided about the local advocacy services that people could contact for support, a guide to social care, health and housing services and details of local NHS dental services. There was evidence within the care records that people were being supported by an advocate.

Evidence within care records showed that people were supported to maintain their relationships with friends and family. One record showed that the person was supported to contact their parents by telephone if they were not going to visit them at the weekend.

Good

Is the service responsive?

Our findings

People had a wide range of support needs which had been assessed before service was provided. People were involved in deciding the level of support they needed and the plans that were put in place to provide this. One person told us, "Staff look at the care plan. I agreed it." A member of staff provided by an agency told us, "I read the care plan. If anything changes we are notified and it is recorded in the plan."

We saw that support plans were detailed, included relevant information necessary to support people appropriately and reflected people's wishes. Information from people's relatives and others who knew them well had been included when the plans were developed. We saw evidence that support plans had been regularly reviewed by staff and the people who used the services. In some cases relatives had been involved in the review of support plans. We saw that an advisory copy of the support plan for one person had been sent to their parents who had returned it with suggested improvements to be made. The service were to discuss these suggestions with the individual to develop an agreed support plan.

People were supported to follow their interests. Most of the people who used the service attended a day centre for four days a week. One person told us, "Tuesday is my day off. I sometimes meet up with other people. It was my birthday and we went out for tea. It was great. I like to listen to the radio and watch television." Another person told us of how they had been supported to undertake an 'off-road' driving experience in a mini car which they wished to repeat. They did not attend a day centre but said, "I work in a shop four days a week. It is voluntary work."

The people who used the service had jointly leased a motor vehicle which they used for travelling to their various appointments and activities. They contributed an agreed weekly sum to cover the cost of fuel for the vehicle. The support coordinator told us that the vehicle was used to transport people to healthcare appointments, day centres and when they went shopping, as well as for trips out and visits home. Use of it was coordinated by the service in discussion with the people who used the service.

We saw that the provider listened to people's comments and complaints and responded to them. One person had been concerned that they might become ill after eating out of date food belonging to their co-tenant. A protocol had been introduced to address the issue. This involved staff encouraging people to agree to the disposal of food that was past the 'use by' date and explaining the risks that eating such food posed for them.

One person told us that they had asked for more control over their money and the service was supporting them to open a bank account. The support coordinator confirmed that the service was looking at the type of account that would be most suitable for the person and exploring their ability to remember and use a personal identification number (PIN) to access their money.

The provider had an up to date complaints policy which was displayed in an easy read format on the noticeboard I the communal areas. Staff supported people if they wished to make a complaint. One member of staff told us, "There is a complaints procedure. We would support them to use it. We would

explain the policy and how we are going to support them with it."

Good

Is the service well-led?

Our findings

People and staff told us that the management team was supportive and approachable. The support coordinator told us that the registered manager visited the service once a week but was always contactable by telephone. Staff on duty at night were able to contact a local manager in an emergency. One member of staff told us, "The top manager comes once a week. They are based in Dunstable. The Assistant Manager is approachable and is here most of the time. If I have any concerns I always go via the Assistant Manager."

Records showed that the service held regular meetings at which they could discuss ways in which the service could improve their experience. We saw that at the meeting held in October 2015 people discussed the benefits of healthy menu planning, health and safety issues, activities and places to be visited at weekends.

Staff told us that they held meetings every two weeks and were reminded of the meetings by email. Minutes of recent meetings showed that staff had been able to discuss improvements to the service, including improved security and the progression of people who used the service. We saw that staff also used these meetings to update themselves on developments such as the introduction of the Care Certificate and training. One member of staff told us, "The culture is open. There are few issues and I am confident I know everything I need to."

Staff, including staff provided by the agency, were able to explain the visions and values of the service. One member of staff provided by an agency, told us, "It is to let them have a good quality of life and achieve the goals they would like to."

We saw that there had been a number of quality audits completed, including audits of training completed and outstanding. In addition staff received direct observation supervision on a regular basis which looked at how the support was delivered. These observations only took place after specific consent had been given by the person who used the service.

Once a month the manager completed a quality assurance audit which included an audit of people's care records and support plans. We saw that an action plan was developed and monitored each month to address any areas for improvement that had been identified during the audit.

People were encouraged to build links with the local community. One person told us that they were a director of a local charity for people with a learning disability. People were encouraged to use local shops and amenities to increase their links with the local community.