

The Stable Family Home Trust

Skills Base @ Cornerways

Inspection report

Cornerways House
School Lane
Ringwood
Hampshire
BH24 1LG

Tel: 01425475633
Website: www.sfht.org.uk

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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 took place on 9 August 2016, with visits on 10,11 and 12 August 2016 to people who use the service. We told the service two days before our visit that we would be coming to ensure the people we needed to talk to would be available.

At our last inspection in February 2014 we found breaches in the regulations relating to the management of medicines and requirements relating to workers. At this inspection we found that improvements had been made to meet the requirements for both of these regulations.

Skills Base at Cornerways, formerly known as Domiciliary Support Office, provides personal care and support to people with learning disabilities or physical disabilities who live in their own homes. At the time of our inspection they were providing personal care and support to 26 people.

The service is required by law to have a registered manager, and 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.

Everyone we met and spoke with was content and happy with the service they received. People were provided with support and care by a consistent team of staff who knew them and understood their care and support needs well. People were kept informed of any changes to their timetable or if staff were running late.

Staff received training, which was refreshed at regular intervals, to ensure they had the skills and knowledge they required to be able to provide care safely. There was an on-going programme of staff supervision meetings and appraisals to ensure staff performance was monitored regularly. Staff were provided with support and guidance to carry out their role effectively.

Quality assurance systems were in place to monitor and where necessary improve the quality of service being delivered. The service participated in local initiatives to promote good practice in care delivery.

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 were protected from harm because risks were identified and managed appropriately.

There were safe medication administration systems in place and people received their medicines when required.

There were robust recruitment systems in place and sufficient staff with the right skills and knowledge to meet people's needs.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who were themselves supported through regular training and supervision.

People's rights were protected because staff followed the requirements of the Mental Capacity Act 2005.

People were supported to access the services of healthcare professionals as appropriate.

Is the service caring?

Good ●

The service was caring.

People found their staff supportive, kind and respectful.

People were kept informed about any changes to their service.

Is the service responsive?

Good ●

The service was responsive.

People received the care they needed. Their care plans reflected their individual needs and were regularly reviewed and updated.

The service had a clear complaints procedure and people told us they would feel able to raise any concerns and felt they would be

listened to and any concerns acted upon.

Is the service well-led?

Good ●

The service was well led.

There were systems in place to monitor, and where necessary to improve, the quality of service provided.

There was a positive, supportive culture where people and staff were confident to report any concerns to the management team.

Skills Base @ Cornerways

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 9 August 2016, with visits on 10,11 and 12 August 2016 to people who use the service. We told the service two days before our visit that we would be coming to ensure the people we needed to talk to would be available. This inspection was conducted by one inspector.

Before the inspection, we reviewed the information we held about the service; this included information we had received from third parties. Before the inspection, the provider 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. We also asked the local authority who commission the service for their views on the care and service provided by the service.

We visited and spoke with seven people in their homes and spoke with four members of staff and the manager. We checked four people's care and medicine records in the office and with their permission, the records kept in their home. We also saw records about how the service was managed. These included three staff recruitment and monitoring records, staff rotas, training records, audits and quality assurance records as well as a range of the provider's policies and procedures.

Is the service safe?

Our findings

Everyone we spoke with told us they felt safe with their care workers and enjoyed their company and support. One person said, "Everyone is just brilliant". Another person told us, "It's an excellent service, it's been amazing".

At our last inspection in February 2014 we found that people were not always protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to manage medicines. Following that inspection, the manager wrote to us with an action plan setting out the steps they would take to make improvements and meet the legal requirements.

At this inspection we found there were safe medication administration systems in place and people received their medicines when required. The medicine management system included a clear risk assessment and support plan for each person which gave staff detailed guidance on how to support people with their medicines. Where people needed 'as required' PRN medicines there were clear directions for staff to ensure PRN medicines were administered safely. Where people had prescribed creams, there were clear instructions for staff on how to apply these. Medicines administration records (MAR) contained sufficient detail and were complete. Staff were trained in administering medicines and their training was updated periodically.

There was a system in place to ensure staff were competent to administer medicines.

At our last inspection in February 2014 we found that recruitment procedures did not always ensure that all appropriate checks had been carried out on new staff. Some information required by the regulations in relation to people's suitability for employment had not been obtained. Following that inspection, the manager wrote to us with an action plan setting out the steps they would take to make improvements and meet the legal requirements.

At this inspection we found there were robust recruitment policies and procedures in place. We looked at the recruitment files for three members of staff and found that the relevant checks had been completed before staff started working at the service. These checks included up to date criminal record checks, fitness to work questionnaires, proof of identity and previous employment references. This made sure that people were protected as far as possible from individuals who were known to be unsuitable to work in the care industry.

People were protected against the risks of potential abuse. There were detailed policies and procedures in place to help keep people safe from abuse. Staff had safeguarding adult's awareness training and this was refreshed at intervals. Staff demonstrated a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. Any safeguarding concerns that were identified had been referred to the local authority safeguarding team.

The provider had a positive risk culture and had systems in place which showed they were positive about people taking risks which enhanced their lives. People were assessed for the advantages and disadvantages

of them not taking the risk and risks were identified and managed so that people were protected from harm. For example, some people wished to take part in activities that may prove to be a risk but by taking part they improved their life experiences and variety of social activities. Examples of activities were, adventure holidays that included rock climbing and rope walks, swimming and horse riding. Risk assessments and management plans covered environmental risks within the person's home, and risks specific to the person. These included risks such as falling, bathing and risks associated with particular health conditions. Where people needed support to mobilise, there were moving and handling risk assessments and care plans for staff to refer to.

When people had accidents, incidents or near misses these were recorded. There was a process in place of reviewing these records to look for developing trends. Incident forms were detailed, setting out what had happened and the action staff had taken to keep the person and others safe.

There were arrangements in place to keep people safe in an emergency. There was an out-of-hours on call system for people who used the service and staff to contact staff in emergencies or where they needed additional support. Staff and people confirmed that although the on call system worked well when they needed to use it, there had been reductions in the levels of staff employed in the office to manage the day to day running of the service. They said this meant the remaining staff were very busy and were not always available to answer their day to day queries. This meant some staff felt they were not receiving the level of support that they had when the service had a deputy member of staff in position.

People told us they were supported by sufficient staff with the right skills and knowledge to meet their needs. People said care workers were generally on time and if they were going to be delayed they would be telephoned and kept informed. People knew their care workers well and said they were told if there were any changes to their planned visits. People said their visits were never cut short and there was enough time during the visits for them to get all the support they needed. Staff told us they were given adequate time to travel between visits so that people had the full time given to them during their visit. The provider used an electronic rota system which allowed people and staff to log in and see their schedule in advance. The rota was organised two weeks at a time to ensure people had as much continuity as possible. Staff and people told us they found this system very useful and easy to use.

The manager told us they were in the process of recruiting further staff specifically for cover around the weekend periods. Staff shortages were covered by the providers own supply of bank staff. This meant people were given consistent support by a team of staff they knew well.

Is the service effective?

Our findings

People spoke very positively about staff and told us they had the right skills and training to meet their needs. One person told us, "They have it spot on, they are very good, I have no complaints at all".

People were supported by staff who had received a range of training to develop the skills and knowledge they required. The manager told us all new staff completed an induction training programme which led to the care certificate, a nationally recognised induction qualification. Staff told us they found the training provided to be informative and useful and gave them the skills they needed to meet people's needs. Records showed staff were provided with refresher training when required and that the majority of training was up to date. Training completed by staff included safeguarding, fire safety, moving and handling, health and safety, medicines awareness and mental capacity.

People were supported by staff who received supervision through one to one meetings with their line manager. Staff said they found the supervisions helpful and supportive and felt they could raise any issues or concerns they had. Staff said they could always speak with someone senior between times if they needed further support.

Staff meetings were held regularly and copies of the minutes made available for all staff. This ensured staff who had not been able to attend the meeting were kept informed of all actions agreed.

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 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.

People's rights were protected because the staff acted in accordance with MCA. Staff had a good awareness of the MCA and how it affected their work. People were involved in care planning and their consent was sought to confirm they agreed with the care and support provided. People were supported to access independent advocacy services.

People were supported with their health care needs and any changes in their health or well-being prompted a referral to their GP or other health care professionals. One person told us how their support staff made sure they got to their health care appointments on time. There was a system in place for staff to check people understood the outcome of their health appointments and consented to any treatment or advice.

Is the service caring?

Our findings

Everyone we spoke with said that staff were all very friendly, caring and respectful. People told us they liked their care workers and enjoyed the time they spent with them. One person said, "They are brilliant, they really brighten my day".

During our visits we observed that staff treated people with kindness and respect. Staff knew the people they supported well and care and support was offered in a friendly and caring way. Staff were knowledgeable about how people preferred their care and support to be given.

People were given the information and explanations they needed, when they needed them, such as when they started to use the service or when their needs changed. People told us they were kept informed if staff were going to be late for example if they were stuck in traffic. They said either someone from the office rang them or the staff member themselves rang if their visit was going to be late, or if there was going to be any changes to their scheduled visits. Another person told us they found the electronic rota system very good and said if they were worried about anything they would always call the office and speak to someone. During the inspection we observed this person called into the office and chatted to a member of staff which reduced their anxieties.

People's records included information about their personal circumstances and how they wished to be supported. For example, one person required a female carer to help her wash her hair. The person told us these wishes were always respected.

People's wishes for privacy were respected. For example, if people did not wish to receive support and wanted some privacy, staff did not hold keys to the people's homes; instead they would wait to be invited in. If people were happy for staff to hold keys, a signed permission form was completed which allowed the staff member to use the property key safe.

People had their own key worker who they knew well and who completed their support reviews up to four times a year. The manager told us how staff had supported people to make important changes in their lives, for example getting married, moving house, gaining employment and getting a car. People had been supported to access various technology which helped them to be as independent and safe as possible. For example, one person had been supported to access assisted technology which meant they wore a pendent to alert people if the person fell and needed medication to manage their epilepsy. By wearing the pendent the person was able to live a more independent lifestyle which was very beneficial for them. Another person was supported to get a mobility car which had greatly improved their independence and allowed them to get out and about which they really enjoyed.

Is the service responsive?

Our findings

People told us they were very happy with the standard of care and support they received from the service. One person said, "They help me with everything, I really look forward to their visits". Another person said, "They provide an excellent service, really good".

People's needs were assessed before they began to receive a service. People's care records showed people had an individual assessment completed that took into account their specific health and support needs. Care and support plans were developed from these assessments to address people's needs and preferences regarding their care. People's needs and care plans were kept up to date with people being involved in their care plan reviews. Care plans were clearly written and described the support people needed at each visit. They explained what people were able to do independently, and what activities they would require support with. For example, one person loved being busy and social and they had been supported to go skiing and book a holiday away. Another person had wanted support with cooking healthy meals, staff had supported them with their shopping and helped them pick the right types of foods to cook healthier meals.

People told us they received a rota each week, these detailed which staff would be supporting them in the week and at what time. People explained how they received their weekly rota and told us staff stayed with them for the full length of their visit and made sure they had given them all the support they required before leaving. People's care records contained entries from consistent teams of staff, and the times and lengths of their visits corresponded with their rotas.

People were supported to live as independent lives as possible. People told us and records showed people were supported to enjoy a wide range of social and physical activities such as, attending rugby clubs, horse riding lessons, dance schools and being supported within the local community with employment in cafes, charity shops and the local community centre.

People were consulted and involved in the running of the service. The provider held 'Our Voice, Our Say' events twice a year. These events gave people the opportunity to meet as a group and discuss what mattered to them. An 'Our voice, Our Say' meeting had been held in August and was chaired by a person who used the service. The person had also been involved in sending out questionnaires to people who used the service before the meeting to gather their views. Senior staff from the service attended the meeting and explained to people the reasons for any changes that had been made. For example, the provider had had to make a policy change about travel which had initially been unpopular with people; by explaining the reasons and putting forward alternative solutions this change had a positive impact on people's lives by supporting them with more independent travel. Following the event the manager reviewed the questionnaires and collated an action plan for any improvements that were needed.

The service had a complaints procedure known as 'making things better' which was compiled in a pictorial 'easy read' format for all people to complete. The complaint procedure was clear and detailed and people told us they were happy to use it and knew who to go to if they had a complaint. People told us they had confidence they would be listened to and their complaint would be fully investigated. We reviewed some

recent complaints and records showed the provider adhered to their complaints policy and all parties to the complaint were contacted and kept informed with the outcome.

Is the service well-led?

Our findings

People told us they felt the service was well managed. People said, "It's been very good, I have no complaints at all". Another person told us, "The service is first rate, very good indeed". People told us they were always kept informed and they could always speak to people when they needed them. Staff told us communication within the service was very good and they felt well supported in their roles.

The service promoted a positive, open and honest culture. People and staff had confidence they would be listened to and said there was a clear management structure so they knew who to approach if they had any concerns or queries.

There was a system in place to recognise and encourage effective staff performance. Staff could be nominated for a 'GEM' award, 'Going the extra Mile'. Managers would nominate staff and the successful member of staff received an award and a voucher. Staff spoke positively about the system and said, "It's really nice to feel appreciated".

Quality assurance systems were in place to monitor and where necessary improve the quality of service being delivered. People's experience of care was monitored through regular questionnaires, and calls at intervals made from the manager to check they were happy with the service they received. People who used the service were able to express their views by completing an effective pictorial format questionnaire. The results from these were then analysed to ensure a continuous quality review of the service.

Staff had a good understanding and were confident about using the whistleblowing procedure. There was a whistleblowing policy, which was in line with current legislation and contained contact numbers for the relevant outside agencies with which staff could raise concerns.

There was a well-established manager in post. The manager had notified the Care Quality Commission about significant events, as required in law. We use this information to monitor the service and ensure they respond appropriately to keep people safe.

There was a system of audits in place to ensure a quality service was maintained. Examples of audits included, medication, health and safety, safeguarding adults, complaints and environmental risks in people's homes. The audits gave an overview of the service and enabled any trends to be identified and actions taken to address any shortfalls.

The service had established effective links with other local organisations concerned with promoting good practice in care delivery. The provider set up a 'Safe Place' scheme in the local community. This is a scheme which helps vulnerable people deal with difficult situations that make them feel scared or at risk whilst they are out in the community. Local businesses and shops had agreed to sign up to the scheme and display a sticker in their window to alert people they may use their premises as a 'Safe Place' if they feel at risk. People who join the scheme carry a 'I need help' card with contact details of someone they trust.