

About with Friends

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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

About with Friends provides personal care for people in their own homes. At the time of our inspection, 10 people were using the service. This was a first comprehensive ratings inspection of this service.

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 service was safe. Individual risks to people's health and wellbeing had been identified and steps to manage and mitigate known risks were taken. Risk assessments of people's homes had been carried out and this helped to ensure that staff would be able to care for people in a safe environment.

Staff had received training in safeguarding adults and understood the procedures for reporting any concerns.

There were enough staff to safely ensure that people's care and support needs were met and people's visits were always covered. There were also safe recruitment practices in place. This meant that only staff who were suitable to care for people were employed by the service.

People were supported to receive their medicines in a safe way by staff who had undergone the appropriate training in this area.

There was a comprehensive training programme for staff and staff could access courses which would enable them to gain an in depth knowledge of conditions that the people they cared for were living with. Staff were further supported through regular supervisions and appraisals with the registered manager.

Staff had a good understanding of people's individual capacity to make decisions and always sought people's consent before delivering any care to people.

People were sometimes supported with meal preparation and maintaining a healthy nutritional intake. Staff would support people with accessing healthcare professionals where there were concerns about a person's health.

Staff were caring and enjoyed working in the service. They had a good understanding of person centred care and made every effort to involve people in their care. Staff understood people's care and support needs well. People felt they could approach staff and felt listened to.

People's privacy and dignity was respected by staff who understood how people preferred to have their care delivered.

People's care plans were reviewed and updated when necessary. The care plans were detailed and gave clear guidance about how people liked to be cared for. People's care was individualised and people's needs were accommodated wherever possible.

There was a complaints procedure in place and people felt able to raise a concern if needed and knew who they would report their concerns to.

The service was run with the people who used it. The provider, registered manager and the staff were clear that people using the service should be at the heart of everything. People were involved in the running of the service wherever possible.

There were systems in place to assess and monitor the quality of service being delivered and the provider and registered manager are continually making improvements about how they can best assess the quality of the service people receive.

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 felt safe in the company of staff and they felt able to raise a concern if they ever felt unsafe.

Staff understood how to keep people safe from harm and knew the correct procedure for reporting abuse.

Individual risks to people's health and wellbeing had been identified and steps taken to mitigate known risks.

There were sufficient numbers of staff to support people in their own home.

People's medicines were managed in a safe way by staff who had received the appropriate training.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who were had received training related to their role.

The service was working in accordance with the Mental Capacity Act 2005 and people were supported to make decisions about their care.

Where it was part of people's care packages, they were supported to maintain a healthy nutritional intake.

People were supported to access a range of healthcare professionals.

Is the service caring?

Good ●

The service was caring.

People felt supported by staff who respected and listened to them.

People were involved in the planning of their care and had time

with staff to discuss their care needs.

People were able to maintain an independent lifestyle with minimal support from staff.

Staff knew how to maintain people's privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

People's care plans were personalised and were reviewed on a regular basis.

People were able to maintain close links within their community and could access a wide range of activities and employment opportunities.

There was a complaints procedure in place and people felt able to make a complaint if needed.

Is the service well-led?

Good ●

The service was well led.

The service had a clear ethos and staff understood the values of the service.

The people who used the service were involved in the running of the service as much as possible.

The quality of the service being delivered was monitored through regular audits.

About with Friends

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 25 July 2017 and was announced. As the service operates from an office we needed to be sure that the registered manager and care staff would be available to speak with us. The inspection was carried out by one inspector. Prior to visiting the office, we spoke with two people who used the service over the telephone.

As part of the inspection, we reviewed the information available to us about the service, such as the notifications that they had sent us. A notification is information about important events which the provider is required to send us by law. Prior to the inspection, the provider also 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.

During the inspection, we also spoke with the registered manager and two members of care staff. We reviewed the care records of two people and the medication administration record (MAR) charts for two people. We looked at two staff records relating to recruitment and training. In addition to this, we reviewed monitoring reports relating to the quality of service being delivered.

Is the service safe?

Our findings

People we spoke with told us that they felt safe when in the company of staff. One person told us that they knew they were safe with staff because, "I know them well." They went on to say that they would be happy to raise a concern if staff ever made them feel unsafe and they knew who they would report these concerns to. Another person we spoke with told us how staff supported them to have a bath safely, "They help me to have a bath and run the water for me. The temperature is always right."

Staff had a good understanding of how to keep people safe from harm and they were able to tell us the potential signs of abuse. Staff told us that they had received training in safeguarding and training records confirmed this. Staff were aware of who they could contact if they suspected that someone was at risk of abuse. The service displayed details of the local safeguarding team and also an easy read version in the reception area of the office. One staff member showed us cards that they carried around with the safeguarding team's details on. There were also details on the back of the staff member's identification badge, regarding who to contact and what steps to take in the event that staff had to raise concerns about abuse.

People's individual risks had been identified and there was clear guidance for staff in people's risk assessments about how to manage these risks. This included a clear description of the risk, how it may present and what steps staff could take to manage the risk. This included reducing the risk of pressure areas and risks around meal preparation. One member of staff explained how they supported a person with applying cream and the steps they would take to mitigate any infection whilst applying the cream.

When new people used the service, risk assessments were carried out on their home environment. This ensured that staff could support people in the safest way.

People and staff we spoke with told us that there were sufficient numbers of staff to support people in a safely. The registered manager told us that they only accepted care packages that they could cover with their current staffing levels. There had only been once incident of a missed visit. In response to this, the registered manager developed a new protocol which clearly stated who staff should contact if they were unable to make a visit.

Some people using the service required support with taking their medicines. Staff had received training in the safe administration of medicines and we saw from records that their competency in this area was checked yearly. We looked at the medication administration record (MAR) charts for two people and saw that people's medicines were being administered as prescribed. We noted that the MAR charts were written clearly and directions on how to administer the medicine or cream were written on the chart. The registered manager audited people's MAR charts to ensure that they were being completed appropriately.

There were safe recruitment practices in place. We saw that two references had been sought and a satisfactory check from the Disclosure and Barring Service (DBS) had been obtained. This is a check to see if staff had any convictions which could prevent them for working in the care sector. This helped to ensure

that only suitable staff were recruited to deliver care to people in their homes.

Is the service effective?

Our findings

People we spoke with felt that staff were trained to provide them with good care. One person commented, "They know what they're doing." There was a comprehensive training plan for staff in place. This included face to face training provided by an external provider and online training. Staff completed the provider's mandatory training in areas such as first aid and health and safety. In addition to this, staff received training which gave them a better understanding of specific conditions people may be living with. For example, epilepsy and seizure management and autistic spectrum conditions.

The registered manager told us that much of the training took place in the evenings as this allowed a majority of staff to attend. This also meant that there was minimal disruption to the delivery of people's care. For example, some people preferred certain staff to visit them.

Staff were supported through regular supervisions and appraisals. One member of staff told us that they found their supervision useful as they could discuss their career development with the registered manager. For new staff, there was a comprehensive induction plan in place, this included familiarising themselves with people's care plans and the policies and procedures of the service. Staff also told us that they would shadow more experienced members of staff. New staff would meet with the registered manager at two weekly intervals within the first six weeks of their employment. This gave them the opportunity to discuss how they were finding their new job and establish what further support could be put in place to ensure they could carry out their role effectively.

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. We checked whether the service was working within the principles of the MCA.

Both members of staff we spoke with had a good understanding of the MCA and told us how they would support people with making choices about their care. For example, one staff member told us that they would support people with weighing up the pros and cons of each decision. Staff told us how they would seek people's consent before they delivered care to people. People we spoke with confirmed this. One person told us, "They ask me and I show them as I tell them how I like things done."

Some people's care packages involved staff supporting them with shopping and preparing meals. One person told us how they would prepare meals with a member of staff and they would sit and eat together.

Both people told us how they were supported by staff to access health care professionals. One person told us, "They come with me to the surgery to make sure I'm OK." Another person explained how staff would support them with getting to the appointment, but once there, they said that they liked go in alone. Staff we spoke with told us how they would contact the relevant healthcare professional if they had any concerns about people's physical or mental wellbeing.

Is the service caring?

Our findings

Both people we spoke with told us that they were supported by staff who were caring. One person told us, "The staff are really caring and really kind." They went on to say that staff would comfort them when they were upset. Another person explained, "Staff are understanding, if I've got problems, I just talk to them. They make me feel relaxed." They added that they had a good relationship with their main carer and felt as though their main carer knew their care and support needs very well. When we spoke with staff, they knew people's needs well. Staff spoke about people in an enthusiastic and caring way. One member of staff told us, "I love working with the people, they make me laugh."

People were involved in the planning of their care. One person told us, "I get involved with my care plans. My keyworker goes through my folder. Sometimes I don't understand some of the words they use. I ask what they mean and they explain them to me." They went on to say that they preferred to have their care records kept safe in the service's offices rather than in their home. They said that they could look at their care records whenever they wanted.

Staff had a good understanding of person-centred care. One member of staff told us, "People are in the middle of everything and it's about them. We just listen to them and what they want." The registered manager also advocated people being at the centre of their care and told us, "I'm a great believer in person centred and a person led approach. The greatest skill you can have in this job is to listen, no matter what you're doing, no matter what part of the organisation you're in. You've got to keep the person in the middle of everything."

People we spoke with told us that staff supported them to maintain an independent lifestyle. One person we spoke with told us that they had minimal support with maintaining their personal care as they liked to try and do as much as they could for themselves. Another person explained that they liked to keep their house very tidy and staff would sometimes help them with some household tasks such as cleaning or putting laundry away.

Staff we spoke with told us how they promoted people's dignity and privacy whilst tending to people's personal care needs. This included ensuring that doors and curtains were closed. One person we spoke with told us how they liked to be supported with their personal care and that staff respected their routine around this.

Is the service responsive?

Our findings

The service was very responsive to people's needs. People told us that they had regular meetings with staff where they could speak about their care. One person told us, "I can change my care plan when I want." Both people we spoke with told us that they knew what was in their care plans as they had so much input with them. All of the care plans we looked at were in an easy read format and were clearly written. In addition to the care plans, each person's care record contained a one page profile of them. This listed their likes, dislikes and what's important to them. People's care records were written in the first person and we saw that people had signed their care plans to show that they agreed what was written in them. In addition to this, there was a form in people's care records titled, 'How my support plan was completed and how I was involved'. We saw that one person had written that they had discussed their care and support needs with their main carer.

One person we spoke with told us that they got anxious at times and that staff had devised ways of helping them to manage their anxiety. For example, they liked to know which staff would be visiting them over the coming month. They would go to the office and sit with the registered manager and draw up the staff rota for the month. This included putting pictures of staff on the rota as they said that they were sometimes confused by some staff having the same name. They would display the rota in their home and staff would put a tick on the rota when they finished the visit. This was because the person liked to keep track of who had been to visit them.

We were also told by the person that staff had taken pictures of them holding their creams that staff helped them to apply. They told us that this helped them with their anxiety as staff would look at their care record and recognise the creams as well as be familiar with the directions on how they should be applied.

People's care plans were regularly reviewed and were updated when people's care needs changed.

People were supported to access the community and find employment. One person liked to stay busy throughout the day so the registered manager said that they could come and do some admin work in the office. People who used the service were also invited to talks that were given in the work skills service. This involved professionals such as the police who would give talks on hate crime and keeping safe.

The service also ran a work skills service which had a number of links with the community. People who used the outreach service could get involved with the activities on offer. During our inspection, staff told us about an upcoming fayre that they were preparing the catering for with people who used the service.

The service had not received any complaints but people we spoke with told us that they would be happy to raise a complaint and knew who they would speak to. The registered manager explained to us how they would manage a complaint and staff also knew how they would support someone to raise a concern.

Is the service well-led?

Our findings

Staff at the service had a good understanding of the values and vision for the service. This was ensuring that people were at the centre of the service and had a say in how the service was run. For example, the registered manager told us that people who used the service could sit on the interview panels for prospective staff. They explained, "You've got to get the right staff and match them to the right people."

People we spoke with were complimentary about the registered manager and the provider of the service. One person we spoke with described the management as "Fantastic." Another person told us, "[Registered manager] is lovely. I see them a lot. They come and chat to me a lot when I go out with About with Friends."

Staff were also positive about the management of the service. Both staff we spoke with also told us that they felt supported in their role. One told us, "Good work is rewarded and if I have any problems then I go to [the management]." During our inspection we saw that there was a friendly atmosphere in the office and care staff would pop in and out of the office throughout the day. We saw that they would liaise with care staff from the other services run by the provider as well as the administration staff. As some people used both the outreach service and the work skills service, frequent communication between staff was important so they could be aware of any concerns relating to a person's health or wellbeing.

Staff we spoke with told us that they enjoyed working for the service and that the teams worked well together. One member of staff told us, "It's a good team and I have good work colleagues."

Staff had monthly staff meetings and this gave staff the opportunity to have an input about how the service is run. One member of staff told us, "The staff meetings are good because we can get feedback about how each person is doing."

The registered manager was aware of the requirement to notify us of specific incidents and the information we held about the service showed that notifications sent to us were detailed and sent in a timely manner.

The provider had developed an innovative format for auditing people's care. The provider would speak with both the person and their main carers and record their responses. This was in addition to looking at any documentation in people's care records to ensure that it was complete and reviewed regularly. Areas covered in the audit included the relationship between staff and their suitability to care for the person and people were asked if there was more the service could do to enhance the support they received. Where areas for improvement had been identified, there was no action plan in place to show the plan and timescale for the remedial action. We fed this back to the provider and they said that they would rectify this.

The registered manager told us that they were receiving more referrals about people who would like to use the service. They told us, "You've got to get your foundation first; we don't want to get too big too quick. We're going at our pace." They went on to explain that they wanted to ensure that the correct number and calibre of staff were in place. They also said that they were in the process of developing new quality assurance measures and that an operations manager was due to start work with the service who would take

on this role.