

East Boro Housing Trust Limited

Faulkner House

Inspection report

31 West Street
Wimborne
Dorset
BH21 3SF

Date of inspection visit:
26 October 2016

Date of publication:
25 November 2016

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

Faulkner House is a domiciliary care service registered to provide personal care to people in their own homes. Two people had received support from the service over recent months, one person was no longer receiving it and one person was currently receiving personal care.

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 understood the importance of people consenting to the care they provided and encouraged choice making. They understood the importance of enabling people to make their own decisions wherever possible and seeking the involvement of appropriate people when making decisions to provide care in a person's best interests if they were not able to give consent themselves.

The person receiving support felt safe and well cared for. They were protected from harm because staff understood the risks they faced and how to reduce these risks. They also knew how to identify and respond to abuse.

Staff were consistent in their knowledge of the person's needs and spoke with confidence about the care they provided to meet these needs. Care and treatment was delivered in a way that met the person's needs and promoted their independence and dignity. This included the application of prescribed creams. Staff kept accurate records about the care and support they provided.

There were enough safely recruited staff to ensure the care could be provided. Staff told us they felt supported in their roles and had received training that provided them with the necessary knowledge and skills to do their job effectively.

The person had access to health care professionals and was supported to maintain their health by staff. Staff understood the need to share information about changes in people's health.

The person was positive about the care they received and told us the staff were nice. Staff treated the person and each other with respect and kindness throughout our inspection.

There were systems in place to monitor the quality of the service and people were encouraged to contribute to the management of the service.

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. The person felt safe and was supported by staff who understood their role in keeping them safe.

The person was supported by staff who understood the risks they faced and followed care plans to reduce these risks. This included supporting the person with prescribed creams.

Is the service effective?

Good ●

The service was effective. Staff understood the importance of consent and encouraged the person to make choices about their care.

The person was supported by staff who understood their needs and felt supported.

The person was supported by staff to access healthcare in a timely manner.

Is the service caring?

Good ●

The service was caring. The person received compassionate and kind care from staff.

Staff communicated with the person in a friendly and warm manner. They were treated with dignity and respect and they told us their privacy was protected.

The person told us that staff listened to them and involved in making decisions about their care.

Is the service responsive?

Good ●

The service was responsive. The person received care that was responsive to their individual needs. Their care plans reflected these needs and staff were confident in describing the resulting support.

The person was confident they were listened to and any

concerns they had were addressed.

Is the service well-led?

Good ●

The service was well led. There were systems in place to monitor and improve quality including seeking the views of people and staff.

Staff had a shared understanding of the ethos of the service and were committed to providing high quality care.

Faulkner House

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 the 26 October 2016 and was announced. We gave the provider short notice of this inspection in line with our published methodology for inspecting domiciliary care providers. The inspection team was made up of one inspector.

Before the inspection we reviewed information we held about the service. This included notifications the provider had sent us and information received from other parties. The provider had sent us a Provider Information Record (PIR). A PIR 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.

During our inspection we spoke with the person receiving care and three members of staff. The registered manager was not available when we visited but we spoke with them after their return to work. We also looked at records related to two people's care including the person who was currently receiving a service, and reviewed records relating to the running of the service. This included staff training and employment records and policies and procedures.

Is the service safe?

Our findings

The person receiving care told us they felt safe. Staff spoke confidently and consistently about the ways they kept people safe. They described how they reduced risks by following the person's care plan. We reviewed the person's care plan and saw it addressed assessed risks.

Staff were confident they would notice indicators of abuse and knew how to report concerns internally. They could also identify where the contact details of other agencies were if they needed to report any concerns they had. Staff told us they were confident in highlighting any concerns they had and that their managers encouraged open discussion. Safeguarding was a standing agenda item at staff meetings and supervision sessions which meant that staff received regular updates and consolidation of their knowledge.

Whilst there had not been any accidents and incidents there was a system in place to report and review any that may occur.

Staff were recruited safely with appropriate checks in place to reduce the chances of employing people who were not suitable to work with vulnerable adults. There were enough staff to meet the person's needs safely. The person told us they got their care in the morning when they needed it.

The person was supported with the administration of prescribed creams appropriately and safely. Staff told us they had been trained to administer medicines and checks had been carried out on their competence to do so safely. The person told us that they always got help with their cream and records reflected this. The person administered the remainder of their medicine. There were systems in place for people to administer their own medicines. Risks were appropriately assessed, and support put in place, for people to achieve this with the least restrictive support possible.

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 checked whether the service was working within the principles of the MCA.

The person receiving care was able to make decisions about their care and we saw that staff spoke with them in a way that promoted their autonomy. We asked staff about how care decisions would be made if someone was not able to make these decisions for themselves. They told us they had received training in the MCA and would work in partnership, when appropriate, to make best interest decisions.

The person told us the staff had the skills they needed to do their jobs. Staff told us they felt they were trained and supported to do their jobs. One member of staff said: "All the training is helpful, it refreshes you." They described how people's care plans and care records enabled them to keep up to date with people's current needs. Staff spoke confidently about the person's care needs. There was a robust system in place for ensuring that staff kept their training current and staff told us they could access specialist training when this was appropriate to people's needs.

The Care Certificate which is a national certificate designed to ensure that new staff receive a comprehensive induction to care work had been implemented for staff who met the criteria to be enrolled on it.

The person did not receive support with eating and drinking but the service had policies and systems in place to provide this support if necessary.

The person told us they were supported to maintain their health. We spoke with a member of staff who described how changes in health would be reported to health professionals and care plans were updated to include their guidance. We saw that the person's care plan included information from a health professional and that this was being followed. The person told us that the health professional was pleased with the progress they had made.

Is the service caring?

Our findings

The person receiving care told us that they liked the staff and that they were all "nice".

Staff explained that they had time to build relationships with people because they worked with them regularly. We saw that staff communicated with the person in ways that supported their understanding including giving them time to process information and consider their response. They were attentive to the person and were both familiar and respectful in their conversations. There was information about communication in the person's care plan and staff used this information to develop relationships, support independence and encourage people to control their own care.

The person receiving care felt listened to by the staff from Faulkner House. They were supported to make choices during visits by domiciliary care workers. They reflected on this saying: "The staff are nice" and "You tell the staff. They help." They also felt that their privacy was respected and told us that their personal information was kept private and their personal space respected.

Staff spoke confidently about the person's likes and dislikes and were aware of people's social histories and relationships. The care plan format used meant that this information was sought out and recorded. Humour was prevalent but staff spoke respectfully to the person and to each other. This promoted a relaxed and friendly atmosphere in people's homes and in the office.

Is the service responsive?

Our findings

The person's care was delivered in a way that met their personal needs and preferences. They told us they were able to talk to the staff and felt listened to.

Their needs had been assessed and these were recorded alongside personalised plans to meet these needs. The records showed that the person had been involved in identifying what they wanted the care plan to achieve for them and how they wanted their support delivered. Needs were assessed and care plans written to ensure that physical, emotional, and communication needs were met during visits. Staff knew the person well and were able to describe their support needs and preferences with confidence. They told us that care plans reflected people's needs and that they any changes would result in a review. They described a time when this had happened for another person who had used the service.

The care staff kept accurate and detailed records which included: the care people had received; physical health indicators and how content they appeared. These records, and care plans were written in respectful language which reflected the way people were spoken with by the staff. The records were reviewed regularly against people's care plans. This meant that changes in need that had not been noted by staff providing care could be identified.

There had not been any complaints about the service. There was a complaints policy that explained to people how complaints would be managed and the provider had a system in place for managing complaints effectively. This information was available in Easy Read formats making it accessible to people who may use the service. The person receiving care told us: "If anything is wrong I report it." We asked if things they reported got sported out and they told us they did.

Is the service well-led?

Our findings

The service, senior staff and the registered manager were held in high esteem by the person and the staff. The person told us that they were happy with the service and staff observed it was a good organisation to work for.

Staff described a learning and open working culture and reflected how they were encouraged to develop professionally and felt supported to do so. Team meetings were regular and afforded staff the opportunity to discuss a range of practice issues. The staff handbook detailed the values that underpinned the ethos and practice described to us by the staff.

People's views had previously been gathered formally in a survey and informally through feedback from staff and people. People were asked about important indicators for the quality of service provision such as whether they were happy with their support and whether staff treated them well. The registered manager explained that people using the service now would take part in the next annual survey. People were also able to contribute to the management of the service and a group had been set up to review Easy Read policies and ensure they were accessible to people who may use the service. There was a commitment to increasing people's involvement and senior managers within the provider organisation had held a client involvement planning meeting which identified their goals in this area. This meant people would have an increasing voice in how the service was run. The person receiving a service was invited to be part of this group.

There was commitment to improving practice throughout the service. Staff told us that they were able to talk with managers about any concerns or ideas they had and told us these were acted on. . There were systems in place to monitor the quality of the service such as spot checks on staff practice and audits of records such as care delivery records.

The staff team worked with other agencies to ensure people received good care. Records indicated that they were proactive in seeking guidance and information.