

About Me Care and Support Limited

About Me Care and Support

Inspection report

John and Lucille Van Geest Place
Cygnet Road, Hampton
Peterborough
Cambridgeshire
PE7 8FD

Tel: 01733358100

Date of inspection visit:
06 August 2018
07 August 2018
08 August 2018

Date of publication:
24 August 2018

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About Me Care and Support is registered to provide personal care and this is for people who live at home. The people receiving the care live with hearing and seeing difficulties. At the time of our inspection there were seven people using the agency.

At the last inspection in February 2016 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.

This comprehensive inspection took place between the 6 and 8 August 2018 and was announced.

A registered manager was not in post at the time of the inspection. The previous registered manager had left on 12 July 2018. At the time of our inspection a new manager was in the process of applying to become a registered manager. In the meantime, day to day activities at the agency were managed by a service manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the agency. 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 agency is run.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. This service also provides care and support to people living in one supported living setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. It provides a service to older people, people with sensory impairment and younger adults.

Not everyone using About Me Care and Support receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

People continued to receive a safe service. Staff with the right skills continued to be recruited in a safe way. Sufficient staff were in post to keep people safe. Medicines were administered and managed safely. Risk were identified and managed to keep people as safe as practicable. Accidents and incidents were monitored and where necessary actions taken to prevent them from reoccurring.

People continued to receive an effective service. Staff continued to receive updates to their training and other training to ensure they had the right skills for their job. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were supported to eat and drink well and they

were enabled to access health care services. The service worked together with other organisations and this helped ensure people's care was coordinated.

People continued to receive a caring service. People received care from staff who treated them with compassion, consideration and kindness. Staff showed people the respect they deserved. Advocacy was provided to people when this was required. People's privacy and dignity was respected and promoted. People were not discriminated against no matter what their needs were. People's care plans had been developed with as much of the person's involvement as practicable.

People continued to receive a responsive service. People's individual care needs were met by staff who understood people's communication skills. Concerns were acted upon before they became a complaint. Technology was used to enhance people's lives and independence. Systems were in place to support people should they ever need end of life care and support.

People continued to receive a well-led service. Staff with a management role led by example and fostered a staff team culture that was open and honest. The provider took account of their responsibilities by correctly reporting events they were required to and correctly displaying their previous inspection rating. Staff received the support they needed. Quality assurance, governance and audit systems were effective in identifying and sustaining improvements. People, relatives and staff had a say in how the service was run.

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 remained good.

Is the service effective?

Good ●

The service remained good.

Is the service caring?

Good ●

The service remained good.

Is the service responsive?

Good ●

The service remained good.

Is the service well-led?

Good ●

The service remained good.

About Me Care and Support

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 announced inspection took place between 6 and 8 August 2018. It was undertaken by one inspector.

We gave the provider five days' notice as the service is small and we needed to be sure they were in. This was also because some of the people using the service lived some distance from the service's head office.

Before the inspection the provider completed a Provider Information Return (PIR). This is information we require providers to send us at least annually. This provides us with information about the service, what the service does well and improvements they plan to make. We used this information to assist us with the planning of this inspection.

We also looked at other information we held about the service. This included information from notifications the provider sent to us. A notification is information about important events, which the provider is required to send to us by law, such as incidents or allegations of harm. We looked at responses to our survey questionnaire we had received from people, staff and health professionals. We used this information to help us make a judgement on the care people received.

Prior to our inspection we contacted the local safeguarding authority and commissioners of the service to ask them about their views of the service. These organisation's views helped us to plan our inspection.

On the 6 August 2018 we spoke with three people, the head of care, the contracts' officer and three care staff. We also visited the provider's office. We looked at care documentation for four people using the service and their medicines' administration records. We also looked at two new staff files, staff training and supervision planning records and other records relating to the management of the service. These included records associated with audit and quality assurance, accidents and incidents and compliments. On the 7 and 8 August we spoke with one relative and staff.

Is the service safe?

Our findings

People were kept safe by staff who understood safeguarding procedures and reporting mechanisms. A staff member told us, "I would recognise any potential signs of harm. People might be withdrawn, quiet or upset. I would report to the [service] manager or the safeguarding [authority]." Staff had completed safeguarding training and knew the correct action to take should they witness or suspect abuse. People told us they were given a choice in the gender of their care staff and this made them feel safer.

Risk assessments were in place and these gave staff the relevant information they needed about the nature and level of each identified risk and how best to support the person to reduce the risk, and keep them safe. For example, when out in the community, travelling and eating and drinking. Information to keep people safe such as with eating and drinking was shared with relevant health professionals such as a speech and language therapist. This was to help ensure people's care was safe. People using the supported living service also had safety checks carried out in their homes such as, the fire system, water temperatures and the safe storage of their medicines.

The provider continued to have a robust recruitment system in place. Potential new staff were subject to required checks to make sure they were suitable for the role and to work with people who were vulnerable. The staffing levels were based upon people's individual needs and fluctuated on a day to day basis according to each person's needs. There continued to be enough staff to meet people's needs. The staffing rota reflected this.

People's medicines continued to be administered and managed safely. Regular reviews of people's prescribed medicines were undertaken with the health care professional prescribing these. The head of care told us that every possible opportunity was considered to ensure people did not have any medicines they did not need. Staff had received training and assessed as competent to administer medicines safely. If considered safe, people could administer their own medicines. One person told us, "[Staff] support me to make sure my medicines are given to me safely. Not being able to see them myself means I rely on [staff]. I have never missed a dose, ever." Prompt action was taken if staff forgot to sign the medicines administration records.

Policies and procedures were in place to give staff guidance about what infection prevention and control meant. One person told us, "Having [staff's] help with keeping my home clean is important. I wouldn't know if the kitchen was clean or not. I help but staff tell me nicely if I miss anything. Staff confirmed to us they had protective clothing, that they adhered to good hygiene standards. People's home environment was kept as clean and tidy as practicable.

Lessons were learned when things went wrong such as, any errors identified in medication administration records (MARS). Changes had been made to how these were now more frequently audited with immediate action being taken if errors were made.

Is the service effective?

Our findings

People continued to receive care and support that was effective and delivered by staff who knew them well. Staff received the induction, training and support necessary for them to be able to deliver effective care. They were supported with training and advice based on current best practise such as, from the Royal National Institute for the Blind (RNIB). This included different ways of how to support people more suited to their choice and individual needs whilst in their home or out in the community. No matter what people's age, gender or disability, staff supported people without any discrimination. For example, one staff member said, "My training for deaf/blind people and people living with dementia has paid off. It means I make reasonable adjustments."

Management planned and scheduled staff training well. Training subjects included equality and diversity and human rights, dementia care, food hygiene, health and safety and first aid. Training specific to the needs of the people using the service included guiding (this is a method for assisting people to safely access areas such as the community) and sign language. This helped staff to develop the skills they needed to meet people's needs effectively.

One staff member said, "The induction was a week at the head office. As well as on-line training, I had guiding training in the service and out in the community. I had to be blindfolded and wear ear defenders to simulate people's experience of deaf/blindness. I found it humbling afterwards to support people with their independence. Some like to be given verbal instructions and others might just follow you." Staff had regular supervision with their line manager to discuss their day to day practice and any concerns.

People's lives were enhanced with various items of technology. Staff had assisted people to identify items they could benefit from as well as enabling access to these. These were used to help maintain and improve people's independence, such as voice recording calendars, audio books, talking watches and various mobile phone Apps. One person told us, "My (recording) device helps me plan things such as when I need to go to the dentist."

People told us that staff including volunteer members had the necessary skills to help them live a normal life. Training was also provided to tradespeople who were regularly in the service. This helped tradespeople to communicate with people and explain their work to them. One person told us, "[Tradespeople's] sign language may have been the basics but it was good to have them explain to me in a way I could understand. I felt more involved." People were given information in a format that they could understand and benefit from.

People continued to be supported to eat and drink sufficiently when they needed this. One person told us, "I go shopping with [name of staff]. They explain what is on the shelves. They help me prepare and cook my food. I sometimes need their help to read the cooking instructions. I get my own drinks." A staff member told us, "It's important for people to have a balanced diet. We enjoy mealtimes as it is a good time for a chat about food choices and what we might cook next time." In addition, the supported living service had gardens with raised beds and greenhouses where people grew, harvested and then cooked their own home-

grown fruit and vegetables. This also gave people sensory stimulation. People benefitted from having a diet that was appropriate to their needs such as low sugar content for diabetes management.

Involvement of health professional such as speech and language therapists and diabetes nurses helped people to receive effective and coordinated care. People were supported to access healthcare professionals as they needed such as the GP or dentist. A staff member told us, "We can translate (the GPs comments) for people if needed. Any important information is only shared with us if the person consents and it is in their best interests such as, a change of medicines." People at an increased risk including diabetes were given information about their health condition. People were enabled to access health services. This promoted their health and wellbeing.

Changes and adaptations had been made to the places where people lived. For example, brighter coloured walls and contrasting coloured floors with a textured surface people could feel. One person told us, "Having limited vision means I need all the help I can get. It is easy to find my way around. Light is important and there is plenty of that." People benefitted from appropriate changes to the design and decoration of their premises.

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 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. People were supported to make decisions about their care and staff supported people when required.

No person using the service was being deprived of their liberty. Policies and procedures as well as staff training on the MCA would help identify any person who may need advocacy or care in their best interests. People's mental capacity and ability to make decisions was respected by staff who understood the principles of the MCA. People were continually offered choices in all areas of their care and wellbeing. Where required, legal authorisations had been obtained for people's relatives to act on their behalf.

Is the service caring?

Our findings

People were provided with care that was compassionate and staff took account of the way people liked to be cared for. One person told us, "[Staff] are so kind to me but in a respectful way. They are always asking me if I need any help. They know when I do. I don't always have to ask as they know me well by now." A relative said, "[Staff] couldn't be any more sensitive to my [family member's] needs. They understand dementia and are very careful to give plenty of time." People had positive and caring relationships with staff.

People's care plans were written in a way which helped ensure staff continued to have the guidance they needed to promote compassionate care. Staff took full account and respect of people's disabilities. One person said, "They run the bath for me and get my clean clothes ready." Appropriate forms of advocacy were provided when needed. The head of care said, "Sometimes people need someone to speak up for them. We can use our staff, relatives or signpost people to professional advocates." People had the support they needed to express their views in a way each person preferred such as, larger print or having their care plan read for them.

The time allocated for staff training meant that people's care was unaffected by this. One relative said, "I get told when staff are coming or when they are going to be off. I understand that their training is important but it never affects my [family member]." Staff followed relevant data protection legislation. This helped ensure that people's personal information was held securely.

People's rights to privacy and dignity were promoted by staff who understood how to achieve this. One person told us, "Staff respect my privacy. I need some help but they allow me to do as much of my (personal) care as I can." One staff member explained to us how they closed people's curtains and doors as well as ensuring people's request for pain relief were recognised and acted upon such as, in the privacy of the person's home. A privacy impact assessment had been completed to ensure this the closed-circuit TV did not invade people's privacy. For one person who was unable to attend a special family occasion. Staff had taken photographs so that staff were able to talk about the day with the person.

Staff respected people's preferences including the gender of their care staff and how people wished to be supported. One person said, "I need some help with my independence and all of my [staff] are equally good at doing this." A relative told us how staff made physical contact with their family member using appropriate methods such as touching the back of their hand to indicate staff were present. We saw how staff who went shopping for a person had phoned them to check on which vegetables were suitable for their pet. This was to promote the person's independence to attend a private appointment.

Is the service responsive?

Our findings

People, or those acting on their behalf including relatives, contributed to the planning of the person's individual care needs. Their care plans fully reflected each person's individual physical, emotional and social care needs. People's level of independence was kept under review as this could vary from day to day. For example, people chose when they needed assistance to go out or help with meal preparation. Staff took account of how people needed to be supported when they went out including differing sound or light levels. This enabled people to gain the most benefit from their chosen activities of daily living.

People continued to receive care that was personalised and responsive to their needs. Staff supported people with low or no sight by being their sighted guide. They understood the importance of asking individuals their preferred sight guide techniques, and what works best for them. The provider told us that some people did not like physical contact when guided but preferred environmental dialogue. This meant the guide telling them of potential hazards that lie ahead such as a kerb or step. One person told us that they couldn't go out without staff support, they said, "When I do go out I feel safe. They guide me ever so well."

Staff followed guidance from national organisations associated with sensory loss such as RNIB. Staff used various forms of communication such as sign language, braille, pictorial images and hand on hand. Staff supported and orientated people with their surroundings through sensory touch for example, by placing the persons hand on the back of the seat before they sat down. These approaches helped to promote people's independence.

Various items of technology were in use at the service. These included screen readers, and magnifiers. One person told us, "I can see things in certain print and use my magnifier. I do get tired so I limit my time using this. I can have staff read me things if I request this."

People were given information about how to complain in a format they preferred such as audio or larger print. In addition, people could report their concerns verbally or by e-mail to staff if ever this was required. One person told us, "I have never had a reason to complain. It has all been okay from day one. I speak with the [service] manager regularly and they would make changes to my care if I requested." One staff member said, "I would know if someone was unhappy about something. We have such regular contact with people you just know if something is not quite right. It could be help to read a bill or letter or anything like that." A relative told us, "I just ring [service] manager and the matter is sorted quickly. It could be a change to my [family member's] care time or just a change in their diet. I have never needed to complain, ever." The provider acted on concerns to drive improvement before they became a complaint.

At the time of our inspection no person was at the end stage of their life. Policies, procedures and information to managers and staff was based on national guidance from the Resuscitation Council UK. The head of care told us that some people had advanced decisions in place and that if the need arose relevant health professionals, bereavement counsellors and medication would be put in place if required. One staff member told us, "It is a very sensitive subject and for some people we have to communicate using sign

language or other ways such as, braille. I am sure that relatives have an input if needed."

Records showed that people's advanced decisions were in place where this had been decided upon and agreed by a health professional. People would be supported to have a dignified and pain free death.

Is the service well-led?

Our findings

A registered manager was not currently in post. The previous manager had left on 12 July 2018. A new manager had been appointed and they were in the process of applying to the Commission to be a registered manager. The day to day activities were managed by a management team, supported by a head of care, a compliance team and care staff. We saw that because of their leadership that staff adhered to the required standards of care. The provider was correctly displaying their previous inspection rating. Arrangements were in place to ensure we were notified about any important events such as, injuries should these ever occur.

Staff with a management role monitored the quality of care that was provided and gave staff development opportunities to undertake more advanced levels of sign language. One relative told us, "I do get phone calls asking if we are happy with care as well as visits from a manager. I have seen them observe staff at my [family members] care calls. The (quality of) care is excellent." The relative continued to say how good the communication was from the provider's head office about any changes to their family members care.

The provider told us in their PIR, "We are committed to working honestly, openly and with respect. We believe in consistently doing the right thing with fairness and equality." We found this was the case. Staff who provided personal care to people in their homes some distance from the supported living service also had appropriate support mechanisms to access their line manager's support when needed. One person said, "I have to trust my [staff]. I couldn't manage on my own without them."

A staff member said, "If I ever saw poor care from staff or a relative I would report it to the managers or the Care Quality Commission. I am sure I would be supported in a positive way. Thankfully, I have never had a need to report anything at all." Records showed that regular monitoring of people's care had helped maintain a good quality of care.

Effective governance, audit and quality assurance systems were in place. These helped drive improvement when needed. For example, ongoing improvements to the environment where people lived had enabled them to navigate their way around their home and gardens much easier. One staff member told us, "If there is anything we can do better we look at ways to do this. For example, we use staff meetings to share what works well with each person as well as daily handover notes. One person had responded to the provider's survey by stating, "About Me (Care and Support) provides a good service. I do not know what I would do without my [staff] as they make my life happy." Spot checks on staff's performance were undertaken to monitor the quality of care that they provided. At a review of one person's care they and their relative had commented, "We both think the present service is excellent and only wish we could have been on it earlier."

The head of care and service managers kept abreast of current developments within the field of sensory impairment. This was through liaison with the national deaf/blind society. In addition, they worked with the local authority on best practise and how to implement this as part of people's care. The local authority told us that they "had no concerns with the quality of care and that people achieved good outcomes". The service worked in partnership with other stakeholders and agencies to help identify any potential improvements. This helped the service to share appropriate information following any changes needed in

people's care needs. People's care was provided in a way which put them first.

Staff were kept informed about information gathered during regular reviews of people's care as well as daily handover notes. This was during several forums including staff meetings, supervision and whilst working with senior and more experienced staff. One person told us, "[Staff] are all very good at communicating with me. I never ever feel any less of a person. They can use braille the same as me."

One staff member said, "It is a team effort. The managers are there if you need them. They are only a phone call away. Most of the time they are just there to support us. If I ask for any additional training or the opportunity to gain more advanced qualifications, I am fully supported." Records showed us that staff whatever their role had the right aptitude and skills to work with people who had sensory impairments. This helped maintain the quality of care that people consistently received.