

South West Independence Limited

South West Independence Limited Care at Home

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

South West Independence Limited Care at Home is a domiciliary care agency providing personal care and support to people living in their own homes. This service provides care and support to people living in a 'supported living' setting, this means they can live in their own home 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 time of the inspection five people were receiving the regulated activity 'personal care'.

This inspection was announced and took place on 18 October 2018. The provider was given 48 hours' notice because the location provides a domiciliary care service to people in their own homes and we needed to be sure that someone would be at the office and able to assist us to arrange home visits.

"The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen." Registering the Right Support CQC policy

A registered manager was 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.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Why the service is rated Good

People told us and indicated they felt safe living when receiving care and support from the service, one person said, "Safe? Yes, always safe they are really good."

There were processes and practices in place to keep people safe. The provider had a robust recruitment programme which meant all new staff were checked to ensure they were suitable to work with vulnerable people. All staff had received training in safeguarding vulnerable people. All staff spoken to were able to tell us what they would look for and how they would report anything they thought put people at risk of harm or abuse.

People received effective care and support from staff who had the skills and knowledge to meet their needs.

All staff attended regular updates of the organisations mandatory training Staff also received training about the specific needs people had for example, the safe management of epilepsy.

People who were able told us, and we saw, they were cared for by kind and caring staff some of whom went over and above what was expected of them. Staff respected people's privacy and dignity at all times. People told us they were involved in their care planning and they could express an opinion about the care provided and contribute to any changes.

People received responsive care and support which was personalised to their individual needs and wishes. There was clear guidance for staff on how to communicate with people and how to know when a person was not happy or distressed. People were supported to access health care services and see healthcare professionals when necessary.

People took part in a range of activities which included not only their regular clubs and daily routines but achieving goals and their wish list. People were supported to go on regular holidays and pursue interests. People were also actively involved in the local community and one person was supported to be an advocate talking out for people with a disability.

People were supported by a team that was well led. Everybody spoken to said they thought the service was well led. People and staff said the registered manager was open and approachable. All staff worked towards achieving the organisations philosophy of, supporting and encouraging people to attain their independence and achieve their goals.

There were systems in place to monitor the quality of the service, ensure staff kept up to date with good practice and to seek people's views. Records showed the service responded to concerns and complaints and learnt from the issues raised.

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.

South West Independence Limited Care at Home

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.

The inspection took place on 18 October 2018 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service to people in their own homes and we needed to be sure that someone would be at the office and able to assist us to arrange home visits. The inspection was carried out by one adult social care inspector.

Before the inspection we reviewed all the information we held about the service. This included notifications the provider had sent us. A notification is the means by which providers tell us important information that affects the running of the service and the care people receive.

We had requested and received a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We reviewed this information before the inspection.

During the inspection we visited two people who used the service and met one person in the communal area. We also spoke with five members of staff, as well as the registered manager. We received feedback from two professionals who had knowledge of the service.

We looked at a range of records during the inspection, these included three people's care records. We looked at information relating to the management of the service including quality assurance audits and meeting minutes. We also looked at three staff files, the recruitment process, the staffing systems, complaints, and staff training and supervision records.

Is the service safe?

Our findings

People continued to receive care that was safe. People told us they felt safe using the service and with the staff supporting them. One person said, "I feel very safe living here and look forward to [staff names] coming in." Another person said, "I am safe I would say otherwise."

The registered manager and staff understood their responsibilities to safeguard people from abuse. Concerns and allegations were acted on to make sure people were protected from harm. Records showed staff had received training in how to recognise and report abuse. Staff spoken with had a clear understanding of what may constitute abuse and how to report it. One staff member said, "We all receive training in how to recognise abuse and what to do. I feel confident that [the registered manager] would sort anything out immediately."

Risks of abuse to people were minimised because the provider had a robust recruitment procedure. Before commencing work all new staff were thoroughly checked to make sure they were suitable to work with vulnerable people.

People's care plans included detailed risk assessments linked to people's needs. These included the actions staff should take to promote people's safety and ensure their needs were met. Staff we spoke with were aware of these risks and could tell us how they would keep people safe in line with their care plan. Care plans included risks related to nutrition and hydration, epilepsy and choking. People also had risk assessments in place to take part in activities. These included, the risks associated with sunburn, heat stroke and the use of vehicles. Risk assessments were reviewed with people when care plan reviews were carried out and if people's needs changed.

When people had been identified as having behaviours which could challenge themselves or others there were directions for staff to follow. These helped to reduce people's anxiety and reduce the likelihood of them becoming distressed.

People were supported by enough staff to meet their needs. Each person had their own dedicated team of staff one person said, "I have my team and they look after me." One staff member said, "We work like a well-oiled machine. It is all down to good team work. We all know our clients and we can move between teams if we need to, but the clients always have someone they know." The registered manager explained how they recruited new staff to meet the specific needs and interests of the person they were going to support.

Some people required assistance with their medication. Systems were in place to ensure people received their medicines safely. All staff received medicine administration training and were assessed as competent before they could administer people's medicines. Clear risk assessments and agreements were in place to show how and when assistance was required. Medicine records included clear guidance on the use of specific medicines related to epilepsy. There were clear instructions in place for one person in the event of an epileptic episode all staff were aware of the process to follow.

Staff were aware of the importance of minimising people's risk of infection when providing care and support. Staff received regular training and were supplied with personal protective equipment such as gloves and aprons.

Incidents and accidents were reviewed to identify any learning which may help to prevent a reoccurrence. The time, place and any contributing factor related to any accident or incident was recorded to establish patterns and monitor if changes to practice needed to be made.

Is the service effective?

Our findings

People continued to receive effective care and support from staff who had the skills and knowledge to meet their needs. One person told us, "They [staff] are all really clever. I think they get lots of training."

Each person had a care and support plan which was personalised to them. These plans set out people's needs and how they would be met. They also showed how risks would be minimised. Each person had been involved in writing and agreeing their care plan. One person told us how they were always involved and they knew what staff had written.

The provider supported staff to deliver care and support in line with best practice guidance. Information on supporting people living with specific health conditions was available and included in people's care plans. This meant staff could provide appropriate and person-centred support according to individual needs.

People were supported by staff who had access to a range of training to meet their needs. The provider had a full training programme which staff confirmed they attended. One staff member explained how they had recently attended training updates for the providers mandatory training. They said, "The training is very good, and we are always reminded when it is due." One staff member who had been recently employed said, "I was very impressed with the training and felt I was given plenty of information to understand the person I was going to support."

Staff told us they were supported by the registered manager through regular supervision and an annual appraisal. Records showed staff were given the opportunity to discuss working practices, what went well and what did not go well and explore ways of improving the service they provided.

Most people required some assistance with food preparation or eating. The supported living complex had a communal area where people could meet to cook their meals or eat with other people living in the neighbouring flats. Staff were aware of people's needs in relation to risks associated with eating and drinking and followed guidance from healthcare professionals in relation to these.

Each person had a hospital and health passport which clearly indicated their needs so they could be communicated to other health care professionals. Regular health care checks were arranged with people and if a person required support when in hospital a member of their staff team could stay with them to minimise the risk of them becoming distressed.

People's changing needs were monitored to make sure their health needs were responded to promptly. Staff supported people to see health care professionals according to their individual needs. For example, one person was supported to achieve positive outcomes such as maintaining their communication abilities using an electronic device.

The service worked closely with other organisations. One person had recently moved from a residential setting managed by the same provider. They brought their existing team of staff with them so the move was

less stressful and they were supported by staff who understood their needs. This meant the person experienced an effective hand over of their care needs and a consistent approach to promoting their move to a more independent way of living.

People only received care with their consent. Care plans contained copies of up to date consent forms which had been signed by the person receiving care. People confirmed they were involved in their care and support. We observed one person who had limited communication effectively direct what they wanted to do with their day. One staff member said, "[The person] likes to go out every day and we support them to do what they want each day."

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. Nobody receiving a personal care package lacked capacity at the time of the inspection however the registered manager was aware of the process they would follow.

Is the service caring?

Our findings

People continued to be cared for by kind and caring staff. People told us they found all the staff who supported them were kind and cared about their needs. One person said, "They [the staff] are all really nice. I get on really well with [staff members name]." Another person smiled and nodded their head, then looked at their support worker and laughed.

We observed people were treated with kindness and care by staff. Staff spoke respectfully to people and showed a good awareness of people's individual needs and preferences. People were relaxed and cheerful in the presence of staff. We saw there was a strong rapport with staff which could be seen in banter and joking when we asked people what staff were like.

People had a consistent staff team and this was important to them. They all indicated they had developed close relationships with staff and knew the team well. One person said, "I know everybody." They named one person they hoped would be taking them away for a weekend and said, "[Staff member] is brilliant I like it when they are around." Another person indicated to the registered manager and said, "She's the boss, she's ok." They then laughed and joked with the registered manager in an easy and relaxed way.

There were ways for people to express their views about their care. Each person met with the registered manager when they started to use the service to discuss their care needs and expectations. People could discuss their care plans with staff and the registered manager when reviews were carried out or when needs changed. For example, all the care plans had been reviewed and updated onto a new electronic system. One person's relative was looking at the care plan to suggest any changes they and the person might like made.

People contributed to decisions about the activities they attended or wanted to attend. People decided on what they wanted to do and staff worked out how they would manage to achieve the goal the person had set. People were also consulted daily on how the day had been for them when the daily record was completed, their views were then recorded in a reflection diary.

People were encouraged to do what they could for themselves including participating in cooking and cleaning. Staff told us how they supported people's privacy and dignity. This included giving people private time, listening to people, respecting their choices and upholding people's dignity when providing personal care.

People's confidentiality was supported. Guidance was in place to ensure staff checked the content of shared information to support people's rights. Staff did not speak about people in front of other people, when they did discuss people's care needs with us they did so in a respectful and compassionate way.

Is the service responsive?

Our findings

People continued to receive responsive care and support which was personalised to their individual needs and wishes. People told us they were involved in developing their care plans and they were personal to them. One person said, "I've got a care plan and I can say what they put in it." Another person said, "I have got plenty to do always going out and I am planning a weekend away."

People's care plans included clear information about the support they required to meet both their physical and emotional needs. They also included information about what was important to the person and their likes and dislikes. People told us they had been involved in developing their care plans and were kept involved during reviews and when updates were required. Staff were knowledgeable about people's preferences and could explain how they supported people in line with their care plans.

People's communication needs were known and understood by staff. People's care plans included details which helped staff understand how people expressed their needs. This included a description of words and behaviours and their known meanings. We observed staff were skilled at supporting people with their communication needs.

Information was shared with people and where relevant the information was made available in formats which met their communication needs in line with the Accessible Information Standard.

People participated in a range of activities to meet their individual needs. They were supported to complete a wish list of things they wanted to do. As well as the daily activities people were involved in they planned weekends away and holidays. One person told us they were planning to go to watch the snooker championships live. Their support worker confirmed they were currently arranging tickets and accommodation. This person also told us how the support worker had gone out of their way to help them access specialist sports channels on TV. They also told us how they had been supported to go to see their favourite football team play.

Another person was supported with their interest in the local community. They liked to help pick up litter and had been supported to understand the need to remain safe. They told us about the "high phiz" jacket they wore when out. This person also told us how they had been supported to go on holiday and said they had enjoyed the week away. The registered manager told us about one person who wanted to go on an aeroplane to see a famous theme park. Staff were looking at ways they could achieve this as part of the person's wish list.

People were also supported to be involved in the local community. One person visited local schools to talk to pupils about what it was like for them being disabled. Their support worker said, "It is amazing the difference [the person] makes. The first week the kids look and stare and say nothing. By the last week they are chatting to and involving [the person] as part of their community." This person was also supported to speak at a providers meeting about what person-centred care meant for them and their experience of the care sector. They also had a regular slot on a local radio.

There was a concerns, complaints and compliments procedure in place. This detailed how people could make a complaint or raise a concern and how this would be responded to. People and their relatives had access to the policy and knew who they could raise a concern or complaint with. One person said, "She's the one in charge, [indicating the registered manager]. I would talk to her." We looked at the records for one complaint raised since the last inspection the provider had followed their processes and records showed that lessons had been learnt through discussions with staff. The registered manager explained they were not very good at recording compliments, however they were planning to record all compliments and sharing them with staff in the future. A sample of compliments received included, "Nice to see dedicated staff," and one professional involved with the service had emailed, "For what it is worth I think you are champion."

The service was not supporting anyone who was receiving end of life care at the time of our inspection. However, the registered manager knew who to involve in the local community if the support was needed.

Is the service well-led?

Our findings

People continued to be supported by a team that was well led. People told us they felt the service was well led and they were happy with the care and support they received. One healthcare professional said, "They have provided an efficient service to my clients and worked flexibly to meet their needs." Another health care professional said, "The staff team who support [the person] have always been responsive and attentive in providing their 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.

The registered manager told us they promoted the values of the organisation which included, a person-centred approach providing support and encouraging people to maintain their independence. The providers statement of purpose stated they supported people to, "Set and achieve their individual goals and encourage self-development." Staff spoke enthusiastically about how they worked towards achieving the philosophy and goals of the organisation. All staff spoken with emphasised that the support they provided was driven by the person and not by the organisation. One staff member said, "It is all about what the clients want and the goals they want to achieve."

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, and their philosophy of being open and honest in their communication with people. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

There were effective quality assurance systems to monitor care and plans for on-going improvements. There were audits and checks in place to monitor safety and quality of care. If specific shortfalls were found these were discussed immediately with staff at the time and further training could be arranged. Staff members confirmed they had attended staff meetings to discuss ways to improve the service and how they worked.

Staff personnel records showed they received regular contact with the registered manager as well as one to one supervision meetings. Supervisions were an opportunity for staff to take time out to discuss their role within the organisation and highlight any training or development needs. They were also a chance for any poor practice or concerns to be addressed in a confidential manner.

Staff spoke positively about the registered manager. All staff spoken with said they felt listened to and involved in the future development of the organisation. One staff member said, "I feel really well supported by [the registered manager]. It is not only the clients they care about but their staff as well." Another staff member said, "The staff turnover is very low, once they start they don't want to leave. The only reason staff leave is for personal reasons not because of the job."

People were involved in the running of the service, for example when new staff were employed they met the person they were going to support and gave feedback on whether they felt they could build a relationship with them. The registered manager explained they were looking at ways of involving people more in the recruitment process. They told us one person had already developed questions they would like to ask prospective staff. Surveys had been carried out in the past however the registered manager explained they were in the process of developing surveys that were more specific to the individual and the service they received. People were also involved in monthly meetings with their support workers. This meant they could comment on the care and support provided and suggest any changes or improvements.

The service had links with other resources and organisations in the community to support people's preferences and meet their needs.

The service had a contingency plan in place to make sure people continued to receive a service if adverse weather was experienced during the winter. The provider and staff had access to 4x4 vehicles and staff could stay at the supported living complex to ensure people's needs were met. The registered manager told us about one support worker who had walked seven miles in the snow to make sure they could be at the complex in time for their morning shift.

To the best of our knowledge the provider has notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.