

London Borough of Camden

Physical Disabilities Outreach Support Services Bramshurst

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 

Overall summary

We carried out an announced inspection on the 27 August 2015. The last inspection of this service was carried out on 16 September 2014 and all the standards we inspected were met.

The Physical Disabilities Outreach Support Service Bramshurst, operates a domiciliary care support service from this location and provides assistance to four people with a range of physical disabilities and varying support needs in their own flats.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

There were suitable arrangements in place to safeguard people including procedures to follow and how to report and record information. A whistleblowing procedure was in place.

Risk assessments had been completed, recently reviewed and updated for people using the service. They included risk assessments for moving and handling, medicine management and any other risks identified for an individual.

There were sufficient numbers of suitable staff to meet people's needs and keep them safe. People's dependency needs were kept under continuous review to ensure that staff had the necessary skills, abilities and experience to provide appropriate care and support.

People were involved as much as possible in taking their medicines independently and risk assessments were in place to indicate the steps to take to ensure safe and proper administration of medicines.

Staff were supported to develop their skills so they could continue to meet people's needs and had undertaken specialist training in specific areas.

The registered manager and staff had a good understanding of the Mental Capacity Act 2005 (MCA) and how to support people who lacked the mental capacity in line with the principles of the act and particularly around decision making.

Staff were aware of the nutritional needs of people who they supported and the need to follow instructions for people with regard to health issues such as soft diets and cultural preferences.

People were registered with a local GP and staff supported people to access health services and appointments to ensure they were able to maintain good health.

Staff understood the importance of maintaining confidentiality and privacy and we saw evidence of this during our visit. They attended equality and diversity training and policies and procedures were in place for them to refer to for guidance.

People's needs were assessed and support was planned and delivered in line with their individual support plan. When people's needs changed, it was quickly identified and prompt, appropriate action was taken to ensure people's wellbeing was protected.

There were systems in place for addressing any complaints and ensuring feedback was given to the complainant. There were no complaints recorded and no accidents or incidents.

The staff team were committed to ensuring the service provided supported people to achieve the outcomes and goals expected and for support to be delivered in a person centred way.

The registered manager was supportive and staff received regular guidance through supervision, team meetings and they said that he always made himself available to speak to.

Processes were in place to ensure the delivery of a high quality service. Care records were checked every week by the registered manager and the senior support coordinator, any issues and concerns were identified and actions put in place to address them.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. Staff knew how to report concerns or allegations of abuse and procedures were in place for them to follow.

Individual risk assessments had been prepared for people and measures put in place to minimise the risks of harm.

There was sufficient staff available to meet people's needs.

There were suitable arrangements for the safe prompting and recording of medicines in line with the provider's medicines policy.

Good



Is the service effective?

The service was effective. Staff received induction training and relevant mandatory training.

Staff had a good understanding of the Mental Capacity Act 2005 and how to support people using the principles of the Act.

People's requirements around being supported to eat and drink were detailed in their care plans.

People were assisted to access their GP and on-going healthcare support.

Good



Is the service caring?

The service was caring. Staff understood people's individual needs and ensured dignity and respect when providing care and support.

People were supported to express their views and be actively involved in decision making as far as possible.

Staff were trained to ensure they supported people appropriately in relation to equality and diversity.

Good



Is the service responsive?

The service was responsive. People received personalised care that met their needs.

People were involved in planning their support, including providing information for reviews.

The service had a complaints policy in place and people knew how to use it.

Good



Is the service well-led?

The service was well-led. The service promoted a positive culture which was open and honest.

There were appropriate policies and procedures in place to support and guide staff with areas related to their work.

There were regular audits and checks taking place to ensure high quality care was being delivered.

Good



Physical Disabilities Outreach Support Services Bramshurst

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 27 August 2015. 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 office. A single inspector conducted the inspection.

Before the inspection we reviewed the information we held about the service including people's feedback and notifications of significant events affecting the service.

We interviewed three staff including the registered manager. We gained feedback from three of the four people who used the service. We also gained feedback from health and social care professionals who were involved with the service as well as commissioners.

We reviewed three case records, six staff files as well as policies and procedures relating to the service.

Is the service safe?

Our findings

People we spoke with said they felt safe and that staff understood their needs. One person said, “This place is safe, staff make me feel safe and we now have new electric gates to make the place secure.”

Staff we spoke with had a good understanding of safeguarding people and the types of abuse that may occur. There were suitable arrangements in place to safeguard people including procedures, to follow and how to report and record information. A whistleblowing procedure was also in place and staff told us they knew about the procedure and how to use it. Staff had received safeguarding adults training. The registered manager told us that any safeguarding concerns were immediately reported to the local authority safeguarding team and the Care Quality Commission.

Risk assessments had been completed, recently reviewed and updated for people using the service. They included risk assessments for moving and handling, medicine management and any other risks identified for an individual. We saw that people using the service, staff and the registered manager had been involved in undertaking risk assessments and as far as possible the person themselves decided what was safe for them to do and how best to do it. One person said, “When it comes to going out, I know what I can do for myself and we have agreed that if I need more help or if it’s not safe I can ask. It works for me”.

We saw evidence that health and social care professionals associated with people’s care were consulted and referred to appropriately with regard to how risks were identified and managed in a way that promoted people’s development and independence. We saw information confirming the provider had regularly sought advice and intervention from professionals such as GP’s and occupational therapists and psychologists. One person told

us they had been supported by the registered manager to try and access rehabilitation services and that the process was on-going. On the occasions when people were discharged from hospital to the home and the support required had changed, further risk assessments were always undertaken and if new risks were identified, plans were put in place to minimise them. This was demonstrated in people’s support plans we saw.

There were sufficient numbers of suitable staff to meet people’s needs and keep them safe. People’s dependency needs were kept under continuous review to ensure that staff had the necessary skills; abilities and experience to provide appropriate care and support. The registered manager told us that, depending on the level of support people needed, staff were deployed either to work with people in their flats or to work on the outreach project with people to ensure people’s needs were met. One person told us, “Staff always come when you need them”.

There were effective recruitment and selection processes in place. Appropriate checks were undertaken before staff began work. Checks on people’s references and eligibility to work and Disclosure and Barring Service (DBS) checks had been undertaken to ensure they were fit to work.

Staff prompted people to take their medicines usually from blister packs. They recorded this on a Medicine Administration Record (MAR). We saw evidence that records had been completed appropriately. We saw how people were involved as much as possible in taking their medicines independently and risk assessments were in place to indicate the steps to take to ensure safe and proper administration of medicines.

There was evidence that a fire safety risk assessment had been completed on 7 May 2015 and was due to be reviewed in July 2016. Personal evacuation plans were seen in the care records we looked at.

Is the service effective?

Our findings

People told us they thought the service was effective and their needs were met. One person said, “The staff are good.” Another said, “They always help me when I need it.” The provider assessed people's needs and planned and delivered care in line with people's individual support plans and health action plans. There were a number of assessments on each file including, medical conditions, current medicines, physical needs and emotional needs. Support plans were very detailed and gave step by step information of the support required for a 24 hour period.

Staff were all able to explain what they would do in an emergency situation or if someone was unwell. Staff were able to explain the processes in relation to this, including how to report and record information appropriately. Staff also told us that the registered manager or a senior manager was always on call and they could access support and guidance if they needed to.

Training records showed that all staff had completed an induction as well as mandatory training, which was updated regularly to ensure staff kept up to date with professional guidance, including moving and handling, safeguarding adults, infection control and medicines. Staff said they were supported to develop their skills so they could continue to meet people's needs and had also undertaken specialist training, for example, in epilepsy and pressure ulcer prevention. The staff we spoke with had attained an NVQ (National Vocation Qualification) in health and social care in varying levels.

Supervision was conducted monthly with support staff and was recorded and retained in their files. We saw the content of supervision was appropriate and areas covered included key-working, training and development. A staff supervision policy was available and dated 2015. Appraisals were

conducted annually with staff and reviewed regularly. Staff told us they found supervision useful and they were able to discuss any issues relating to people they supported as well as issues relating to their learning and of a personal nature.

The registered manager and staff had a good understanding of the Mental Capacity Act 2005 (MCA) and how to support people who lacked the mental capacity in line with the principles of the act and particularly around decision making. People were always asked their preferences around their diet, personal care and aspects of care delivery. We saw that people's consent was obtained about decisions regarding how they lived their lives and the care and support provided. One support worker said, “They have their own flats and they are in control.” People at the service were not subject to the Deprivation of Liberty Safeguards. These safeguards are put in place to protect people's liberty where the service may need to restrict people's movement both in and outside of their home.

People we spoke with told us they received varying support around eating and drinking depending on their needs and preferences. Staff, friends or relatives undertook shopping for people and one person told us they sometimes go out to eat. Another person told us, “I am able to make snacks but my support workers prepare my main food.” Staff we spoke with were aware of the nutritional needs of people who they supported and how to follow instructions for people with regard to health issues such as soft diets and cultural preferences.

People were registered with a local GP and staff supported people to access health services and appointments to ensure they were able to maintain good health. Any actions and outcomes from appointments were shared and recorded in people's case files.

Is the service caring?

Our findings

People who used the service were positive about the attitude and approach of the staff who visited them and told us they felt the staff were caring. One person told us, “The carers are all good”, another said, “Staff are very caring, I wouldn’t have stayed here so long if they weren’t.”

The registered manager told us the aim of the service was to improve the quality of life for people and promote their independence. He told us that people using the service had very specific needs and that staff did their best to ensure the support provided was person centred. He told us that in some cases, when people are admitted to hospital, staff visit regularly to support the person but also to assist with communication as some people have very specific needs. He gave us an example of a time he was visiting a person at hospital and while he was there he averted a potential problem that arose due to miscommunication. He told us he was able to do this as he knew the person very well and understood their ways of communication.

Staff we spoke with were very clear that treating people with dignity and respect was a fundamental expectation of the service. They told us they gave people privacy whilst they undertook aspects of personal care as much as possible but ensured they were nearby to maintain the person’s safety, for example if they were at risk of falls. One said, “It’s about respecting people as individuals and providing personalised care.” Another said, “They tell us what they want and we respect that.”

Staff understood the importance of maintaining confidentiality and privacy and we saw evidence of this during our visit. Staff spoke privately to people in order to gain consent for us to talk with them and to view their care files.

Staff knew how to support people to express their views and be actively involved in making decisions. They had completed detailed personal histories with people and told us that as well as talking to people and getting to know their preferences, they used the knowledge they gained to ensure equality and diversity was upheld in relation to people as individuals. Staff also attended equality and diversity training and policies and procedures were in place for them to refer to for guidance.

There was a key worker system in place. This meant that staff were allocated to work closely with specific people in order to assist them with day to day activities as well as assisting them to reach agreed goals and outcomes. We saw that some people were working towards going on holiday and also to move onto more independent living. Some people had lived at Bramhurst for many years and spoke warmly of the staff and registered manager and the support they offered. There were one to one keyworker meetings each week which were recorded and discussed in supervision to evaluate people’s progress.

Is the service responsive?

Our findings

We found that people who used the service received care that met their needs, choices and preferences. Staff understood the support that people needed and were given time to provide it in a safe, effective and dignified way.

Discussions with the registered manager and staff showed they had good awareness of people's individual needs and circumstances, and that they knew how to provide appropriate care in response. There was evidence of good engagement with community health and social care professionals who confirmed that staff had a positive approach and well developed skills for working with people with varying degrees of cognitive impairment, including communication, advocacy and personal planning. It was also reported that staff dealt effectively with health issues and liaised appropriately with health staff.

People's needs were assessed and support was planned and delivered in line with their individual support plan. Care records contained assessments of people's individual needs and preferences. Records outlined all the activities that were involved and additional forms such as medicine charts and financial transaction information were also available. Support plans were reviewed regularly to ensure people received appropriate support that met their needs.

When people's needs changed, this was quickly identified and prompt, appropriate action was taken to ensure people's wellbeing was protected. There had been occasions when people's needs had changed and their support plans reflected this. The service worked flexibly

with people, for example around medicine administration. Some people could manage most aspects of administering their own medicines but if their needs changed and they required assistance or it was felt they could manage without assistance, it was discussed and agreed with them and changes made to their support plan. We saw when this had happened that a risk assessment had been completed and kept under review to ensure staff responded quickly to people's changing needs,

People told us they were involved in developing their support plan and identifying what support they required from the service and how this was to be carried out. One person said, "I saw a copy of my support plan after we agreed it." We saw how staff supporting a deaf person had received training in British Sign Language (BSL) finger spelling to ensure they could communicate effectively.

The service had a complaints policy in place and people had access to this. The policy explained how to make a complaint and to whom and included contact details of the local authority.

Staff knew how to support people to make a complaint. One said, "I would always encourage them to speak to the manager or I can if they would like." The service had a complaints policy and people were also encouraged to speak to their social worker or they were supported to contact the local authority complaints team. There were systems in place for addressing any complaints and ensuring feedback was given to the complainant. There were no complaints recorded and no accidents or incidents.

Is the service well-led?

Our findings

People with told us they thought the service was well run. The registered manager told us that the staff team were committed to ensuring the service supported people to achieve the outcomes and goals expected and for support to be delivered in a person centred way. Some people had been using the service for a number of years and it was clear from people we spoke with that the culture was one of openness and honesty. One person said, "The manager and staff we have are good; they have our best interest at heart." Another said, "Its good here, I feel in control of my care."

Staff told us they thought the registered manager was very supportive and they received regular guidance through supervision, team meetings and he always made himself available to speak to. One said, "He works all around, he doesn't just sit in the office, he supports people too." Another said, "He's one of the best. It's a great place to work." They said they felt valued and were encouraged to further their career. One staff member told us that the registered manager had encouraged and helped them with computer skills and she now felt confident to use it for all aspects of their work.

The registered manager monitored the quality of the service by regularly speaking with people to ensure they were happy with the service they received. He often worked alongside staff observing the standard of care being

provided. He spoke with people in person almost daily and encouraged them to speak to him about any issues they may have. He told us that he was in the process of arranging regular meetings for people who use the service. Plans were in place for October 2015 to convert the office into a communal area for people to meet. People told us they valued the visits from the registered manager and they told us it demonstrated that he was a good manager and he cared about how things were for them as individuals. One person told us about a disagreement they had with a staff member and this was resolved by the manager very quickly and there had been no problems after that.

We saw that care records were checked every week by the registered manager and the senior support coordinator. This included checking risk assessments and support plans to ensure they were appropriately reviewed as well as appropriate changes followed through and added to the support plan. Any issues and concerns were identified and actions put in place to address them. Key working sessions were also discussed with staff regularly and actions audited to ensure they were followed through in a timely way.

There were appropriate policies and procedures in place to support and guide staff with areas related to their work and they could access them on the computer system at any time. We saw individual reviews and audits were conducted for people around the administration of medicines and this included involvement from the GP and other relevant health and social care professionals.