

Derbyshire County Council

Petersham Community Team (DCC Homecare Service)

Inspection report

The Petersham Centre
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We inspected this service on 29 April 2016. This was an announced inspection and we telephoned the week prior to our inspection in order to arrange home visits and telephone interviews with people. The service provides a domiciliary care service for adults with a learning disability within two houses in or near to Long Eaton. We call this type of service a 'supported living' service. People's accommodation was provided by a separate landlord, usually on a rental or lease arrangement. The service was solely responsible for the provision of the support service and not for the provision of the premises. People required 24 hour support and their support package was based on their individual needs. The offices for the agency are located at the Petersham Community Centre. The service is registered for community support. At the time of the inspection four people were being supported by the service.

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.

Staff had some awareness of the Mental Capacity Act 2005 MCA but the service had not assessed people's mental capacity. The service had not kept records about this or consistently sought MCA assessments from the local authority.

Some people who used the service had a wide range of support needs, and required support from the service 24 hours a day. Other people were more independent and received support for just a few hours a day to help with their daily routines.

People were safe and staff knew what actions to take to protect them from abuse. The provider had processes in place to identify and manage risk. People received care from a consistent staff team who were well supported and trained.

The provider had systems in place to support people to take their prescribed medicines safely. People were supported with meals and to make choices about the food and drink they received. Staff supported people to maintain good health and access health care professionals when needed.

Assessments had been carried out and personalised care plans were in place which reflected individual needs and preferences. The provider had an effective complaints procedure and people had confidence that concerns would be investigated and addressed.

The service benefitted from a clear management structure. A range of systems were in place to monitor the quality of the service being delivered and drive improvement when necessary.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. 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 ●

Staff understood their responsibilities to keep people safe from harm. Risks to people's health and welfare were identified and managed. People received their medication as prescribed and medicines were managed safely. The recruitment practices in place checked staff's suitability to work with people.

Is the service effective?

Requires Improvement ●

Staff had some awareness of the MCA but the service had not assessed people's mental capacity, kept records about this or consistently sought MCA assessments from the local authority. Staff had an induction and training which helped them to support people. People had access to sufficient food and drinks and were referred to health professionals when needed.

Is the service caring?

Good ●

People were happy with the staff and told us they were treated in a kind and caring way. People were encouraged to be independent and make choices about their day. Relationships felt informed about the care needs of relatives.

Is the service responsive?

Good ●

People's individual needs were met and they were supported to maintain their interests. People and their relatives were involved in discussions about how they were cared for and supported. People and relatives felt able to raise any concerns they may have and felt confident they would be responded to effectively.

Is the service well-led?

Good ●

Staff were positive about the management and said they felt supported. People told us that they knew who the manager was and felt that she was approachable and would address any problems. People's views had been considered in making improvements.

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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 visit took place on 29 April 2016 and was announced. The provider was given seven days' notice because the location provides a domiciliary care service and we wanted to make sure staff were available to speak with us. The inspection was carried out by one inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We checked the information we held about the service and the provider. This included notifications that the provider had sent to us about incidents at the service and information we had received from the public. We also spoke with the local authority who provided us with current monitoring information. We used this information to formulate our inspection plan.

On this occasion, we had not asked the provider to send us 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. However, we offered the provider the opportunity to share information they felt relevant with us.

We used a range of different methods to help us understand people's experiences. We visited three people in their own homes and made telephone calls to a further two relatives. We spoke with three staff, the

deputy manager and the registered manager. We looked at care records for three people to see if their records were accurate and up to date. We also looked at records relating to the management of the service including quality checks

Is the service safe?

Our findings

People told us they felt safe, one person told us, "It's a nice place and it's secure." Relatives we spoke with also felt the people the service cared for were safe. One person told us, "My relative is definitely safe, it was a big decision for them to move here, but we as a family could not be happier."

Staff we spoke with understood what constituted a safeguarding concern and how to protect people from harm. One staff member told us, "It's about making the person safe." We spoke to the manager who explained the process when a safeguarding had been raised. We saw there were arrangements in place to ensure the person was safe, all of the relevant people had been notified and an investigation was conducted to ensure action and future learning. We saw records which confirmed this had happened.

We saw that risks to people's safety had been assessed. The assessments covered all aspects of the person's care and environment. Some people required equipment to support them to transfer from one location to another, for example their bed to a chair. We saw a separate assessment had been completed which provided guidance on how to support the person safety. Staff we spoke with had a good understanding of the person's needs and how to use the equipment. For example the staff knew that when one person required support they had to follow a routine otherwise the person become reluctant to accept the support needed for their personal needs. We saw records had been updated when there was a change in people's needs.

Other risk assessments covered areas of people's choices. For example one person had identified they wanted to have a pet. We saw a range of risk assessments which covered the risks to the environment, the person and the expectations on them for owning a pet. The person was able to discuss with us the actions which had been taken before they had been able to have the pet. This showed that the provider respected people's choices and ensured any risks had been considered and addressed.

People told us they felt there were always enough staff to support them. One relative told us, "There is a strong foundation in the team ." We saw that the provider ensured consistency of the staff at the locations. Staff also told us, "There is enough staff, we always cover or if need be we have regular back up staff who know people." The manager told us that they had a regular group of carers who supported the service and they managed their leave arrangements between them to ensure people had consistent care. If additional staff are required the service had a small number of staff who are familiar with the people's needs from the main centre. The manager said, "Due to people's complex care requirements, staff need to be familiar with people's needs." This showed the provider considered the importance of consistent care for people

The service had a system to support staff who worked alone at the services. Each service was contacted daily by telephone from the main centre by a manager. The purpose of the calls was to check if there were any concerns in relation to the staff or the people who used the service. We saw this information was recorded so the manager could check the support calls had been completed . Staff told us this system worked well and they felt able to contact for additional support if needed. We saw when staff started working in the service, recruitment checks were in place to ensure they were

suitable to work with people. This included a police check and references. One staff member told us, "I had the police check, even though I had worked for the local authority, plus all the references and passport identity checks." This demonstrated the provider ensured people are supported by suitable staff.

People were supported to take their medicines and have creams and ointments applied. People we visited showed us that they had their medicines delivered to them in blister packs. One person told us, "Medicine is kept in that locked cupboard." They told us they used to do their own medicine at home, however here the staff support them. Staff told us if the person wished to take their own medicine they would complete a risk assessment to ensure they were safe and consider the options to enable them to be independent.

Staff told us they had undertaken medicine training and had their competence checked to ensure they supported people safely. We saw that person's medicine information was also provided in an easy read version, to provide guidance for the people who used the service to understand the medicine they were taking. We saw staff had recorded when medicine has been given, or if not given the reason why. The manager told us they monitored the medicines administration records (MAR). We saw these records had been checked.

Is the service effective?

Our findings

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. 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.□

We looked to see if the provider was working within the principles of MCA. Staff confirmed that some people who used the service might lack the capacity to make certain decisions. Care plans we looked at in relation to this did not show how people were supported to make specific decisions. When people were unable to consent, mental capacity assessments and best interest decisions had not been completed. Some people were supported to manage their finances due to their capacity, but there had been no assessment to identify the person's capacity or that the support was in the person's best interest. We saw that support was being provided by a deputyship arrangement or people's families however, there were no records to confirm how these decisions had been made. We saw that some people who lacked capacity required support with all aspects of their care, we saw that no assessment had been made to reflect how decisions about their daily living had been made. We spoke with the registered manager about this who confirmed when required, mental capacity and best interest decisions had not been completed. Staff we spoke with did not demonstrate an understanding of the process to follow when people lacked capacity. This meant that people's rights under the MCA 2005 were not always recognised. .

This is a breach of Regulation 11 of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014.

We discussed with the registered manager the issues of potential deprivations of liberty for some people who required consistent monitoring and supervision. For these people they need to be referred to the local authority. As these would be seen as 'community deprivation of liberty safeguards (DoLS)' the commissioning organisation is responsible for making Court of Protection applications. After our visit, we checked with the local authority who confirmed that the service was working in co-operation with them in respect of potential 'community DoLS.' This demonstrated they were working within the DoLS framework as required.

Staff told us they were provided with training that was specific to the needs of people they supported. One staff member said, "All the courses are useful and linked to the role." Another staff member told us, "There is loads of training, if I identify other training, they support me to access it." For example recently a person who used the service had been diagnosed with dementia. Staff had requested training to enable them to support the person appropriately. The manager told us they were sourcing training on supporting people living with dementia for the staff.

The provider had an induction programme for new employees which included training, shadowing

experienced staff and observations by senior staff to check their progress and competency. One staff member told us, "Initially I worked in the main unit, to learn the role. At the service you work alone so they wanted to check I was well trained." Another staff member told us they felt welcomed by the manager as they were invited to meeting and to meet the people before their start date."

Some people required support with their meal preparation. People who received support with mealtimes told us, "Staff always ask what I like and I go with them to the shop to choose the food." We saw that staff supported people with a balanced diet. When people required specialist diets staff had a good understanding of their requirements and were able to provide guidance to the person. For example one person required food which was low in sugar, the person was able to share their understanding of the foods they could have with us.

Staff told us they encouraged people to make meal choices. We saw a menu had been produced for the week, however staff confirmed people were able to change their mind if they decided on another option for that day.

People were supported to maintain their health care and we saw that referrals had been made to health care professionals when required. We saw that records were kept of any visits and any actions required to maintain the person's health needs. For example a recent appointment for one person in relation to their health needs had been reviewed. The health care professional said, "They take on advice and we have seen an improvement in the person's health condition." This showed that people had been supported with their health needs.

Is the service caring?

Our findings

People told us and we saw they had positive relationships with the staff. One person said, "Staff are good, they are pleasant, kind and have lots of patience." Relatives we spoke with told us, "The staff know [name] really well, they work well as a team."

Staff told us they had developed good relationships with people. One staff member said, "I know people well, however I am learning all the time from the person or other staff I work with." Another staff member told us, "It's nice to see people blossoming." The manager told us that the staff worked well together and always looked to make improvements. One staff member said, "Everyone gets on well, we bounce off each other." Other staff understood the value of providing good care to each person. One staff member said, "When parents thank us, it's a real positive and a boost."

We saw that families had been contacted when people's needs changed. Relatives confirmed they were kept informed. One relative told us, "Whenever I contact the staff, they are able to provide information."

Where people were able to be involved in discussing their care needs we saw that this had happened. Some people had been supported by family members to support any decisions about their care. Other people had been supported by an advocate, we spoke with the advocate who confirmed that the service request their support when they felt a person required support from an independent person. This meant that people could be fully involved in making decisions about the care and support and staff listened to what they wanted.

People told us their privacy was respected by staff. One person told us, "Staff knock on my door and say they are coming into my room." Staff understood the importance of maintaining people's dignity. Staff told me how they knocked on doors before entering people's rooms and respected people's choices. One staff said, "You need to have empathy and close the doors, especially when supporting people's personal needs." They also added, "You don't force your beliefs on people, you just encourage their independence and provide guidance." We saw and staff told us that dignity was a regular agenda item for the team meetings. One staff member said, "It's good practice and any concerns can be discussed."

Is the service responsive?

Our findings

People told us staff knew about their needs and preferences. One person told us they had been supported to consider a holiday abroad. We saw people had been supported to apply for a passport and information had been shared with people about the holiday destinations they wished to visit. One person said, "I have plans to visit Holland with a holiday company that has special staff." A folder had been developed to consider all aspects of the holiday covering the risks, costs travel and accommodation. This meant people were encouraged and supported to pursue their interests.

We saw that people were supported to make choices about their living environment. One person had requested for their bedroom to be redecorated. The person told us, "I chose to have three white walls and then wallpaper on one wall." Staff told us, "I like to make it homely and get involved to make their lives as nice as I can." Another person had also had their room redecorated. A relative said, "[Name] had their bedroom decorated recently, they are not aware of the surroundings but it was important to the family." This demonstrated that the provider considered people's views and their surroundings.

People told us the staff supported them to follow their interests and hobbies. We saw that people attended a range of activities and had individual time with a staff member to enable them to take part in outings or pursue their hobbies. . For example one person enjoyed visiting their parents and another going to the park or the pub.

The care plans reflected people's needs and provided guidance to ensure people received the support they preferred. We saw these records had been reviewed and maintained to reflect the changes in people's care. The provider had introduced a document called, 'This is me.' We saw this had been completed with the person to reflect their life, likes and dislikes and ongoing needs. Staff told us, "It's an informal document to use to review people's aspirations and challenges." They also told us the document had a working group to continually review it. For example they had added signs and makaton to the form to make it more user friendly. Makaton is a form of sign language used to aid communication. This showed that the service continually supported people to reflect on their needs.

People told us they felt able to raise any concerns. One person said, "I can go and tell the boss and I feel she would do something about it." Relatives we spoke with also reflected an open approach to address any concerns they had. The service had a complaints procedure. We saw that any complaints received had been investigated and resolved. This showed the provider addressed any concerns that were raised with them.

Is the service well-led?

Our findings

Everyone involved with the service felt the manager was approachable. One staff member said, "It's a very open culture at the Petersham centre and the supported homes I work in.." Staff told us they felt supported and they received regular supervision. One staff member said, "You can bring any concerns, people, training and I always like to get feedback." Another staff member said, "The manager is straight, you know where you are and if I make a mistake she is very responsive and supportive in dealing with it." Records confirmed staff had received supervision and appraisals on a regular basis

The manager told us they had a good support network and they had been supported with their personal development. In supervision they used a personal development plan to identify any areas of training or support. The manager had identified that they wished to shadow a social worker through an assessments process. They confirmed this had happened and it had been a useful exercise in understanding the process.

Relatives felt the service was very open and they were able to approach the manager if required. One relative told us they were arranging a meeting to discuss their relative's future needs. They said, "The manager has been supportive in our approach to the future."

The provider had suitable systems in place to assess and monitor the safety and quality of the service people received. We saw that audits had been completed every month. For example one health and safety audit raised the storage of chemicals was incorrect. This was rectified with the installation of a locked cabinet. We saw other audits and any actions had been addressed.

The manager understood the responsibilities of their registration with us. They had reported significant information and events in accordance with the requirements of the registration.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>Consent to care was not sought in line with legislation and guidance. This meant people could not be assured that decisions were being made in their best interest when they were unable to make decisions themselves.</p>