Cambridgeshire County Council

Community Support Service

Inspection report

Buttsgrove Centre
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Date of inspection visit:
30 August 2018

Date of publication:
15 October 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

Community Support Service is a domiciliary care service that is registered to provide personal care to children and younger people; when living in their own homes or by supporting them in the community. The service supports these people to live more active and independent lives and provides respite for parents. The service was for children and younger people living with a learning or physical disability or sensory impairment. At the time of our inspection there were 45 people using the service.

At our last inspection on 25 February 2016 we rated the service good. At this announced 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.

There was a registered manager in post at the time of this 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 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.

People were supported by staff who knew about safeguarding and its reporting processes. Risk assessments were in place as guidance for staff to support and monitor people's assessed risks. People's care records were held securely to ensure confidentiality. People had equipment in place to help staff assist them to receive safe care and support.

Staff had been recruited safely prior to working at the service. People's needs were met as there were enough staff with the right skills and knowledge. Staff were trained to meet people's care and support needs. People's medicines were administered as prescribed and managed safely. Systems were in place to maintain infection prevention and control. Actions were taken to learn any lessons when things did not go as planned.

People were supported with their eating and drinking to promote their well-being. People received a caring service by staff who knew them well. People's privacy and dignity was maintained by staff.

People were involved in their care decisions and staff promoted people's independence as far as practicable. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

Staff supported people to access external healthcare services. Staff worked with other organisations to help ensure that people's care was coordinated.

Activities were in place to support people's hobbies, interests and well-being. To promote people's social

inclusion, staff supported people with their links and trips out to the local community.

Compliments were received about the service and people were aware of how to make a complaint or raise a concern.

The registered manager led by example and encouraged an open and honest culture within their staff team. Audit and governance systems were in place to identify and drive forward any improvements required. The registered manager and their staff team worked together with other organisations to ensure people's well-being.

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? The service remains good.	**Good**
Is the service effective? The service remains good.	**Good**
Is the service caring? The service remains good.	**Good**
Is the service responsive? The service remains good.	**Good**
Is the service well-led? The service remains good.	**Good**

Community Support Service

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 comprehensive inspection took place on 30 August 2018 and was announced. We gave the service five days notice. This was so that we could be sure that staff would be available. The inspection was undertaken by two inspectors, an assistant inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we used information the provider sent us in the Provider Information Return dated 12 January 2018. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and the improvements they plan to make. We reviewed other information we held about the service to aid with our inspection planning. This included past inspection reports and notifications. A notification is information about important events which the service is required to send us by law.

We also contacted other health and social care organisations such as representatives from the local authority contracts and quality team; Healthwatch, the local safeguarding authority and a specialist mental health practitioner. This was to ask their views about the service provided. This was to help us in the planning of our inspection and the judgements we made.

We spoke with nine relatives of people using the service who could give us their views of the care and support their family member received. We spoke with the registered manager, two business support assistants, an acting care co-ordinator, a co-ordinator of the provider team and five support workers. We looked at care documentation for four people, three staff files, staff supervision and training records. We also looked at other records relating to the management of the service including audits and action plans; accident and incident records; surveys; meeting minutes and complaint and compliment records.

Good

Is the service safe?

Our findings

The service remains good because relatives told us their family member felt safe using the service due to the care and support received from staff. One relative said, "My [family member] is absolutely safe with [staff]. They look after [family member] like I do." Another relative told us," [Family member] is very safe with [staff]…in fact, much safer now because [family member] has better road awareness thanks to them taking [family member] out."

Staff had completed training on how to safeguard children and young people from harm and poor care and they understood their responsibility to protect them. This included reporting any concerns both internally to management and to external agencies, in line with the service's processes. Staff were also aware of how to whistle-blow. This is where staff are provided a safe arena to report any poor standards of care. A staff member said, "I would take [any concerns] to my [registered] manager, if I feel I need to whistle-blow then I would." This showed us that staff understood their duty to report any concerns of harm and poor care.

People's care and risk assessments were computerised records that were held securely within the office and a copy was held within people's homes. Information gave clear guidance for staff to follow to deliver safe care and minimise risk. Staff monitored and reviewed people's individual risk assessments following any changes in people's needs. People also had a safety awareness and environmental risk assessment and property risk assessment in place. These helped staff with information on how to support people in different environments and how to assist people, when present, to evacuate safely in the event of an emergency such as a fire.

Staff used equipment and technology to assist people to receive safe care. For example, an electronic bath chair was used to help a person access their bath in a safe manner. The registered manager told us that it was staffs' responsibility to check equipment before any use, but it was the families' responsibility to make sure that the equipment was clean, serviced and in a good working order.

Relatives told us that they had no concerns around staff support and staff punctuality to their family members care visits. They said that if staff were running late they would be informed in advance. One relative told us, "Yes [staff] arrive on time and never let us down. They are brilliant." Another relative said, "They are usually on time, if they are delayed for any reason they give me a quick ring…We only had a glitch once…they were very apologetic."

Staff told us that recruitment checks were in place prior to them working at the service. These checks made sure that the right staff were recruited to the role, they were appropriate to work with people and were of good character.

All relatives spoken with told us that they supported their family member with their medication. Records showed and staff told us that staff administering medication to people using the service had received training and their competency to do so had been reviewed by senior staff during supervisions.

Staff were trained in infection control and food hygiene and knew about their role in preventing the spread of infection. They told us that they had enough personal protective equipment (PPE), such as single-use gloves and aprons available to use. One relative confirmed to us that, "Yes, [staff] do wear gloves and aprons when necessary."

Staff told us and records showed examples of shared learning that took place following any incidents or near misses. This was to reduce the risk of recurrence. Shared learning was communicated to staff and actions were, where appropriate, also fed back to the person's assigned social worker.

Good

Is the service effective?

Our findings

The service remains good because people's assessed needs continued to be met by staff. Staff used guidance and support from social and healthcare organisations to provide care based upon current practice to support people with their specific health care needs. For example, staff demonstrated their knowledge of the Gillick competence about whether a child can consent to medical treatment. Records also showed that an external nurse completed competency checks on a staff member who supported a person with enteral feeding tube (a nutritionally complete feed that goes directly into the stomach).

New staff completed a Care Certificate induction. This is a nationally recognised health and social care induction training programme. Staff also attended supervisions to support them in their day-to-day role and to help identify and discuss any learning needs. Staff were also supported to maintain their current skills with regular training on mandatory core subject areas and specialist training relevant to their role. This included positive behaviour support training for behaviours that can challenge a person and others. A staff member said, "I have used these skills to deflect a situation." A relative told us, "The staff are all excellent… very well trained and know exactly what they are doing." All care staff were encouraged to develop their skills and knowledge by completing a diploma in health and social care.

Relatives we spoke with told us that their family member was either tube fed or that they themselves provided their meals and drinks. Where people were on a specialist diet due to their specific health condition, we saw that there was clear guidance for staff within people's care records.

Relatives spoken with told us that they did not need staff support to help their family member access external healthcare services to promote their well-being. The registered manager and staff team worked with external organisations such as community nurses, speech and language therapist teams, and health practitioners. Information and guidance from these health professionals were used as prompts for staff within people's care records to assist their well-being.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

Staff were aware of how they needed to support people to make certain decisions about their care. Staff told us they were aware to always assumed people had mental capacity and supported people to make their day-to-day choices. For example, what a person would like to wear. One staff member told us, "[People] are allowed to make decisions, you assume [mental] capacity and let them do it unless they have a best interest decision ensuring their safety." Another staff member confirmed to us that, "Everyone is thought to have [mental] capacity until proven otherwise."

Good

Is the service caring?

Our findings

The service remains good because staff treated people with compassion, kindness and respect. One relative said," Yes, [staff] go the extra mile for us. They work around us, for example if [family member] is not well enough to go out they will stay in and play with [family member] instead." Another relative told us, "Our support worker is very kind and caring, yes, they are wonderful." A third relative confirmed that, "[Staff] treat the whole family very well, in fact their support is beneficial to all the family as it gives us time to spend together."

Relatives of people using the service told us that they, and their family member were encouraged to express their views and were involved in the decisions about their or their family members care. Records we looked at also confirmed this. A relative told us, "We agree on the care plan and communicate all the time if there are any concerns or changes needed." Another relative said, "We communicate all of the time and discuss any concerns." This showed us that people and their relatives, where appropriate, were encouraged to communicate, be involved and express their views.

We were told that no one using this service during this inspection required support from an advocate. However, information was available around advocacy services should people or relatives need this information and advice. Advocates are independent and support people to make and communicate their views and wishes.

Relatives told us that their family members privacy and dignity was promoted and maintained by the staff supporting them. One relative said, "[Staff] are never anything but respectful to us all. They have a lovely attitude." Another relative told us, "[Staff] are very respectful to the whole family."

Relatives told us that the support they had received from staff had promoted their family members independence. A relative said, "What is good is [staff] give [family member] some independence by taking them out and at the same time gives me some time to myself." Another relative told us," The service is absolutely marvellous, it gives [family member] some independence and time away from us. There is nothing I can think of that they could do better." This showed us that the service aimed and supported to help people be as independent as practicable.

Good

Is the service responsive?

Our findings

The service remains good because people continued to receive support and care that was responsive to their needs. People's needs were assessed prior to them using the service to make sure their requirements could be met.

Records showed and relatives told us that they, and their family member was involved in the development of people's individual care records. A relative confirmed to us that, "Yes, [family member] has a care plan and it is updated quite regularly …for example when the dietician gives us some advice on diet etc." Care records contained information about the person and their family so that staff could get to know the people they supported. A staff member said, "We are providing care to all to enable [people] to thrive. The [support] is very individual according to need regardless of people's background. You respect them and never be judgemental." Staff completed daily notes, as a record of how people had spent their day meaningfully. These records provided staff with an overview of any changes in people's needs and their general well-being.

Staff supported people to access the community and maintain their interests and hobbies to help promote social inclusion and independence. A relative said, "Yes [staff] take [family member] swimming. Which is good because it is good exercise for their legs." Another relative told us, "That is what [staff] do, they take [family member] out and about and go to different places each time."

Compliments had been received about the care provided by staff at the service since our last inspection. One compliment read, "Great service, we love [named support worker] and they are really reliable." Records showed that no complaints had been recorded as being received since the last inspection. Relatives spoken with told us that they felt comfortable about raising a complaint or making suggestions if they needed to. However, they all confirmed that they had not yet needed to make a complaint. One relative said, "I would speak to the [registered] manager but I have never had any need to."

The registered manager told us that if a person became end-of-life due to their complex health needs a local hospice would step in to provide the care at home the person needed. Or alternatively the person would be cared for at the hospice. This would be because of the specialist support the child or young person would need and that the hospice service would be better set-up to support this.

Good

Is the service well-led?

Our findings

The service remained good because it was managed well. There continued to be registered manager at the service. 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. They were supported day-to-day by care staff and office staff.

The registered manager and staff showed a very good knowledge of people's care and support needs. Staff were clear about the expectation to provide a good quality service that met and supported people's individual needs. A relative told us, "I do think it is well managed. They are a very flexible service and communication is good between them. Messages are passed on promptly." The registered manager and staff promoted equality and inclusion within its service and workforce. A staff member said, "It is all about choice and hearing the child's voice." Staff told us that they felt supported by the registered manager who they said was approachable and listened to them. One staff member said, "They listen to any comments I have. They are very good. They always communicate with staff."

Relatives were very complimentary about the service provided, and how the service was run. A relative said, "I do think it is well managed…it runs very smoothly." Relatives told us that they could speak to the registered manager should they wish to do so and that the registered manager made themselves available for this. A relative said, "Yes, very helpful and available. We don't have to wait for responses from them at all." Another relative told us, "Everyone in the office is very helpful…nothing is too much trouble." Records showed and relatives told us that a 'relatives and service user' survey had been carried out to gain feedback on the quality of the service provided. Feedback was positive but where an improvement had been identified we saw that relatives had been written to individually to explain what actions had been taken. Improvements included more regular telephone and email communications to a relative as requested.

The registered manager of the service made checks to monitor the quality and safety of the service provided. There was organisational oversight from the provider of the service and systems in place to ensure checks and audits were carried out and followed through to drive improvement. For any areas of improvement found, actions were taken to reduce the risk of recurrence. This showed us that the service looked to continuously improve the quality of service provided.

Records the Care Quality Commission (CQC) held about the service and looked at during the inspection, showed that the provider had needed to send any notifications to the CQC as legally required. A notification is information about important events that the provider is required by law to notify us about such as safeguarding concerns, deaths, and serious incidents. In addition, the provider was correctly displaying their previous inspection rating clearly.

Staff at the service continued to work in partnership and shared information with other key organisations and agencies to provide joined up care for people using the service. This included working with a variety of health and social care providers.