

HD2 Care Support Services Ltd

HD2-1

Inspection report

112 Alderney Road
Erith
Kent
DA8 2JD






Date of inspection visit:
14 September 2016

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12 October 2016

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Good 
Is the service effective?	Requires Improvement 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 14 September 2016 and was announced. This was the provider's first inspection since their registration. HD2-1 provides a supported living service. At the time of this inspection two people were using the service.

The service had 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 provider did not conduct or maintain records of regular quality assurance systems to monitor and drive improvements to the service. The registered manager told us that checks took place, however there were no records of audit findings or improvements to the service. You can see the action we have asked the provider to take at the back of the full version of the report.

The registered manager and staff understood the Mental Capacity Act 2005 (MCA); however the provider had not completed capacity assessments for people using the service. Appropriate liaison had taken place with the local authority; however the provider had not ensured that people were not unlawfully deprived of their liberty through an application to the Court of Protection. Therefore, this area required improvement.

Staff training required improvement to ensure that all staff had completed fire safety training in line with the provider's mandatory requirements.

Staff understood how to safeguard people they supported and keep them safe. The provider had taken appropriate steps to ensure safe recruitment processes were in place. At the time of inspection people were not receiving support with their medicines, however the provider had a medicines procedure in place and staff had received medicines training. Appropriate risk assessments were in place to mitigate risk to people using the service. There was a whistle-blowing procedure available. There were enough staff to meet people's care and support needs.

Staff completed an induction when they started work. People were supported with a balanced diet. People were supported to access healthcare professionals as and when required.

People were treated with dignity and respect, and their privacy was taken into account. People's care plans provided guidance for staff on how to support people to meet their needs. The provider had a complaints policy in place and relatives were confident that complaints would be dealt with appropriately.

Staff said they enjoyed working at the service and that they received good support from management. The provider had processes in place to seek appropriate feedback from people and other professionals.

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.

Appropriate recruitment procedures were in place to ensure that people were protected against the risk of receiving care from unsuitable staff.

Medicines were not being administered at the time of our inspection, however appropriate processes were in place should the need arise.

Risks to people had been adequately reviewed to mitigate risks.

There were safeguarding adults procedures in place and staff had a clear understanding of these procedures.

There were sufficient staff deployed to meet people's needs.

Is the service effective?

Requires Improvement ●

The service was not always effective.

The provider did not have appropriate capacity assessments, or evidence of applications to the Court of Protection in place to ensure compliance with the Mental Capacity Act 2005.

Training required improvement to ensure that staff were up to date with fire safety training. Staff were supported in their roles through supervision.

Systems were in place to record appropriate support required with food and drink.

People had access to health care professionals when they needed them.

Is the service caring?

Good ●

The service was caring.

Staff demonstrated that they were caring and helpful.

People were treated with dignity and respect.

Staff were familiar with the needs of the people they supported.

Is the service responsive?

Good ●

The service was responsive.

People received personalised support to meet their individual needs, and people's support plans reflected their views and preferences.

The provider had a complaints procedure in place, and people were confident they would be responded to appropriately.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

Quality assurance systems were not completed and maintained to drive improvement across the service.

Staff spoke positively about the management of the service and the support they received.

The provider took into account the views of people using the service through the use of one to one feedback.

HD2-1

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.

Prior to the inspection we reviewed information we had about the service. This included the notifications that the provider had sent us. A notification is information about important events which the provider is required by law to send us. Before the inspection, the provider 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. We used the PIR to inform our inspection planning.

The inspection took place on 14 September 2016 and was announced. The provider was given 48 hours' notice because the location provides a supported living service and we needed to be sure that someone would be in.

The inspection was carried out by one inspector. During the inspection, we spoke with two staff members and the registered manager. We were not able to speak with the two people using the service; however we spoke with one relative.

We reviewed the care records of the two people who used the service, three staff records and records related to the management of the service.

Is the service safe?

Our findings

People were kept safe whilst using the service.

Staff understood the different types of abuse and how to report any concerns that they had. One staff member told us, "If I suspected abuse I would make sure the person was kept safe, I would inform the manager and tell social services if needed." Records that we looked at showed that staff had undertaken safeguarding training. The provider had a safeguarding policy in place which covered the referral procedures to report any incidents.

The provider had appropriate risk assessments in place to identify and mitigate risks to people. Risk assessments covered areas such as finances, health support, food and drink support and medications. Risk assessments were accompanied by appropriate support guidelines for staff on how best to mitigate any potential risk. We saw records confirming that risk assessments were reviewed every six months, or when a person's needs changed.

People's risk assessments were tailored to meet their individual needs. Where one person presented with behaviour that requires a response the provider had guidelines in place for staff to de-escalate and manage any potential situations. This included guidance such as ensuring the area was safe, moving on to positive activities and providing reassurance to the person. Where behavioural incidents had occurred records showed that the person's risk assessment had been updated and reviewed accordingly.

At the time of our inspection one person was using the service with 24 hour support, with another person receiving respite care before moving into the supported living accommodation full time. With a compliment of three staff at the service there were enough staff to meet people's current needs. One staff member told us, "The shift planner gives us enough time [to perform our duties]." The manager told us that when they needed to they would cover any shifts to ensure that people's needs were met.

The provider had appropriate systems in place to deal with accidents and incidents. Where incidents had occurred, the Community Learning Disability Team had been notified, and the provider had recorded any learning or action to be taken following these incidents. In the case of an emergency an out of hour's system was in place, and the manager operated this system to ensure that support was provided at times that it was needed.

At the time of our inspection people using the service were not receiving any support with medication. One person was prescribed a cream by their GP but managed this application themselves. The provider had an appropriate medicines policy in place and staff had received medicines training should a person require support with medicines. The medicines policy included guidance on how staff should support with medicines, self-administration and storage of medicines as well as reporting of medicines errors. The provider also had a medicine administration record (MAR) form available should a person require support with their medicines.

Staff we spoke with understood how they were required to support people with their medicines. One staff member said, "I would make sure the MAR was checked, I have been trained to check the expiry date, the time taken and that they [person using the service] takes the right medicine ."

Measures were in place to ensure that appropriate staff were employed to work at the service. We looked at the files for the three members of staff and found that they included copies of photographic identification, application forms and criminal record checks. The provider had obtained a full employment history for staff and satisfactory references prior to the commencement of employment.

Is the service effective?

Our findings

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.

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. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Applications must be made to the Court of Protection.

The provider had not completed capacity assessments for people using the service, and had referred this to the local authority. Whilst the registered manager and staff knew the needs of the person they were supporting, appropriate decision specific assessments had not been conducted in order to assess capacity.

One person was subject to continuous monitoring and the provider was working with the local authority to determine whether the person had capacity to consent to these arrangements. The provider had identified that the person may be deprived of their liberty in March 2016 and were awaiting guidance from the local authority; however an update had not yet been received and the provider had not sought independent legal advice. Therefore, improvement was required to ensure that the provider was fully compliant with the requirements of the MCA and Deprivation of Liberty Safeguards.

We raised this with the registered manager at the time of inspection, who showed us a capacity assessment document and told us this would be implemented at the soonest opportunity. We will check on the provider's progress with this at our next inspection.

Staff were not always up to date with appropriate training to carry out the duties they are employed to perform and this required improvement.

Training records showed that all three staff required refresher training in fire safety awareness. We highlighted this to the registered manager at the time of inspection, who arranged for the training bookings to be made and records we looked at confirmed this. We will check on the provider's progress with this at our next inspection.

Staff that we spoke with told us that they completed an induction at the start of their employment. This covered requirements of the role, and support needs of people receiving care. Staff told us that they also completed training including moving and handling, health and safety, safeguarding vulnerable adults, challenging behaviour, autism, food hygiene, medication awareness and first aid. Records we looked at showed that a previous local authority monitoring report had highlighted a need for Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) training to be implemented. We saw that all staff were now up to date with this training.

Staff were receiving formal supervision every two months. One staff member said, "It's ok, we come to an understanding, I get to tell [registered manager] how I feel and I don't have to hide anything." Records we looked at showed that supervision took place in line with the provider's policy, and that future meetings had been scheduled for the remainder of the year. At the time of our inspection annual appraisals had not yet been completed for staff, but were scheduled to take place within the next month.

People were supported to maintain a balanced and nutritional diet. People's support plans included guidance on how staff should support people to prepare their meals and drinks, for example where one person required support with portion control we saw that there was guidance for staff on how to supervise the person. One person's daily records showed that they had been supported to prepare a packed lunch for college on that day. People were also supported to complete weekly menu planners in line with their preferences, along with pictorial choices of their food for the week. We could see that one person had eaten porridge for breakfast in line with their preferences, and that weekly takeaway's were scheduled and took place.

People were able to access healthcare professionals at the times that they needed them. People's files contained professional contacts details and recorded people's healthcare appointments and any issues arising. We could see that people were supported to access the opticians, GP, occupational therapist and other healthcare professionals as required. The registered manager told us that they often assisted people to attend their appointments in order to support and understand their needs.

Is the service caring?

Our findings

A relative that we spoke with felt that staff were caring telling us, "I have nothing but positive things to say" and "Staff are committed and doing their best."

Staff that we spoke with knew about the needs of the people that they were supporting. One staff member told us of how a person loved cooking and told us how they would supervise them with this activity. The provider used appropriate methods to ensure that people were communicated with effectively. This included pictorial images to support people to make and understand decisions, and people's support guidelines also stated how these should be used. Staff were able to tell us of how people liked to be treated in their care, and used people's 'communication passports' to guide them. These passports included details on the gestures, symbols and photo's to be used to help people understand, things they find difficult to understand and words to avoid using.

A relative that we spoke with felt that staff knew their loved one well and told us, "When they came to collect [my loved one] after an overnight visit, they knew of her usual shopping routine, what she usually picks better than I do as a relative."

People were provided with support to meet their individual needs. Records we looked at showed that one person had been supported to use an advocate on commencement of the service, in order to support their transition to a new care provider. People's life histories were also included in their files, staff and the registered manager knew of people's personal preferences and how to meet their needs in the delivery of care. For example, one staff member was able to describe to us the body language that should be used in order to support one person to remain calm in potentially difficult situations.

People receiving services were prompted with their personal care needs. Staff told us how they treated people with dignity and respect with their support needs, and supported them to be as independent as possible. One staff member said, "I make sure that I let [person using the service] know the activity that we're meant to be doing" and another staff member told us, "I try to communicate with them and help them understand."

People's records were stored confidentially and securely, and staff that we spoke with were aware of the importance of keeping people's information confidential.

Is the service responsive?

Our findings

Records that we looked at showed that people and their relatives were involved in decisions around their care where appropriate. One relative told us that they had been involved in multi-disciplinary meetings to plan their loved one's care. The registered manager undertook pre-assessments and reviews of people's care when necessary and ensured that people's support guidelines were updated accordingly. For example, one person's support guidelines were reviewed following an incident to ensure that they were fully supported to access the community.

People's support plans were person centred and included details of their likes, dislikes and preferences. These included details such as their food and drink choices, a history of their background, family relationships and routine and choices of activities. The provider ensured that care was delivered in line with people's wishes.

People were supported to engage in activities of their choice. A relative told us, "[My loved one] goes to a weekly disco, college and sees her family regularly." Records that we looked at showed that the person was supported to access activity clubs, bowling and the cinema. People were supported to be independent in their activities where possible, one staff member told us, "When cooking I'll observe, let [person using the service] take control but supervise her so that she feels independent."

The provider had a complaints policy in place; however at the time of inspection the provider had not received any complaints or concerns. Staff that we spoke with told us that if they received a complaint they would ensure that management were informed at the soonest opportunity. One relative that we spoke with told us they had confidence that any issues they did have to raise would be dealt with appropriately.

Is the service well-led?

Our findings

The provider did not have effective quality assurance systems in place to monitor and improve the service. The registered manager told us they completed checks on the daily activity logs, and told us they would check that full details of completed duties were recorded as well as checking for any changes in need. However, the registered manager did not record these checks, or have appropriate systems in place to identify any actions from these findings. The registered manager also told us that she conducted spot checks of people's work and completed debriefs following any incidents. Again, there were no records kept of these checks or debriefs to help drive improvement across the service.

The provider did not complete any analysis or actions plans of issues to identify whether improvements were needed to the service. For example, there was no audit in place for incidents to review any trends and identify areas for improvement.

This was a breach of Regulation 17 of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

We raised this with the provider at the time of inspection. They told us they would commence audits of care files and incidents and ensure the recording of all audits, checks and findings. We will follow this up at our next inspection.

There was a registered manager in post at the time of our inspection and they demonstrated a good understanding of the requirements of being a registered manager and their responsibilities with regards to the Health and Social Care Act 2008.

A relative that we spoke with told us, "The manager is very good and dedicated to [our loved one]. She has genuine passion for what she does and is willing to listen to any views." One staff member told us of management, "It's good, if I have a problem we'll sort it out there and then." Another staff member said, "Management is good, they quickly address any issues."

Staff were kept up to date with developments in the service through staff meetings. The registered manager told us staff meetings had been held ad-hoc to date, and that future monthly staff meetings were planned due to the addition of another person using the service. The registered manager confirmed that they visited the unit five times a week to share information with staff. Records that we looked at showed that staff completed handovers with checklists for petty cash, accuracy of records, appointments and any issues to ensure continuity of care. Staff that we spoke with felt that they had enough support to carry out their roles and that staff meetings held to date had been useful to share their views.

Due to the current size of the service the provider did not use service user meetings or surveys to obtain feedback. However, feedback was obtained through visits and phone calls to relatives. A relative told us that when staff brought their loved one to visit they would also stay to receive any feedback and discuss any issues. The provider had implemented quality questionnaires for visitors and relatives in order to improve the quality of the service, one response had been received from a professional to date and contained

positive comments such as, "I am very happy with their service."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Quality assurance systems were not always completed, recorded and maintained to drive improvement across the service.