

Amity Supported Living Limited

Wessex House

Inspection report

Upper Market Street
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Hampshire
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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

The inspection was carried out on the 11 January 2016. Forty-eight hours' notice of the inspection was given to ensure the registered manager was available.

The service was last inspected in October 2013 and no concerns were identified.

Wessex House provides personal care and support to people living in their own homes, who may have a learning disability, physical disability or mental health needs. At the time of our inspection, one person was receiving personal care from this service however, they were looking to expand.

The service had a registered manager. 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.

There were sufficient staff to support people effectively and staff were knowledgeable about how to identify signs of abuse and report it appropriately. People said the care and support they were receiving was safe. Medicines were managed safely and there was a robust competency assessment on all staff who administered them. Recruitment processes were safe and ensured all care and support staff were suitable prior to them commencing work.

People were asked for their consent before care and support was given. Staff and the registered manager knew about the Mental Capacity Act 2005, and how it could impact the person they provided care and support for.

People's care plans and risk assessments were person centred and their preferences respected. Care plans were reviewed regularly and people were involved in deciding how their care was planned and delivered. People and their relatives were asked for feedback about the service they received and any concerns were addressed promptly.

Staff had completed training appropriate to their role. There was an on-going training plan in place as well as additional group training sessions and direct observations of their practice. People said the staff were kind and caring and treated them with dignity and respect. They were satisfied with the service they received.

Staff felt the service was well-led and they were supported in their roles. Procedures were in place to investigate any complains and learn from any accidents or incidents and there were clear actions recorded.

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.

People said they felt safe. Staff were aware of safeguarding and knew how to recognise and report suspected abuse.

The service followed safe recruitment practices and there were sufficient staff to meet people's needs.

Medicines were administered safely and systems were in place to assess risks.

Is the service effective?

Good ●

The service was effective.

Staff received training appropriate to their role. New staff were supported to complete an induction and all staff were supported through regular supervisions.

Staff were aware of the Mental Capacity Act 2005 and how this could impact on the person they provided care and support for. Staff explained how they always sought consent before providing any care or support.

People's nutritional needs were met and referrals made to healthcare professionals as required.

Is the service caring?

Good ●

The service was caring.

People were positive about the caring attitude of staff. Staff treated people with dignity and respect whilst encouraging them to maintain their independence.

Staff understood about person-centred care and this was reflected in their care plans.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care which met their needs.
People's choices and preferences were respected.

People's views were listened to and actions taken if required.

Is the service well-led?

The service was well-led.

The provider had a formal quality assurance system in place.

Staff felt supported and able to speak to managers if they had any concerns.

Good ●

Wessex 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 11 January 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service we needed to be sure that the people we needed to speak with were available.

The inspection was carried out by one inspector. We reviewed the information we held about the service including the registration report. Before the inspection, the registered manager completed 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. Surveys were sent to staff and people using the service. At the time of the inspection one person was receiving a personal care service. We were unable to speak to them so used the feedback from the questionnaire to gain people's views on the service provided. We received nine completed surveys from staff as well as one from the person using the service and their relatives.

We spoke to one care staff member, the director and the registered manager. We looked at care plans and associated records for the person receiving personal care. We also looked at staff duty records, five recruitment files, medicine administration records, the provider's policies, procedures and records relating to the management of the service.

Is the service safe?

Our findings

People benefited from a safe service where staff understood their safeguarding responsibilities. Prior to the inspection we sent surveys to staff, people, friends and relatives as well as professionals involved in the care of people. In survey responses people and their relatives described the care and support they received as being consistently good. People said they "felt safe" and relatives said people "received care which was safe".

People were supported by sufficient staff with the right skills and knowledge to meet their individual needs. The service ensured all care staff understood and recognised signs of abuse through regular training and group workshops. All staff knew how and who to report any concerns to. One care staff member said, "If I was concerned I'd report it to [name of registered manager] as they would take action. If they didn't then I'd report it to you [CQC]". They were able to follow the procedures and confirmed they had received regular training and updates on safeguarding of adults. The registered manager was aware of their responsibilities for safeguarding; they knew to contact the local authority if they had any concerns about people's safety.

Staffing levels were appropriate to meet the current level of people's needs. The service had sufficient staff available as well as bank staff to cover any illness or sudden absence of staff. People's responses to the survey included "I received care and support from familiar, consistent care and support workers" and "My care and support workers always arrive on time". The service followed safe recruitment practices. Staff told us they had "completed an application form and attended an interview". They had not commenced work until all the checks had been completed. Staff files included application forms, records of interview and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure staff were suitable to work with vulnerable adults. Records confirmed that staff members were entitled to work in the UK.

There were safe medication administration systems in place and people received their medicines when required. Staff had completed appropriate training and had been competency assessed. Staff said, "We do both online training as well as group training. We are then assessed to do the role". Where errors had occurred, the service had identified this and actions taken to prevent them from happening again. Care files documented the types of medication people were taking and how they should be given. There were medication administration records showing how and when to apply topical creams for one person.

Person-centred risk assessments were in place to support people to be as independent as possible. These protect people and supported them to maintain their freedom. They contained detailed information about specific risks posed to people. Occasionally people became upset, anxious or emotional. For example, One person had a dislike of rain, so much so it affected their behaviour and caused them to become distressed. The person liked to go out into the community regularly so their risk assessment gave details about how they may react and various examples for care staff as to how to support the person should this be required.

Risk assessments were reviewed annually and the registered manager stated they would be updated any time the person's needs changed. Staff said, "If [the person] condition changed, we'd update their risk

assessment. Their [the persons] needs change regularly so we make changes as required".

Staff followed the policies and procedures in order to protect people they worked with. Where accidents or incidents had occurred, this was documented and a clear plan of what action had been taken and any follow up from the incident. The registered manager said that they used any incidents for "learning and developing". Staff shared information with each other as well as the registered manager in order to minimise the risks.

People were protected from the risk of harm from infection; staff wore protective clothing such as aprons and gloves when carrying out personal care. Staff knew when they needed to wear protective clothing and described about wearing gloves if they had to apply any topical cream.

Is the service effective?

Our findings

Surveys received from people and their relatives showed they felt the care and support received was consistently good and the staff were suitably trained. People said in the surveys "My care and support workers have the skills and knowledge to give me the care and support I need."

New staff were supported to complete an induction programme before working on their own. They told us, "The induction is six weeks long, we do online training as well as group sessions". The registered manager said, "As well as the online training, staff complete group training sessions and one to one sessions with myself. We go through the policies and procedures with them [care staff] and they then sign to say they have read them. We also spend time looking at case studies and carrying out role plays of potential scenarios, to show best practice. Staff will also shadow a more experienced member of staff and be competency assessed before being able to provide support independently". Following the induction period, new staff were subject to a six month probation period with a supervision held at three months. New staff recruited since April 2015, completed an induction and training which followed the principles of the Care Certificate. The Care Certificate is a set of standards that health and social care workers adhere to in their daily working life.

People's needs were met by staff who had access to the training they needed. Staff told us they had the training and skills they needed to meet people's needs. Comments included: "We receive lots of training" and "We have specific training to meet the needs of the person, we all have it in case a staff member goes off sick". Staff told us they had the training they needed when they started working at the service, and were supported to renew their training. We viewed the training records for staff which confirmed staff received training on a range of subjects. Training completed by staff included, first aid, safeguarding, mental health, mental capacity act and Deprivation of Liberty Safeguards, medicines administration and person-centred care. They also received appropriate training to support them when using specific equipment for the person they were working with.

People were supported by staff who had supervisions (one to one meeting) with their line manager. Staff told us supervisions were carried out regularly and enabled them to discuss any training needs or concerns they had. One member of staff told us, "We have regular supervisions, but I can go to [the registered manager at any time if I have things concerning me]". Supervisions provide an opportunity for management to meet with staff, feedback on their performance, identify any concerns, offer support, assurances and learning opportunities to help them develop. Records of supervisions showed a formal system was used to ensure all relevant topics were discussed. Where actions were identified the process ensured these were reviewed at the subsequent supervision meeting. Staff told us they felt supported by the registered manager, and other staff. Comments included: "We work well as a team" and "We all get on". As well as supervisions, the registered manager undertook direct observations on all the staff. These were conducted monthly, and were undertaken at different times in order to observe the staff member undertaking different care and support. By carrying out direct observations of their staff, the registered manager was able to identify any learning needs and take actions to address them.

People's ability to make decisions was assessed in line with the Mental Capacity Act 2005 (MCA). The MCA

provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so themselves. The Act requires that as far as possible, people make their own decisions and supported to do so if needed. When they are deemed to lack mental capacity to make particular decisions, then any decision made must be in their best interest and be as least restrictive as possible. The registered manager ensured where someone lacked capacity to make a specific decision, a best interest assessment was carried out. We saw this had been recorded in the person's support plan it was decision specific and had involved the relevant people.

People were supported to make choices in order to maintain their independence. For example, one person who was able to make choices, required staff to give them time to make a decision. Staff knew that if they rushed the person, they might become confused. In order for the person to make the decision themselves, staff knew to be patient and not to provide too much information at once. Staff said, "We are there to support them to do what they want to do, we take [the person] shopping. We write the list but its things we know [the person] likes as this has already been discussed with them".

People were supported to have their nutritional needs met. For example, one person was supported by staff to do their own shopping. They were then being supported to prepare their own meals. Staff explained they "would encourage the person to do as much as they could themselves". Staff said they were aware of the person's abilities and would encourage them rather than taken over the task themselves, thus maintaining the person's independence. Staff supported people to make healthy meal choices and would contact appropriate professionals when required. We saw in one care plan that there were concerns surrounding a person's swallowing ability. Contact had been made with the Speech and Language Therapist (SaLT), who was then involved in carrying out an assessment and advising staff on actions to take. We saw care staff had been following the advice from the when supporting the person to plan their meals and shopping lists.

People's care records showed relevant health and social care professionals were involved with people's care. Care plans were in place to meet people's needs in these areas and were regularly reviewed. We saw care files had been updated and care plans changed to meet the person's current level of needs.

Is the service caring?

Our findings

People and their relatives were positive about the caring attitude of the staff. Responses in surveys we received said all staff were caring and kind. People said staff were, "very kind, they help me a lot" and "I am very happy [with the care]".

People received care and support from staff who knew them well. The relationships between staff and people receiving support demonstrated dignity and respect at all times. Responses in the survey we received said "I am always introduced to my care and support worker before they provide me with any care" and "My care and support workers always treat me with respect and dignity". Staff explained how they ensured people were covered as much as possible when providing personal care and how they respected the person's decisions. Staff said "I always explain what I am going to do, and give [name of person] time to process the information before starting to carry out the care". Staff also said they were aware they were working in the person's home and they needed to respect that.

Staff knew, understood and responded to a person's spiritual needs in a caring and compassionate way. For example, one person wanted to attend the weekly church service. This was part of the person's care package and was documented within their care plan. The person had made some good friends at church and would choose to sit with them. These friends would sometimes support the person to take communion and this was recorded in the person's care files. This showed the service had taken into consideration the person's need for independence and to maintain friendships.

People were consulted about their care and how it was to be provided. Staff knew what person-centred care meant and could relate how they provided it. They were knowledgeable about people's individual needs and how to ensure these needs were met. People were allocated a keyworker who knew them well. A keyworker is a named member of staff that was responsible for ensuring people's care needs were met. The person was 'matched' to the keyworker through a variety of means. For example, one person communicated in a number of languages, a staff member also spoke one of the languages and they had built up a rapport. Through a discussion with the person and care staff, it was agreed this person would be their keyworker.

All records relating to people were kept securely within the agency office with access restricted to staff only. Daily records were collected weekly and stored securely in the care relevant files.

Is the service responsive?

Our findings

People received personalised care which was responsive to their needs. This was documented in the care file we looked at as well as the information we received from surveys we sent to people and their relatives. People, who completed the surveys, said "I am fully involved in decision making about my care and support needs". The registered manager explained that anyone receiving a service from them was involved in their assessments and contributed as much as they could. For example, one person had a variety of ways in which they communicated. Staff had worked with this person to devise a communication sheet, which showed anyone who needed to communicate with [the person], the various signs, words and expressions they needed to use. The service had taken photographs of the care staff, showing them signing specific things to keep as a record for all staff to learn. This meant staff were able to understand what the person may be asking them to do.

Care plans reflected people's individualised needs and were not task focused. Daily records showed the person was receiving the support they required to ensure their personal care needs were met. They also supported with meal preparation. The care plan was clear that care staff should support and encourage [name of person] to do as much of this as possible and to not take over. Staff knew this person's likes and dislikes but still went through what items they wanted to buy.

A daily record of the care provided, was kept for the person. These records showed what support had been given during the course of the care workers shift. This was updated between the day shift and the night shift as the person was in receipt of 24 hour care. People's needs were reviewed regularly and as required. Where necessary the health and social care professionals were involved. For example, when staff noticed a change in a person's swallow, they sought advice before contacting the appropriate health professional. By recording this in the daily records, it was there for the next carer who visited the person to see, and the information could then be shared amongst the staff supporting the person.

There was a complaints procedure in place, but no complaints had been received. People who completed the survey said "I know how to make a complaint about the care agency". The registered manager was able to say how they would record the details of the complaint and what actions they would take. The registered manager visited people at least once a month; this allowed them to gather feedback from people using the service. They would also send out annual questionnaires to people and their relatives. If these raise any concerns or suggestions, they stated these would be looked into and actions taken.

Is the service well-led?

Our findings

People's experience of care was monitored through regular visits by the registered manager or as contact via, the telephone, text or emails. This was as well as yearly questionnaires being sent out. By keeping in regular contact; it allowed any issues or changes to be addressed before they escalated. Everyone who completed the surveys we sent out prior to the inspection said "The care agency has asked what I think about the service they provide". Staff felt listened to by the management, and knew if there were any issues they could contact either the registered manager or the director, and action would be taken. Staff who completed the survey said "My managers ask what I think about the service and take my views into account".

The service promoted a positive culture and had an 'open door' policy. The registered manager explained they were in regular contact with all staff. Staff we spoke with confirmed this "If I have any problems I just call [name of registered manager] or [director] or call in at the office". The registered manager said "They [people and staff] know we are here if they need us. We are on call 24/7, but there are four key people who will cover our on-call when we [registered manager or director], are on leave".

Staff said they felt the service was well led and that the registered manager and director, kept them up to date with information about the agency or people they were caring for. Staff said "The [registered manager and director], give me important information as soon as I need it". "We have regular team meetings where issues can be discussed". The registered manager confirmed this and explained they were as open and honest with the people and staff members as they could be. A professional who completed the survey said "That the service was well managed". Care files showed that professionals were consulted when required.

The registered manager shared the service's ethos as being there to 'support people with learning difficulties and/or mental health problems to lead the most happy and fulfilled life they can' and by 'promoting appropriate choices for people. Choices that give people control of their lives but ones that do not create anxiety for them'. Care staff explained how they worked to this with regards to maintain people's independence and encouraging them to do things for themselves.

The service completed quality assurance checks on the care and support they provided. This was done through audits, surveys as well as spot checks. The registered manager also carried out direct observations on all staff at different times throughout the year to identify if there were any additional training needs required. There was a system in place for reviewing care plans and risk assessments. The registered manager told us they were reviewed annually, but were also updated as people's needs changed. Appropriate policies and procedures were in place and followed. The registered manager spent time with the staff going through the policies to ensure they understood them.

The service took appropriate action if any accidents or incidents occurred. The service kept a record of when they occurred, and the action they took as well as any measures put in place to prevent them from occurring again. The provider and the registered manager understood their responsibilities and were aware of the need to notify the Care Quality Commission (CQC) of significant events in line with the requirements of the

provider's registration.