

New Directions Care And Support Services Ltd







New Directions Care and Support Services Limited

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	

Overall summary

This inspection took place on 7 January 2016. We gave the provider one days' notice that we would be visiting their head office. We gave the provider notice as we wanted to make sure the registered manager was available on the day of our inspection. At our last inspection in October 2013 the service was meeting all of the standards we looked at.

New Directions Care and Support Services Limited provides support and personal care to people living at home or in supported living projects. There were

approximately 41 people using the service at the time of our inspection. However, the registered manager told us that only seven people were currently receiving personal care. The provision of personal care is regulated by the Care Quality Commission.

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered

Summary of findings

persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People told us they were well treated by the staff and felt safe and trusted them.

Staff could explain how they would recognise and report abuse and they understood their responsibilities in keeping people safe.

Where any risks to people's safety had been identified, the management had thought about and discussed with the person ways to mitigate risks.

People told us that staff came at the time they were supposed to or they would phone to say they were running a bit late.

The service was following robust recruitment procedures to make sure that only suitable staff were employed at the agency.

Staff we spoke with had a good knowledge of the medicines that people they visited were taking. People told us they were satisfied with the way their medicines were managed.

People who used the service and their relatives were positive about the staff and told us they had confidence in their abilities and staff told us that they were provided with training in the areas they needed in order to support people effectively.

Staff understood that it was not right to make choices for people when they could make choices for themselves. People's ability around decision making, preferences and choices were recorded in their care plans and followed by staff.

People told us they were happy with the support they received with eating and drinking and staff were aware of people's dietary requirements and preferences.

People confirmed that they were involved as much as they wanted to be in the planning of their care and support. Care plans included the views of people using the service and their relatives. Relatives told us they were kept up to date about any changes by staff at the office.

People and their relatives told us that the management and staff were quick to respond to any changes in their needs. Care plans reflected how people were supported to receive care and treatment in accordance with their needs and preferences.

People told us they had no complaints about the service but said they felt able to raise any concerns without worry.

The agency had a number of quality monitoring systems including yearly surveys for people using the service, their relatives and other stakeholders. People we spoke with confirmed that they were asked about the quality of the service and had made comments about this. They felt the service took their views into account in order to improve service delivery.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. People told us they felt safe with and trusted the staff who supported them.

Where any risks to people's safety had been identified, the management had thought about and discussed with the person, ways to mitigate risks.

There were systems in place to ensure medicines were administered to people safely and appropriately.

Good



Is the service effective?

The service was effective. People were positive about the staff and felt they had the knowledge and skills necessary to support them properly.

Staff understood the principles of the Mental Capacity Act (2005). They told us they would always presume a person could make their own decisions about their care and treatment.

Staff were provided with training in the areas they needed in order to support people effectively.

Good



Is the service caring?

The service was caring. People told us the staff treated them with compassion and kindness.

Staff understood that people's diversity was important and something that needed to be upheld and valued.

Staff demonstrated a good understanding of peoples' likes and dislikes and their life history.

Good



Is the service responsive?

The service was responsive. People using the service were able to make decisions and choices about their care and these decisions were recorded, respected and acted on.

People told us they were happy to raise any concerns they had and that the agency would take action.

Care plans included an up to date and detailed account of all aspects of people's care needs. This included personal and medical history, likes and dislikes, recent care and treatment and the involvement of family members.

Good



Is the service well-led?

The service was well-led. People confirmed that they were asked about the quality of the service and had made comments about this. They felt the service took their views into account in order to improve.

Staff had a clear understanding of the meaning of person centred care and supported people within this ethos.

Good



New Directions Care and Support Services Limited

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 checked 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 was undertaken on 7 January 2016. We gave the provider one days' notice that we would be visiting their head office. After our visit to the office we talked to four people using the service and one relative over the phone and one relative face to face. The inspection and interviews were carried out by one inspector.

Before the inspection, we asked the provider to complete 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 reviewed the completed PIR and previous inspection reports before the inspection. We also reviewed other information we have about the provider, including notifications of any safeguarding or other incidents affecting the safety and wellbeing of people.

We spoke with eight staff as well as the registered manager.

We looked at five people's care plans and other documents relating to their care including risk assessments and medicines records. We looked at other records held by the agency including staff meeting minutes as well as health and safety documents and quality audits and surveys.

Is the service safe?

Our findings

People told us they were well treated by the staff and felt safe with them. One person told us, “I trust him [staff].” A relative commented, “They are very nice with [my relative].”

Staff could explain how they would recognise and report abuse. They told us, and records confirmed that they had received training in safeguarding adults. Staff understood how to “whistle-blow” and were confident that the management would take action if they had any concerns. Staff were aware that they could also report any concerns to outside organisations such as the police or the local authority.

Before people were offered a service, a pre assessment was undertaken by the registered manager. Part of this assessment involved looking at any risks faced by the person or by the staff supporting them. We saw that risk assessments had been undertaken in relation mobility, nutrition, medicine administration, mental health and wellbeing.

Where risks had been identified, the management had thought about and discussed with the person ways to mitigate these risks. For example, we saw that one person had been assessed as having poor awareness of road safety and so required staff support whilst out in the community.

We saw that risk assessments were being reviewed on a regular basis and information was updated as needed. Risk assessments had been signed by the person using the service or their representative. The manager told us all staff were informed of any changes in a person’s care needs or risks and staff confirmed this.

Environmental risk assessments had been completed to ensure both the person using the service and the staff supporting them were both safe. For example, we saw risk assessments had been developed for staff who were working alone with people as well as where two staff were required to move people safely.

People told us that staff usually came at the time they were supposed to or they would phone to say they were running a bit late. One relative told us, “Punctuality is excellent.”

Staff did not raise any concerns with us about staffing levels and told us that they had enough time to carry out the tasks required. They told us they would inform their manager if they felt more time was needed to complete complex tasks or any additional tasks. One member of staff told us, “I have enough time to support people.” The registered manager told us that the minimum amount of time that was offered by the agency was one hour.

We checked staff files to see if the service was following robust recruitment procedures to make sure that only suitable staff were employed at the agency. Recruitment files contained the necessary documentation including references, criminal record checks and information about the experience and skills of the individual. We saw that the agency carried out checks to make sure the staff were allowed to work in the UK and police checks were renewed every three years. Staff also had to sign a yearly confirmation statement that they had not been convicted of any criminal offence. Staff confirmed that they were not allowed to start work at the agency until satisfactory references and criminal record checks had been received.

Staff had undertaken training in the management of medicines and were aware of their responsibilities in this area. This included what they should and should not do when supporting people or prompting people to take their medicines. Staff told us that the training had made them feel more confident when supporting people with their medicines. Staff we spoke with had a good knowledge of the medicines that people they visited were taking. People told us they were satisfied with the way their medicines were managed.

The agency management undertook spot checks on staff at the person’s home. These spot checks included medicine audits. The registered manager also carried out medicines audits. We saw an example where a medicine error had been identified during a recent audit. The registered manager had taken appropriate action including stopping the staff from administering any medicines until they had attended further medicine training and an observed competency assessment had taken place.

Is the service effective?

Our findings

People who used the service and their relatives told us they had confidence in the staff who supported them. One person commented, “[My Key worker] has been very encouraging and supportive towards me.”

Staff were positive about the support they received in relation training. One staff member commented, “I’m up to date with my training.” Another told us, “I’m happy with the training. I also read up on things as well.”

Staff are required to attend five days mandatory training as part of their induction. Staff told us they were provided with training in the areas they needed in order to support people effectively and safely. They told us that this covered safeguarding adults, food hygiene, moving and handling, infection control and the management of medicines. We saw relevant certificates in staff files we looked at. We spoke with the training coordinator whose role was to train all the staff at this location. They told us that apart from the mandatory training staff were also given “client specific” training such as epilepsy management as required. Staff told us that they could also discuss any training needs in their supervision.

Staff confirmed they received regular supervision and appraisals. Spot checks and observed competencies were also part of the staff supervision system. Staff told us that the spot checks undertaken by field supervisors were a good way to improve their care practices. They also told us that the management praised them when they saw good practice which they said was reassuring and supportive. One staff member told us that supervision was a positive experience. They said, “I just do my job but it’s nice to hear good things about me.”

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.

Staff understood the principles of the MCA (2005) and told us they would always presume a person could make their

own decisions about their care and treatment. They told us that if the person could not make certain decisions then they would have to think about what was in that person’s “best interests”. This would involve asking people close to the person as well as other professionals and advocates.

People told us that staff always asked for their permission before carrying out any required tasks for them and did not do anything they did not want them to do. Staff told us it was not right to make choices for people when they could make choices for themselves. People’s ability around decision making, preferences and choices were recorded in their care plans.

There was information incorporated into people’s care plans so that the food they received was to their preference. Where appropriate and when this was part of a person’s care package, details of their dietary needs and eating and drinking needs assessments were recorded in their care plan and indicated food likes and dislikes and if they needed any support with eating and drinking. We also saw nutritional risk assessments had been completed where needed to make sure that staff supported people safely. This included liquidising food where a risk of choking had been highlighted by the speech and language therapist (SALT). People told us they were happy with the support they received with eating and drinking. A relative told us, “[my relative] has an excellent diet, well balanced and with fruit every day.”

Where the agency took primary responsibility for organising people’s access to healthcare services and support, we saw that records were maintained of appointments made and attended. For example, to GPs, dentists, optician and chiropodists. People told us they were happy with the way this was organised and that staff supported them to attend healthcare appointments.

Staff we spoke with had a good understanding about the current medical and health conditions of the people they supported. They knew who to contact if they had concerns about a person’s health including emergency contacts. Care plans showed the provider had obtained the necessary detail about people’s individual healthcare needs. There was specific guidance to staff about how to support people to manage these conditions.

Is the service caring?

Our findings

People told us they liked the staff who supported them and that they were treated with warmth and kindness. One person told us, “They treat me like a normal human being.” Another person commented, “He looks after me very well.” A relative told us, “They are all excellent. I can’t complain.” Another relative said, “So far, perfect.”

People told us that staff listened to them respected their choices and decisions. People confirmed that they were involved as much as they wanted to be in the planning of their care and support. Care plans included the views of people using the service and their relatives. Relatives told us they were kept up to date about any changes by staff at the office.

All the staff we spoke with had undertaken training in equalities and diversity and understood that racism, homophobia or ageism were forms of abuse. They gave us examples of how they valued and supported people’s differences. They told us that it was important to respect people’s culture and customs when visiting. One staff member said they would also take their shoes off when visiting someone if this was requested. One person was being supported to attend church and join the choir.

People told us that staff respected them and communicated well with them. A relative commented, “They know how to communicate with [my relative].”

Staff told us they enjoyed supporting people and demonstrated a good understanding of peoples’ likes and dislikes and their life history.

People confirmed that they were treated with respect and their privacy was maintained. Staff were able to give us examples of how they maintained people’s dignity and privacy not just in relation to personal care but also in relation to sharing personal information. Most staff understood that personal information about people should not be shared with others and that maintaining people’s privacy when giving personal care was vital in protecting people’s dignity.

However, one person told us that staff had let a field supervisor into their home without the person’s knowledge or consent. The person was then surprised to see the field supervisor in their home. We spoke with the registered manager about this who told us she would ensure that staff would be reminded to always ask permission before letting anyone into a person’s home.

Is the service responsive?

Our findings

People and their relatives told us that the management and staff were quick to respond to any changes in their needs. We saw from people's care records, and by talking with staff that if any changes to people's health were noted they would phone the office and report these changes and concerns. Relatives told us they were kept up to date with any issues and one person told us that staff, "Get the doctor out quickly." One relative told us about a health problem which had occurred. They told us, "They phoned me straight away and a carer stayed with [my relative]."

Staff gave us examples of where they had called out the GP or an ambulance if someone had become ill or had an accident.

Care plans reflected how people were supported to receive care and treatment in accordance with their needs and preferences.

We checked the care plans for five people. These contained a pre-admission document which showed people had been assessed before they decided to use the agency. People confirmed that someone from the agency had visited them to carry out an assessment of their needs. These assessments had ensured that the agency only supported people whose care needs could be met. The registered manager told us that if someone's assessed needs were too complex a service could not be offered.

People's needs were being regularly reviewed by the agency, the person receiving the service, their relatives and the placing authority. Where these needs had changed,

usually because someone had become more dependent, the agency had made changes to the person's care plan. For example, by providing more staff or applying to the placing authority for increased hours. The registered manager told us they had developed good relationships with the placing authorities which had led to a flexible approach to people's care hours.

Care plans included a detailed account of all aspects of people's care. This included personal and medical history, likes and dislikes, recent care and treatment and the involvement of family members.

People told us they had no complaints about the service but said they felt able to raise any concerns without worry. When we asked people who they would raise any complaints with, they told us they could speak to any of the staff or management. One person told us, "I've no complaints." A relative we spoke with commented, "I'm satisfied with the care." One person who had made a complaint in the past told us that the response to their complaint "could have been quicker".

We saw that people were phoned on a regular basis to see if they had any complaints. Complaints were discussed at review meetings and people were reminded how to make a complaint. The complaints record showed that any past concerns or complaints were responded to appropriately and each entry included the outcome of any investigation. We saw an example of where a few recent complaints about a similar issue had prompted the registered manager to develop a workshop for all staff on maintaining professional boundaries.

Is the service well-led?

Our findings

People using the service, their relatives and staff were positive about the registered manager. One staff member told us that the registered manager, “Always asks if you’re ok. She makes sure you are doing the right thing and you can come to see her at any time.” Another staff member told us that there was “clear direction and a clear structure” at the agency. People told us that the service had improved since the registered manager had started working there.

There were systems in place to monitor the safety and quality of the service provided. These included yearly quality surveys, spot checks on staff, regular reviews of service provision and telephone interviews with people using the service.

People confirmed they had been asked for their views about the agency. One person confirmed, “I’ve just done a survey. I think it was my second one since I started with them.”

People told us they could raise any issues with the management as well as make any suggestions for improvement. We saw comments people had made recently about the quality of service provision. These were generally very positive with the results of the most recent quality monitoring survey, which was positive. We saw a letter which had been sent to the registered manager from someone using the service. They had written, “The thing is about [staff name] is that he’s so committed, consistent, dedicated and he’s kind hearted, caring and friendly. Please give [staff name] an award he really deserves it.”

We also saw a completed survey that indicated the person was dissatisfied with the service. The registered manager

told us she had investigated this and found the person was unhappy with the staff who supported them and who had not been maintaining professional boundaries. The registered manager told us how she had dealt with this issue appropriately.

A relative we spoke with told us they were usually very complimentary about the service. However, there had been a few issues recently that they were not satisfied with and had written this on the survey form. They told us they had not received a response as yet. We spoke with the registered manager who told us she would look into this issue.

The registered manager had set up a forum for people using the service. The members of this forum met regularly and were able to discuss a number of topics including keeping safe, management updates from the office and suggestions for improvements.

There were regular staff meetings and we saw that staff were able to comment and make suggestions for improvements to the service. Staff told us that these meetings were a positive experience and they felt able to raise any concerns or suggestions. One staff member commented, “They praise us.”

Staff told us that they were aware of the organisation’s visions and values. They told us that people using the service were always their priority and that they must treat people with dignity and respect. They told us that, “everyone is an individual” and that, “the client is at the centre of everything we do.” When we discussed these visions and values with the management team it was clear that these values were shared across the service.