

People in Action

# People in Action Domiciliary Care - North Warwickshire and Coventry

## Inspection report

White Lion Chambers  
44 High Street  
Bedworth  
Warwickshire  
CV12 8NF

Tel: 02476643776  
Website: [www.people-in-action.co.uk](http://www.people-in-action.co.uk)

Date of inspection visit:  
29 September 2016  
05 October 2016

Date of publication:  
22 November 2016

## 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

This inspection took place on 29 September 2016 and 5 October 2016 and was announced.

The registered provider, People in Action Domiciliary Care – North Warwickshire, is part of a not for profit charity called 'People in Action', which provides domiciliary care, support and care to adults with a learning disability or mental health difficulties in their own homes. The majority of people receiving a service lived alone, whilst others lived with family members or shared accommodation with other people supported by the provider. The contracted hours for the services provided to people ranged between 24 hours a day to 10 hours per week. At the time of our inspection, the provider was supporting 41 people.

The service had a registered manager. 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. We spoke with the registered manager, who had overall responsibility for the service, however we were informed the day to day running of the service was undertaken by four service managers and their assistant service managers.

People told us they felt safe and comfortable with the support workers employed to meet their needs. Support workers knew their responsibilities to protect people from the risk of abuse and received training to assist them. People's legal rights were protected and support workers ensured people's right to make decisions were respected. We found people were supported with their medication by support workers who were trained and assessed as competent to give medicines safely in a timely way and as prescribed.

The provider had introduced a new risk assessment form which identified specific risks for each person and gave guidance to support workers about how they could assist people in a way which would not restrict their independence and choice. Work was still being undertaken to complete the new risk assessments for all people receiving a service.

The provider's support worker rota system was flexible enough to ensure support workers could safely meet people's needs on most occasions. People told us and we observed that they enjoyed the time they spent with their support workers. We also found that people were also supported to be part of their community and attend activities on most of the occasions that they wanted.

We found that the provider had a system in place to ensure fairness and non-discrimination in the interview process and conducted pre-employment checks prior to staff starting work to ensure workers could be safely employed. Support workers confirmed they had not been able to work until the checks had been completed.

People were able to make choices about their lives and were supported to do so. Their support plans focussed on the individual care and support needs of the person, and copies were stored securely at the

main office and at people's homes. Support workers were responsive to people's needs and where people's needs changed, ensured support plans were adjusted to reflect the change. We found the support plans provided details about people's preferred method of communication, favourite activities and dislikes.

People had access to health professionals when needed and the provider advocated on behalf people to ensure appropriate health care was provided. People knew what to do if they had any concerns, and the provider responded positively to any issues or complaints raised.

The Support workers we spoke with felt senior management were supportive and confirmed they had regular supervision meetings, appraisals and team meetings. They had access to training and professional development and a system was in place to ensure training was up to date. Support workers and service managers had also received training on mental capacity and demonstrated an understanding and application of the Mental Capacity Act (2005).

We found the provider had systems in place to assess, monitor and improve the quality of the service and was exploring different ways of obtaining feedback on the service. Support workers were given responsibility and were involved in the day to day running of the service. They felt able to make suggestions about how the service could improve. We also found that the views of people and their relatives about the service were listened to and in response appropriate actions were taken.

## 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's support plans contained specific risk assessments which gave instructions to support workers about the ways they could assist people to manage the risk effectively. Support workers and service managers were aware of safeguarding procedures, knew what action to take if they suspected a person was at risk of abuse, and understood when it was necessary to seek advice. People received, or were supported to take their medication safely and as prescribed from trained and competent support workers. There was also sufficient support workers to keep people safe.

### Is the service effective?

Good ●

The service was effective.

People were supported by support workers and service managers who were competent and trained to meet their care and support needs effectively. Staff respected and advocated for people's right to make choices, and where they were unable to do so ensured appropriate relatives and professionals were involved in making decisions in the person's best interests. People were supported to gain access to health care professionals when needed, and were involved in maintaining their own health

### Is the service caring?

Good ●

The service was caring.

People told us and we observed that they were supported with kindness, dignity and respect by their support workers. Support workers and service managers were able to describe their knowledge of people and the way they wanted to live their lives and assisted people to achieve this in a safe way and as independently as possible.

### Is the service responsive?

Good ●

The service was responsive.

Support plans demonstrated the provider involved people and where appropriate their relatives, in care and support planning. Staffing rotas were operated in a flexible way to allow for changes to care needs and for most activities to be supported. We found people and relatives knew how to raise complaints and that the complaints process was adaptable to the specific communication needs of people using the service

### **Is the service well-led?**

The service was well led.

People and their relatives were contacted for their viewpoints about the service. People, their relatives and staff also had access to the senior management team, who would respond to their concerns. Support workers, service managers and other staff we spoke with were happy in their roles and felt able to make suggestions to improve the service. The provider also demonstrated that they had systems and processes in place to ensure quality, and that each member of staff contributed to quality assurance.

**Good** ●

# People in Action Domiciliary Care - North Warwickshire and Coventry

## **Detailed findings**

### **Background to this inspection**

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

The last inspection for this location took place 14 August 2013 and the provider was found to be compliant with the Regulations in place at the time.

Inspection visits took place on 29 September 2016, and 5 October 2016. The inspection was announced. We gave 48 hours' notice of our inspection to allow the provider time to arrange for us to speak with people who used the service and for support workers and service managers to be available to speak to us.

The inspection was conducted by one inspector and an expert by experience who conducted telephone interviews with people using the service, their relatives and support workers. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had particular experience from the perspective of family carers of people who have severe learning disabilities and/or behaviour that is considered to be challenging.

As part of the inspection process we reviewed the information we held about the service. We looked at information received from local authority commissioners. Commissioners are people who work to find appropriate care and support services for people and fund the care provided. We were informed there were no concerns regarding the provider.

We looked at statutory notifications sent to us by the provider. A statutory notification is information about important events which the provider is required to send to us by law. We also considered the Provider Information Return (PIR) for the service. 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 our inspection visit, we spoke with the registered manager, an operations manager, two service managers, an assistant service manager, four support workers, and a number of staff in the human resources, training and activities teams. We spoke with six people who used the service, and six relatives. We also observed the provision of care and support by support workers and service managers.

We reviewed six people's care plans, to see how their care and support was planned and delivered. We also looked at the provider policies and other records which related to people and to staff care and wellbeing. This included medicine records, staff recruitment records, training schedules, the provider's quality assurance audits and records of complaints. We also examined the way the provider gathered information to improve the service. The information reviewed was considered to determine if the PIR received from the provider reflected the service we saw

## Is the service safe?

### Our findings

People told us they felt safe in their own homes and with the support workers who helped them. Support workers and service managers told us they had regular discussions with people to make them aware of dangers within their homes and potential risks from other people who may be trying to take advantage of them.

People were protected from the risk of abuse. Support workers and service managers had knowledge of the signs of abuse and potential abuse. Training and the provider's policies were available to ensure support workers and service managers understood how they could protect people from abuse and when concerns should be reported or advice sought. For example, support workers protected people's finances from abuse by recording when money had been withdrawn from bank accounts, and by ensuring that two support workers signed to verify this.

The provider's recruitment process ensured risks to people's safety due to the employment of unsuitable staff were minimised. The provider completed checks to ensure as far as possible new employees were safe to work for the service. Jobs would not be confirmed until the checks and references for the applicants had been received. Support workers and service managers we spoke with assured us they had to wait for satisfactory checks and references to come through before they started working with people.

The employee records we reviewed confirmed the provider obtained references from previous employers and checked whether the Disclosure and Barring Service (DBS) had any information about the applicant before they started work. The DBS is a national agency that keeps records of criminal convictions. The provider had a policy in place which specified the actions to be taken if the checks undertaken revealed any concerns. The registered manager told us the provider is currently considering how often the DBS checks should be redone after an applicant has been employed.

The provider was aware of the risks involved with providing the service. People's care and support needs had been identified and assessed according to people's individual needs and abilities. The provider was in the process of introducing a new risk assessment form to all support plans. The new risk assessment form provided support workers with additional guidance about the way the risks could be managed without restricting people's ability to do what they wanted. The registered manager told us, "A risk assessment is to 'enable' people, not to block them. If they want to go out to a nightclub, it is about how you are going to help them to achieve it."

Risk assessments were also conducted at people's homes to ensure risks to people and support workers were considered and appropriate action taken. A manager told us, "We do fire checks every week, so [person] knows when the alarm goes and what to do". Personal escape and evacuation plans had been prepared to guide support workers what to do to assist people in emergency situations which required them to leave their properties. In addition copies of information relevant to people's continuing care were kept in people's homes to be taken if they were required to move at short notice.

We found the provider operated a flexible rota system to ensure there were enough support workers or service managers to attend calls on most occasions. The majority of relatives we spoke with also told us there were enough regular support workers to keep people safe. The registered manager told us that the flexibility of the rota resulted in the limited use of agency staff thereby maintaining the continuity of care for people. The service managers we spoke with confirmed the rotas were supplied to the people receiving a service to ensure they understood when calls would be made, and confirmed any changes would be communicated to people.

The provider had processes in place to ensure medicines were administered safely to people. Support workers told us their medication administration practice was checked by service managers to ensure they remained competent to do so. People's medication administration records (MAR) sheets included relevant information about the medicines people were prescribed, the correct dosage and when they should be taken. A service manager confirmed, "There is a support worker allocated the responsibility to check that MAR sheets are completed. I also monitor if the charts have been completed. If support workers make errors they will be stopped from doing medicines until the training is redone."

People told us they were assisted or reminded to take their medicines on time and as prescribed. We found that the MAR sheets we reviewed showed people had received their medicines correctly, and did not contain any gaps in recording. Protocols were in place for people using 'as and when required' medicines [P.R.N.] which included information to help support workers decide when these medicines were needed if people were unable to tell them. A service manager told us that in relation to managing behaviours the use of PRN was as a last resort, "We don't want to use PRN we look at whether we can remove people from the situation first".

## Is the service effective?

### Our findings

The provider ensured people's needs were met by support workers and service managers who had an induction and access to the training they needed before they started work with people. Support workers we spoke with told us they had an induction to the organisation and worked alongside an experienced support worker who knew the person well before they were allowed to work on their own with the person. The registered manager also told us that "all new support workers were required to complete the Care Certificate". The Care Certificate assesses workers against a specific set of standards. The workers have to demonstrate they have the skills, knowledge and behaviours to ensure they provide compassionate and high quality care and support to the people they supported.

There was a clear process in place for support workers to demonstrate the application of the skills learnt by a system of testing and observation of practice. In addition to mandatory training sessions some support workers were required to undertake further training to ensure they could meet specific needs, for example to support people with autism. Support workers and service managers told us about the training they received. A support worker told us, "The training is brilliant, I've done NVQ 2 and 3 [Diploma in Health and Social Care], I think they are really good". We reviewed the training records and found the training was up to date for most of the support workers and service managers. A member of the training team told us they were introducing a new system to record training which would make this even easier to monitor.

The provider had an effective process for undertaking and recording staff supervisions and annual appraisals. A service manager told us "Supervision meetings give the support workers the opportunity to suggest ideas as to the ways they could become more effective in their work". The registered manager told us in addition "Supervisions are about how they [staff] are doing, but are also about how they can encourage people to do things they want to do in a safe way". Support workers we spoke with confirmed supervisions were carried out regularly. One support worker told us "my supervision was every three months. I felt this was ok but would raise issues when needed, management would listen to me".

People's capacity to make decisions was considered by the provider. The support workers and service managers we spoke with had undertaken training in relation to the Mental Capacity Act (MCA) 2005. 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.

The service managers we spoke with had carried out mental capacity assessments where they felt people did not have capacity to make a specific decision. The support plans we examined contained mental capacity assessments which had been reviewed yearly and had appropriate best interest decisions. There was information within the support plans to allow support workers to determine which decisions people could make for themselves, and which they may need support with. In one support plan we found there had been appropriate involvement of an Independent Mental Capacity Advocate (IMCA) regarding consent to

medical treatment. An IMCA works with the person lacking capacity, to try and establish their views and to involve them in the decision-making process as much as possible.

The service managers we spoke with understood their responsibility to alert the local authority if they felt a person was being deprived of their liberty. People can only be deprived of their liberty if it is in their best interests and legally authorised under the MCA or by the Court of Protection. None of the people receiving support from the provider were subject to the deprivation of liberty safeguards.

The provider encouraged support workers to support people in the least restrictive ways possible. A support worker told us about a person being supported who liked to smoke cigarettes, but at times could do so unsafely. The person was able to smoke when they wanted rather than be prevented or restricted to specific times. The support workers told us work had been undertaken with the person to ensure they understood where the safe smoking area was and the safe way to dispose of the cigarette ends. We spoke with the person who told us this was all done with her consent and she was happy "I can go outside to smoke whenever I want".

The provider assisted people to maintain their health. The support plans we reviewed confirmed people had access to support and advice from health professionals at appropriate times. The provider also ensured people were able to maintain an appropriate diet. People told us they chose what they wanted to eat and some people told us that they were supported to go shopping for their food. Support workers were aware of the food people liked and which foods people needed to meet their nutritional needs. One person we spoke with was pleased to describe how their clothing had become looser as a result of losing weight, due to changing to a healthier diet with the assistance of a support worker.

## Is the service caring?

### Our findings

People spoke positively about the support workers who supported them on a regular basis. One relative told us about the regular support workers "They're all very caring and conscientious", Another relative we spoke with referred to building relationships with support workers said " The induction period proved a valuable screening process to work out if my [family member] was likely to accept care from someone[support worker]".

The support workers and service managers we spoke with referred to supporting people in a compassionate and caring way. A service manager told us "I am not in this job for the money; I am in it because I care". A relative we spoke with praised the provider and said "They fought for more (service) hours for my [family member]," when the person's health needs increased.

We were invited by some people receiving a service to visit them in their home. We observed the people and their support workers enjoying their time together and laughing and joking. We were given a full tour of the building by the people living there who took pleasure in describing the facilities available to them. One person told us "I'm not leaving I love it here, this is my home" Another person we spoke with explained how well they got on with their support workers.

Support workers spoke positively about how they were fully aware they worked in someone's home and respected peoples' wishes and private spaces. We observed for example permission being requested by support workers before entering people's rooms. Support workers told us, and people living at the home confirmed that they decorated their rooms as they wished, and decided what social events would take place at the property.

People we spoke with told us support workers assisted them to live independent lives. People were encouraged by support workers to spend their days as they wished and with the people they wished. Support workers and service managers actively promoted choices and friendships. One person told us "I have lots of friends and can spend time with them".

The provider supported people to develop and maintain social and lifestyle skills. The registered manager told us they try to make people feel part of the service, "We have [people] who come into the office to work with us for example to shred paper; we encourage independence and want people to develop life skills". A relative told us about his relative's ability to go out alone and said, "[Provider] had helped my [family member] secure a bus pass when I had been unable to". Another person we spoke with also told us with pride that they had managed to obtain their own bus pass from the local authority which demonstrated the development of lifestyle skills.

People told us they were supported to maintain family relationships which were important to them. We observed support workers and service managers demonstrated a good knowledge of people's relatives, family histories when speaking to people.

## Is the service responsive?

### Our findings

People's support plans were written in a personalised way, with details about people's life history, their likes, dislikes and preferences, and how they wanted to be supported in personal care tasks. Where people were unable to describe their needs support plans provided support workers with a guide to what specific need a person's action indicated. In one support plan reviewed support workers were directed that a person wanted assistance to complete dressing by turning his back, or a cup of tea by waiting around the kitchen area.

Support plans we reviewed identified a set of positive outcomes that people had agreed for the year. The outcomes were recorded as discussed with the people supporting them and signed as agreed. We observed a service manager discussing with a person one of their personal outcomes for the year relating to going out to public areas and the progress made. The person understood what they had agreed to, and acknowledged more work was needed to achieve the outcome.

Managers told us the support plans were reviewed monthly and support workers had the authority to make changes to match the needs and wishes of people receiving the service. However further work was needed to ensure people and where appropriate relatives were kept involved. A person we spoke with confirmed knowledge of a support plan but commented. "I've not seen it and they don't tell me about it". Half of the relatives we spoke with also made reference to the lack of regular involvement with the support plans, however they confirmed they had attended or were invited to yearly reviews.

Changes to support plans made by support workers were notified to service managers to make adjustments to the support plan held at the main office. The process although flexible to the needs of the people was a manual system which created additional work for service managers and potential delays in service managers being made aware of changes. We spoke to the registered manager regarding the way support plans were updated and it was acknowledged the process may need review and possibly the greater use of computer technology to be more efficient.

Most people were supported to attend the activities they wanted. Half of the relatives we spoke with referred to the organised arrangements for activities. The provider employed someone at their main office to run and promote activities. People receiving services had been involved in plays and musicals, fetes and carnivals, and took part in group social activities such as cake decorating. We observed a group activity at the main office which was well attended by people supported by the provider, and by people supported by other providers. We also observed that support workers and service managers were willing to discuss and suggest other activities people could take part in.

People and relatives told us they felt able to speak with their regular support worker or service manager if they wanted to complain or raise an issue. One person we spoke with said that "I feel listened to and could go straight to a manager if I wanted to". All the relatives told us however there were occasions when the high turnover of support workers and service managers had made it difficult to address care and support issues quickly leading to issues having to be raised again. One relative we spoke with referred to some

support workers lack of knowledge of the care and support needed by their relative on that day said "they're supposed to look in the diary but they don't seem to bother".

Support workers knew how to help people if they wanted to complain. We asked the service managers how they ensured people with communication difficulties made the provider aware of concerns or complaints. We were informed that the complaint forms were available in easy read format and that some people were able to use systems such as Makaton to make their wishes known. Makaton is a language programme designed to support spoken language with the use of signs and symbols.

The service managers kept a record of complaints and concerns they had received. All complaints we reviewed had been dealt with and responded to in accordance with the provider's policies. We found the support plans we reviewed where complaints or issues had been made showed involvement of the person receiving the service in the outcome of the complaint.

## Is the service well-led?

### Our findings

The provider had systems in place to monitor and improve the quality of care and support people received. Support workers were a key part of the process and each worker was given specific responsibilities, for example ensuring the medication administration records were accurately completed and verifying that health and safety checks were undertaken by other workers and recorded as complete. Service managers told us that they visited people in their own homes on average once a week to check on satisfaction with the service and to check that support workers were completing all allocated responsibilities.

The provider conducted audits. Where audits or observations identified concerns, clear actions were taken for example removing support workers from certain responsibilities or requiring further training to be undertaken, if a support worker had failed to complete a medication administration record.

The provider was reviewing processes to ensure equality in opportunity. As an example the provider's recruitment process had recently been changed to ensure that the process could demonstrate fairness and lack of discrimination to all applicants. The interview panels included someone from the Human Resources team, and the interview questions were standardised with a marking system to allow comparison between applicants.

Support workers and service managers told us they felt well supported by the registered manager, senior management and trustees of the People in Action charity. The Chief Executive of the charity and the trustees were available and a visible presence at the office. One service manager told us "The trustees are committed and get involved and can be contacted at any time for help". A support worker we spoke with said "I would go directly to the [registered manager] and will go to him for advice; there are other managers who will help also. I feel the management group are supportive".

Prior to conducting this inspection the registered manager had informed us about a reorganisation of the way services were delivered by the various parts of the People in Action Charity. The changes would result in some staff moving locations or taking on other responsibilities. The registered manager informed us that all staff had been kept informed of the planned changes when possible. The support workers and service managers we spoke with confirmed that they had been informed of the changes and felt able to raise concerns with senior management. We were however informed by the relatives we spoke with that they would have preferred more information in particular regarding changes to support workers and service managers.

The provider was promoting its values within the local community. The registered manager told us that community involvement was used to promote the work of the provider and the personal qualities and abilities of people receiving a service. The People in Action Charity operated a successful vegetarian café which received the majority of the vegetables used in the menu from the garden centre also run by the provider. People receiving services from the provider were able and encouraged to work in the garden centre to develop life skills and feel part of the service.

The provider invited people receiving services and their families to complete a satisfaction questionnaire each year. We saw that questionnaires were available in an 'easy read' format and included pictures and symbols to help people understand what they were being asked. The service managers told us support workers would help people to complete the questionnaires but preferred a social worker or an independent person to help to get an unbiased response.

We reviewed the responses received from the last questionnaires issued and identified that there had been a low percentage returned. We asked the registered manager about the low number of returned questionnaires and the resulting difficulties in assessing the quality of the care and support provided. The registered manager confirmed the low returns were a known matter of concern and the questionnaire and approach for responses would be reviewed.

The registered manager told us there was a good relationship with the local authority commissioners and with other agencies, such as the speech and language therapists' team. We had not been informed about any issues with the provider's relationship with other professionals during the inspection process.

We found the registered manager and service managers understood their legal responsibility for submitting statutory notifications to CQC. The statutory notifications inform CQC about events and incidents affecting their service or the people who use it. We were able to confirm these had been reported to us as required throughout the previous 12 months.