

People in Action

People in Action Domiciliary Care - Worcester

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

About the service: People in Action Domiciliary Care – Worcester provides a service to people with learning disabilities and autism living in their own homes. People's support is based upon their individual needs and can range from a set number of hours each week to 24-hour care. At the time of this inspection the service was supporting five people with personal care.

People's experience of using this service: Staff knew how to safeguard people and report suspected abuse. The relatives we spoke with told us they were happy with the support people received. Where incidents had taken place these were analysed, lessons were learnt and embedded into practice. Risks to people were assessed and staff were guided as to the actions to take to minimise the risks identified. Staff received the training they needed to carry out their roles. People were supported with their medicines by trained staff who had been assessed as competent in this area.

At the last inspection of the service the provider had not tested that the actions they had taken, which were in line with the person's best interests, might amount to depriving the person of their liberty. This issue had been addressed at this inspection. 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 service was flexible in meeting people's needs in an individualised way.

People received a personalised service. The service manager and provider carried out checks and audits and sought feedback to make sure that the service was delivering a high standard of support to people. A system for recording and responding to complaints was in place. The management team worked with other agencies and professionals to support people fully.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

Rating at last inspection: At the last inspection the service was rated good overall with effective rated as requires improvement (report published July 2016). The overall rating at this inspection remains the same and the effective domain had improved to good.

Why we inspected: This was a planned inspection to check that the service remained good.

Follow up: We will monitor all intelligence received about the service to inform the assessment of the risk profile of the service and to ensure the next planned inspection is scheduled accordingly.

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 remained safe.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service improved to effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service remained caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service remained responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service remained well-led.

Details are in our Well-Led findings below.

People in Action Domiciliary Care - Worcester

Detailed findings

Background to this inspection

The inspection: We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: This inspection was carried out by one inspector.

Service and service type: People in Action Domiciliary Care – Worcester provides care and support to people living in '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. The service also provides a domiciliary care service for people who required less intensive support.

Not everyone using People in Action Domiciliary Care - Worcester receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of this inspection five people were supported with personal care tasks by the service.

The service had a registered manager. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided. This person was not present on the day of inspection. Day to day branch matters were managed by a service manager who assisted us on the day of inspection along with a representative of the provider.

Notice of inspection: We gave the service 48 hours' notice of the inspection visit because we needed to be sure that the service manager would be available to support the inspection and for staff to be available to talk with us about the service.

What we did: We reviewed information we had received about the service to plan the inspection. This included details of incidents the provider must notify us about, such as abuse. Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We sought feedback from the local authority and professionals who work with the service. We contacted Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During the inspection: We met three people who used the service spoke with two of their relatives. We spoke with the provider's representative, the service manager who had oversight of the branch, the assistant manager of the service and three support workers. We reviewed a range of records. This included two people's care records, various records related to recruitment, staff training and supervision and the management of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse.

- Staff knew how to safeguard people from abuse and how to report any concerns they may have.
- Staff were aware of the potential signs of abuse and told us that they felt confident that the management team would address any safeguarding issues they raised.

Assessing risk, safety monitoring and management.

- Support plans contained clear guidance for staff to follow to help keep people safe. Risks to people had been assessed and actions put in place to reduce the risk. For example, risks around medicines and medical conditions.
- Contingency plans were in place to help ensure that the service could continue to meet people's needs in the event of an unforeseen events such as staff shortages or the failure of IT equipment.
- An on-call system was in place should staff need advice or support from management outside of office hours.

Staffing and recruitment.

- We looked at staff rotas which showed staffing levels were sufficient. Staff confirmed this. Both relatives and staff told us staff teams were usually consistent.
- The suitability of care staff was checked during recruitment to make sure, as far as possible, they were safe to work with people.

Using medicines safely.

- Staff had received training in medicine management and had been assessed as competent to ensure they managed medicines safely.
- Records showed that people received their medicines as prescribed.

Preventing and controlling infection.

- Personal protective equipment such as gloves and aprons were available for staff when needed.
- Staff knew how to reduce the risk of infection spreading and had received training in this area.

Learning lessons when things go wrong

- The provider reviewed incidents to identify how lessons could be learnt. For example, following an incident where a person's medicine count did not tally; they introduced daily checks of medicine balances to ensure audits could more easily identify when a potential mistake had occurred.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

People's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA), whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- At the last inspection of the service the provider had not tested that the actions they had taken in people's best interests might amount to depriving the person of their liberty. The provider had not discussed this with the Local Authority, so that the Local Authority could submit an application to the Court of Protection to ensure the person was not being unnecessarily deprived of their liberty. At this inspection we found this had been resolved and all appropriate actions had been taken where people did not have capacity to make their own decisions.
- 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.
- Where people were unable to make their own decisions the service had liaised with relatives and other professionals involved the person's life to ensure any restrictions were in the person's best interest.
- One person we spoke with told us how care staff respected their decisions and gained consent before carrying out tasks.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

- People's needs were assessed to ensure their needs could be met before they received support from the service.
- People's had plans of support which covered areas such as their healthcare needs, mobility and nutrition.

Staff support, induction, training, skills and experience.

- People were supported by staff who had the training they required for their role. This included specialist training to meet the needs of people such as autism awareness and epilepsy training. One staff member told us, "I get the training I need." Staff received an induction when they started working for the service which included working alongside more experienced staff until they felt confident to work alone.
- Staff were supported through regular supervision meetings with the management team.

Supporting people to eat and drink enough to maintain a balanced diet.

- People were assisted to be as independent as they were able with menu planning, eating and drinking.
- Staff supported people with their nutritional needs and meal preparation as required.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support.

- The service worked well with a range of other health professionals such as GP's, psychiatrists and specialist nurses.
- People had hospital passports to ensure if they were admitted to hospital information about them would be easily available to medical staff.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity.

- People told us staff were caring.
- Relatives told us that they also found the staff were kind and caring. One relative told us, "I'm very grateful for their care."
- We observed staff treating people with respect, involving them fully in conversations and waiting patiently for people to answer questions in their own time.
- We saw that staff knew the people they were supporting very well. Staff members and people communicated effectively, including using signs individual to people.
- Where appropriate staff bantered in a light-hearted manner with some people which we saw they enjoyed.

Supporting people to express their views and be involved in making decisions about their care.

- Staff showed concern for people's wellbeing. They ensured that people received individual care and support that suited their needs.
- Staff knew people's communication needs very well. Information regarding this was recorded clearly in people's support plans. For example, one person's plan stated that if they were blowing their fingers they were content and happy. We observed the person doing this when chatting with staff.
- Staff knew people's communication needs well. The service was aware of the need to comply with the Accessible Information Standard (AIS). The AIS is a framework making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. The provider had introduced accessible information for people including a pictorial complaints information leaflet.

Respecting and promoting people's privacy, dignity and independence.

- Staff knew how to maintain the privacy and dignity of the people they cared for and were aware that this was a key part of their role.
- People's independence was promoted by staff. One person told us how they carried out household tasks at home such as washing up. A relative said, "They [staff] always encourage [name of person] to do things at home."
- People were supported to maintain and learn new skills. For example, during this inspection one person was about to go off to a music session which they were clearly excited about.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- The service identified people's needs and preferences by assessing them prior to providing support. These were regularly reviewed and adjusted if needed. People's spiritual and cultural needs were assessed as part of the initial assessment process.
- Staff received a handover of information about the person they were supporting when starting their shift. This meant they had the up to date information to support the person effectively.
- The service was flexible in meeting people's changing needs. For example, one person had recently been diagnosed with a dementia type illness and staff were receiving training to be able to continue to meet the person's needs effectively.
- Staff worked in a person-centred way with people. They knew people's likes and dislikes very well. One relative told us, "It's usually a consistent staff team, I've always been able to say if someone isn't right and they have changed them for me. That's very important to me."
- Staff ensured that people were as involved in their care as much as they could be. For example, one staff member told us that a person they supported was not able to complete a shopping list even with staff support. However, when shopping staff would show the person items in the supermarket which the person would then pick from.
- Support plans contained information as to how to support individuals to enable them to be as independent as possible.
- Staff supported people to access a range of community facilities, from undertaking their personal shopping with them to hydrotherapy.

Improving care quality in response to complaints or concerns.

- Systems were in place to ensure complaints were managed appropriately by the registered manager, service manager and provider.
- Relatives told us that they knew how to make a complaint. Where complaints had been received they had been managed appropriately.
- The service had received a number of compliments which had been passed on to staff.

End of life care and support.

- No one using the service was receiving end of life care.
- An end of life care policy to guide staff was in place should this type of care need to be provided.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care.

- Governance systems were in place to check the quality of service provision. These were carried out by the service manager and the provider. A member of the management team visited people living in the supported living settings monthly to check how things were. We identified during this inspection that an audit by the service's quality assurance manager was overdue, however this had been scheduled.
- Staff at all levels of the service understood their roles and responsibilities.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility.

- The provider understood legal requirements and their responsibilities in providing a service to the people supported. They were aware of duty of candour requirements.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics.

- Relatives had been given the opportunity to feedback on the service their family members were receiving. The people supported were unable to answer surveys. One relative told us, "I can always go to them [management] if I need to and everything I bring up is dealt with."
- Staff told us the service manager was very approachable and that they felt listened to. One staff member told us, "I could go to the management team if I had any problems."

Working in partnership with others.

- The service worked well in partnership with a range of other agencies and professional such as social workers and day service staff to best meet the needs of people.
- The service worked with other branches of the organisation to promote good practice.