

Perthyn

Shrewsbury

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

Shrewsbury is a domiciliary care agency. The agency provides a service to 67 people with learning disabilities and autistic spectrum disorder who live in supported living schemes. This service provides care and support to people living in 35 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

At the last inspection, the service was rated Good.

At this inspection we found the service remained Good.

People were supported by adequate numbers of staff who had the skills and knowledge to meet their needs. Staff knew how to protect people from the risk of harm and abuse. There were systems in place to identify and manage risks and to protect people from harm or abuse. People received their medicines when they needed them and medicines were stored and managed in a safe way.

People continued to receive effective care. People were supported by staff that were well trained and competent in their roles. People's health care needs were monitored and met. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The agency continued to provide a caring service to people. Staff were kind, considerate and patient when they supported people and people responded positively when staff interacted with them.

People received care which was responsive to their needs and preferences. Staff were skilled in recognising what a person wanted or was feeling even though people were unable to communicate their needs. People were supported to maintain contact with their family and friends and to take part in their preferred activities and social events.

The agency continued to be well led. The registered manager knew people well. Staff told us the management within the service were open and approachable. The registered manager and provider continually monitored the quality of the service and made improvements where needed.

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

Shrewsbury

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 was a comprehensive inspection carried out by one adult social care inspector. The inspection took place on the 8 and 18 January 2018.

The service was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available in the office. It also allowed us to arrange to visit people receiving a service in their own homes.

This inspection was partly prompted by an incident which had a serious impact on a person using the service and this indicated potential concerns about the management of risk in the service. While we did not look at the circumstances of the specific incident, we did look at associated risks.

The service was not requested to submit a Provider Information Record (PIR) before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We looked at notifications sent in by the service. A notification is information about important events which the service is required to tell us about by law. We looked at previous inspection reports and other information we held about the service before we visited.

We visited the office location on 8 January 2018 to see the registered manager and office staff; and to review care records and policies and procedures. With people's permission we were able to visit three houses on 18 January 2018 where a total of seven people received a service. We also met with seven members of staff. After the inspection we contacted two relatives to seek feedback on the service.

We looked at a sample of records related to the running of the agency and the care of individuals. These included the care records of six people who used the service. We also looked at records related to the management and administration of people's medicines, health and safety, quality assurance and staff

recruitment.

The people we met with were unable to tell us about their experiences so we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

The service remained safe.

The relatives we spoke with told us they felt their relative was safe. One relative said "[name of person] is very safe. I have no concerns at all." Another relative said "I don't have to worry about a thing. I know my [relative] is very safe and well cared for. They [the staff] also do an excellent job of helping them to manage their finances and they do a good job."

Risks to people using the service were minimised by the provider's systems and processes. These included a robust recruitment procedure and training for staff. Before staff began work they were thoroughly checked to make sure they were safe to work with people who used the service.

Staff received training on how to recognise and report any suspicions of abuse and those spoken with said they would not hesitate to report any concerns. All were confident any concerns raised would be dealt with effectively to make sure people were protected. Where issues had been raised with the registered manager they had acted swiftly to make sure people were kept safe.

People were supported to live their lives with reduced risks to themselves or to the staff supporting them. Care plans contained risk assessments which identified the risks to the person and how these should be managed by staff in the least restrictive way. Examples included accessing the community, travelling in a vehicle and participating in certain activities outside of their home. Other risk assessments were in place which enabled people to develop and maintain independent living skills. These included cooking, doing the laundry and attending day centres. Risk assessments detailed the potential risks and provided information about how to support the individual to make sure risks were minimised. A relative said "The staff have supported [name of person] to do their cooking and ironing and I have never seen them do that before. Wonderful." Another relative told us "[name of person] is so much more confident and will even cross a road now which they would never do before."

Behavioural support plans had been developed and agreed with appropriate professionals and with staff who knew the individuals well. These plans were in place to manage certain behaviours where the person, or others, may be at risk of harm. The plans provided clear information for staff on possible 'triggers', preventative measures and agreed techniques for managing a situation. This helped to reduce the risk of people receiving unsafe or inappropriate care.

Where things went wrong the service learned from these mistakes and took action to make sure improvements were made and people were safe. Before this inspection we were made aware of an incident where a serious injury occurred. This incident is subject to an external investigation so we did not focus on this during our inspection. However we were able to see that the provider had taken action to mitigate further risks to the people who used the service. Actions taken included further training for staff in moving and handling and health and safety checks and reporting.

The registered manager told us equipment used by people to assist them with their moving and handling needs such as slings and hoists was provided and maintained by the housing provider. The records we checked in each of the houses we visited demonstrated that servicing records were up to date. Staff also carried out visual checks of equipment before it was used.

People were supported by adequate numbers of staff to meet their needs and to help keep them safe. Staff rotas showed that where people required additional staff support, this was provided. There was an on-call system in place which meant staff always could always seek additional support from the management or senior staff when needed.

People received their prescribed medicines when they needed them. People's medicines were safely managed and administered by staff who had the skills and training to carry out the task. All staff received medicine administration training and had to be assessed as competent before they were allowed to administer people's medicines. Medicines were securely stored and people's medication administration records (MAR) showed when medicines had been administered. Staff carried out regular stock checks and there was a clear audit trail of all medicines being managed by the service.

People were protected against the risks associated with the control and spread of infection. There was an infection control policy which was understood and followed by staff. Staff had received training in infection control and food hygiene and good practices were followed. Staff had access to personal protective equipment such as disposable gloves and aprons and used these appropriately.

Is the service effective?

Our findings

The service continued to provide effective care.

People were supported to make decisions about their day to day lives and how they wanted to be supported. Staff used objects of reference, photographs and signing which assisted people to make choices and decisions. Each person had a care plan which detailed how the person communicated and how they made decisions. Staff knew people well. We observed staff communicating with people in accordance with the persons needs and abilities.

Staff knew the importance of seeking people's consent before they assisted or supported them. One member of staff said "This is their home; we just work here and must always respect their rights and decisions." Staff had received training about the Mental Capacity Act 2005 (MCA). The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant.

Staff spoken with were aware of the need to assess people's capacity to make specific decisions. Where appropriate they had involved family and professional representatives to ensure decisions made were in people's best interests. Care plans contained assessments of people's capacity to make certain decisions. These included the management of finances, medicines and consent to healthcare treatment. This made sure people's legal rights were protected.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA. Appropriate assessments had been completed for people who required continuous support and were unable to leave their home without staff support. The registered manager told us they were waiting for the placing authority to complete their assessments and make applications to deprive a person of their liberty through the court of protection.

People were supported by staff who had the skills and knowledge to meet their needs. Staff received regular training in health and safety topics and subjects relevant to the people who used the service. These included epilepsy management, autism, dementia and the management of diabetes. Staff were confident and competent when they interacted with people and they demonstrated a very good knowledge of people's needs. One member of staff said "The training is really good. You get everything you need. You don't support people until you've had the training." Staff received regular supervisions, appraisals and observations of their practice which helped to ensure their skills and knowledge remained effective and up-to-date.

People were supported to maintain good health and wellbeing. Each person had a health action plan and a 'hospital passport'. This is a document containing important information to help support people with a learning disability when admitted to hospital. Care plans showed that people had received annual health checks by their GP and had access to other healthcare professionals including opticians and dentists.

People also saw professionals to meet their specific health conditions such as epilepsy and other complex health needs. Staff recorded the outcome of people's contact with health care professionals in their plan of care.

People were supported to eat well in accordance with their needs and preferences. In each of the houses we visited people required staff support to plan and prepare their meals. Staff told us meal choices were based on people's preferences and they told us how they supported people to be as independent as possible. In one of the houses we visited we observed staff supporting a person to eat their meal in an unhurried and dignified manner.

Is the service caring?

Our findings

People continued to receive a caring service.

People responded positively when staff interacted with them. For example one person smiled and held out their hand to the staff when they interacted with them, another person made a sound which, staff told us, indicated they were happy. People were not rushed and staff took time to find out what a person wanted to do. From our discussions with staff it was apparent they cared about the people they supported a great deal.

There was a relaxed and inclusive atmosphere in each of the houses we visited. There was laughter and friendly banter which people responded positively to. We observed staff spent quality time with people and they were quick to respond to their requests. For example in one of the houses we visited, staff recognised that a person wanted to go out for a drive and this was facilitated straight away. One person gave us a 'thumbs up' when we asked them if they liked the staff who supported them.

The relatives we spoke with were very positive about the care their loved one received. One relative said "The staff are really lovely and I would describe the care my [relative] receives as excellent. I know [name of person] really likes the staff and there is a stable staff team which is very important to [name of person]." Another relative told us "I rave about the service. They are 110 per cent caring. I am absolutely happy with everything and I have never seen [name of person] so happy."

Care plans contained profiles of people and recorded key professionals and relatives involved in their care. Care plans detailed family and friends who were important to them and provided information about people's social history, hobbies and interests. This helped staff to be knowledgeable about people's preferences and family dynamics and enabled them to be as involved as they wished.

The service ensured people felt valued and that their views were listened to. The service involved people in the selection of new staff and considered their feedback as part of the recruitment procedures. We were told about one person who did not get on with a particular member of staff. In response to this the registered manager moved the staff member to a different house which resulted in the person engaging in more activities. A relative said "[name of person] gets to choose which staff they want to support them which is amazing."

Staff spoke warmly and respectfully about the people they supported. They were careful not to make any comments about people of a personal or confidential nature within ear shot of other people. Staff understood the need to respect people's confidentiality and to develop trusting relationships.

Is the service responsive?

Our findings

The agency continued to provide a responsive service.

People received care and support which took into account their needs and preferences. Staff knew people well and knew what was important to them. For example what activities people enjoyed and how they liked to spend their day. Staff were skilled in recognising what a person wanted or was feeling even though people were unable to communicate their needs. A relative told us "What I like is the staff are on the same level as [name of person] which they respond to really well."

People used various methods to communicate their needs and feelings. For example, objects of reference, sounds, body language and basic sign language. We observed staff were very knowledgeable about people's preferred form of communication and what certain sounds or behaviours meant.

People and their representatives were involved in planning and reviewing the care and support they received. The care plans we read contained person centred reviews which focused on what was working well for an individual and what was not working so well. This meant the person, their representative and staff that knew the person well could discuss how best to support the person. A relative said "I am fully involved and kept up to date. What's important is the staff listen to me. I couldn't ask for more."

People were able to follow their preferred routines and the service adjusted shift patterns and staffing levels to accommodate people's needs. For example in one of the houses we visited we were told about one person who liked to get up very early in the morning. In response to this, the staff rota had been adjusted to ensure the day staff started earlier and were available when the person needed them. Throughout our visit we observed staff supported people to do what they wanted to do when they wanted to do it. Care plans contained detailed information about people's preferred daily routines and these were understood and followed by staff. Staff recorded information about each person on a daily basis. Information included how people had spent their day and how they had responded to activities of daily living. This meant that the effectiveness of people's care plans could be fully reviewed.

People were supported to follow their interests and take part in a range of activities, trips and holidays. These included shopping trips, swimming, discos, trips to the cinema and attendance at local day centres and colleges. We observed people were busy coming and going during our visits to people's homes.

People were encouraged and supported to develop and maintain relationships with people that mattered to them and avoid social isolation. The majority of the people we met with received regular visits from their relatives and were supported by staff to visit their relatives. One of the relatives we spoke with told us their relative "had made several friends and enjoyed regular visits to other houses." Another relative said "[Name of person] has really formed a strong friendship with the other person who shared the house which is lovely."

Is the service well-led?

Our findings

The service continued to be well led.

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.

The registered manager and provider promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment. Care staff were honest and open; they were encouraged to raise any issues and put forward ideas and suggestions for improvements. Staff morale was good and staff told us they felt well supported in their role. One member of staff said "The ethos is really good. It's all about the [people who use the service]. It's a fantastic service." Another member of staff said "I love working here and [name of registered manager] is very approachable. I feel really well supported."

During our discussion with the registered manager it was clear they knew the people they were providing a service to very well. They demonstrated a commitment to ensuring people enjoyed happy and fulfilling lives. They told us "I am always looking for ways to improve people's lives and give people power and autonomy over their lives." The registered manager gave examples where staff shift patterns and staff allocations had been changed to meet the needs, including social needs of the people they supported.

The relatives we spoke with were complimentary about the registered manager and of the way the service was managed. One relative said "I always know what is going on and I find [name of registered manager] very approachable and accommodating." Another relative said "I think things are always improving. I have no complaints at all and it all seems to be very well run."

People benefitted from a service which had effective quality monitoring systems which helped to make sure high standards were maintained and improvements made where appropriate. Regular audits were carried out by the provider and the management at the location. Audits carried out by the provider were randomised and all audits we saw showed the agency was consistently meeting standards set by the provider. The registered manager was pro-active in their approach and therefore audits were used to identify issues before they became concerns.

The service had notified the Care Quality Commission of all significant events which had occurred in line with their legal responsibilities.