Royal Mencap Society

Selby(DCA)

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

Overall summary

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

We inspected Selby Domiciliary Care Agency on 29 July 2014 and the visit was announced.

We last inspected Selby Domiciliary Care Agency on the 14 January 2014. The service was not in breach of the Health and Social Care Act regulations at that time.

Selby Domiciliary Care Agency is registered to provide personal care and support to adults with learning disabilities who live together in rented accommodation. Some of the people who use the service require 24 hour support. There are five individual houses, each with a team of staff. On the day of our inspection nine people were receiving support with personal care.

The service had a registered manager in post at the time of our inspection. A registered manager is a person who

Summary of findings

has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

We saw there were systems in place to protect people from the risk of harm.

In each of the care records we looked at we saw risk assessments were in place.

People were supported by sufficient numbers of qualified, skilled and experienced staff. Staff felt supported by their manager. Procedures were in place for the recruitment and selection of staff and appropriate checks had been carried out prior to the staff starting work.

The service had a comprehensive induction process in place for new staff. This meant new staff were supported by the service skills and competencies to meet people's needs. There was a system in place to ensure staff training was current and to ensure staff practice was meeting the standards required by the provider.

We saw documented evidence that people who used the service had access to other healthcare professionals including GP opticians and dentists.

Staff we spoke with talked about their role in a caring and empathetic manner. People who used the service told us staff respected their privacy and dignity.

The provider had a system to monitor and assess the quality of service provision. This feedback gave the people chance to have their say and an opportunity for the provider to improve.

The service managers completed observations of staff practices. This included moving and handling and medication management. This allowed the provider to monitor staff performance.

The manager and service managers completed a number of audits every month. This enabled them to audit the service's compliance with policies and procedures.

Summary of findings

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 is safe.

Good

We found that safeguarding procedures were in place and staff knew how to recognise, respond to and report abuse. They had a clear understanding of how to safeguard people they supported. Staff had received training in the Mental Capacity Act.

Support plans contained risk assessments associated with people's care and support. Staff were knowledgeable about risk and how to work with people to manage and reduce risk occurring.

Recruitment processes were safe and thorough and included pre-employment checks prior to the person starting work.

Is the service effective?
The service is effective.

Good

The service had a comprehensive induction process in place for new staff. This meant new staff had the skills and competencies to meet people's needs.

Staff we spoke with told us they received effective supervision with their manager.

Support plans recorded when people had seen medical professionals. Staff told us they supported people to access healthcare services and in receiving ongoing healthcare support.

Is the service caring?
The service is caring.

Good

During our visit to the service we saw that interactions between staff and people who used the service were relaxed and friendly.

Staff told us how they helped people to make choices about the support they received and the activities they participated in.

Staff we spoke with gave good examples of how they respected people, promoted people's independence and ensured privacy and dignity was maintained.

Is the service responsive?
The service is responsive.

Good

We saw evidence that people who used the service were supported to maintain relationships with family and friends.

People who used the service were supported to access a range of social activities, some of which were external to the organisation.

People who used the service were aware of how to complain and felt confident to do so.

Is the service well-led?
The service is well led.

Good

Summary of findings

Staff meetings were held on a regular basis. Staff we spoke with told us they felt supported.

Staff had access to a helpline 'speak out safely'. This was to enable staff to report, confidentially, any suspected wrong doing at work.

We saw the service had systems in place to monitor the quality of service provision. The service managers worked with the registered manager to address any areas of concern.

Selby(DCA)

Detailed findings

Background to this inspection

The inspection team consisted of one 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.

Before the inspection we reviewed all the information we held about the service. We also spoke with the local authority contracting team. 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. This was returned prior to the inspection.

During our visit we spent time looking four people's care records, four staff recruitment records and also records relating to the management of the service. On the day of our inspection we spoke with six people who used the service, the registered manager and two service managers. Following our inspection we also spoke with four support workers and five relatives of people who used the service, by telephone.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Good

Is the service safe?

Our findings

We saw the service had policies and procedures for safeguarding vulnerable adults. The policy gave information on the different types of abuse and informed staff of the actions they should take if they suspected a person in their care was suffering abuse. We also saw an action plan displayed on the office wall. This provided guidance for staff in reporting any potential safeguarding issue. The action plan also detailed the telephone numbers of who to contact in the event of staff not being able to contact the manager. The manager told us this action plan was also on display in each of the service's five houses. This showed the manager was aware of their responsibilities in relation to safeguarding the people they cared for.

All the staff we spoke with confirmed they had received training in safeguarding vulnerable adults and were able to describe a number of different types of abuse. One member of staff told us the training was very good. They said, "It's relevant, it makes sure we support people in the best way". Staff we spoke with were clear about how to recognise and report any suspicions of abuse. Another member of staff explained how they may detect that a person who used the service was being abused. They told us, "People may have a change to their personality, their behaviours may change or we may see bruising". From this evidence we were saw that that staff working for the service were aware of how to raise concerns about abuse and recognised their personal responsibilities for safeguarding people using the service.

We asked two of the people who used the service if they felt safe with their support workers. They both told us they did. After the inspection we spoke with five relatives of people who used the service. They did not raise any concerns with us.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 and to report on what we find. Staff we spoke with all demonstrated an awareness of the Mental Capacity Act and confirmed they had received training in this area. One member of staff explained how a decision would be made which was in a person's best interest in the event of a service user lacking capacity. This demonstrated staff were aware of their responsibilities under this legislation.

We looked at four sets of care records and saw each person's support plan included a number of risk assessments which identified risks associated with their support. Risk assessments included money management, using the kettle and walking home from activities. This allowed people who used the service to be protected from risks associated with daily living. Staff we spoke with confirmed each person's support plan contained individual risk assessments. One member of staff said, "They (the risk assessments) are done around enabling people to do things not stop them". This meant care and support was planned and delivered in a way that ensured people's safety and welfare.

Through discussions with staff, people who used the service and their relatives, we found there were enough staff with the right skills, knowledge and experience to meet people's needs. One person who used the service told us their support worker had to be able to drive so they could go out. Staff we spoke with felt there were enough staff to meet people's needs. One member of staff said occasionally they were short staffed but this was usually due to holidays or sickness. Another member of staff told us staff were always busy as the service users were always going on activities, but they added there was enough staff to support people.

We looked at the recruitment records for four members of staff. We found that recruitment practices were safe and that relevant checks had been completed prior to staff commencing employment. We spoke with one member of staff who had been employed within the last twelve months. They told us references and a DBS (Disclosure and Barring Service) had been completed prior to them commencing employment with the service. The DBS provides criminal records checking and barring functions. This helped reduce the risk of the provider employing a person who may be a risk to vulnerable adults.

Good

Is the service effective?

Our findings

We asked the manager how new staff were supported in their role. They explained all new staff completed a week of training. This included an introduction to Mencap and the service provided by Selby Domiciliary Care Agency. They said staff then shadowed a more experienced member of staff for approximately two weeks. We looked at the training and induction records for a new member of staff. We saw they had completed training on moving and handling, safeguarding, health and safety, first aid and fire awareness. We also saw staff received an induction booklet as part of their induction. We saw this evidenced staff had received information about the vision and values of Mencap, the organisational structure and person centred working.

We spoke with a member of staff who had been employed for less than a year. They told us the induction was 'very good'. They said, "You don't get thrown in, you get a lot of support". Another support worker said new staff were given a work book to complete during their induction. They said new staff met with the service manager on a regular basis for support and guidance. They confirmed new staff completed a period of shadowing with an experienced worker. This demonstrated new employees were supported in their role.

We looked at the personnel file for a new member of staff. We saw the file contained a document called 'support worker probation observation, feedback and development tracker'. This document evidenced the monthly meetings between the service manager and the new employee and detailed the training completed during induction. This showed the provider had a system in place to monitor and record the progress of staff who were new to the service. This supports staff in meeting the performance standards set by the provider.

The service manager showed us the system they had to monitor staff training. They explained the database logged all staff who worked for the service and detailed the training they had received. They told us the system 'flagged' up when a member of staff needed to update any of their training. We saw documentary evidence in each of the personnel files we looked at that staff completed training in a variety of areas. This included moving and handling, first aid and food hygiene. One member of staff told us 'there was lots of training available'. This demonstrated staff received ongoing professional development.

The service manager told us all staff received a minimum of four supervision meetings per year. Staff we spoke with confirmed they received regular supervision with their manager. The personnel records we looked at all contained documentary evidence that staff were receiving regular supervision. This showed staff received regular management supervision to monitor their performance and development needs.

We asked staff how service users chose what they wanted to eat and drink. They told us staff and people who used the service took turns to go shopping each week to purchase the food for their house. They said service users chose what to buy based upon the likes and dislikes of those who live in their house. This meant individual preferences were respected.

People who used the service confirmed what staff had told us. One service user said they chose what they wanted to eat for each meal and the staff cooked it. Another service user told us they enjoyed cooking with support from staff. A relative we spoke with said there was a good variety of food and the meals were good.

We saw evidence in each of the support files we looked at of service users having access to other healthcare professionals. For example, GP district nurse, optician and chiropodist. Staff told us they supported people to attend appointments at the healthcentre or hospital. One member of staff told us they had accessed the speech and language therapist for one service user. An entry in one support file we looked at recorded, "I have been feeling tired so I am having a check-up with my GP. These examples showed that people using the service received additional support when required for meeting their care and support needs.

Good

Is the service caring?

Our findings

During our inspection six people who used the service came to the office to meet with us. We observed the exchanges between the managers, support workers and service users in the office. We saw service users responded well to staff. We spoke with one person who used the service and they requested their support worker stay with them while they chatted with us. The exchanges between them were relaxed and friendly. Another service user we spoke with told us they were quite shy but they liked their support worker. This demonstrated that service users felt relaxed in the company of staff who supported them.

Relatives we spoke with did not express any concerns about the attitude or approach of staff. They said, "Staff are really friendly". "Good, they (staff) are very helpful". One person who used the service told us, "I am very happy with my care".

Staff told us about the importance of people who used the service making their own choices. They told us how they enabled people to make these decisions. One member of staff told us how picture cards were used by one service user who had difficulty with verbal communication. Another member of staff said, "It's important the way you talk to them. You can offer a choice but if it's not said in the right manner then it's not a choice is it". This demonstrated evidence that staff provided appropriate support to enable people who used the service to make simple lifestyle choices.

People expressed their views and were involved in making decisions about their care. For example we saw in one person's support plan a 'record of consultation' and a 'summary of decision making' document. This recorded the persons agreement to having the door of their home locked during the hours of darkness. The service manager told us that an incident had occurred outside the home which people who lived at the house had witnessed. They said that following this incident, people who lived at the home had decided they wanted the door to the house locked. The service manager explained the house was staffed twenty four hours per day, but at night a member of staff slept at the house. This meant someone was there in the event of an emergency but was not awake during the night. We also saw each person had signed to consent towards taking responsibility towards household bills. Staff told us they encouraged service users to be involved their support plan. One support plan we looked at documented, "I have capacity to work with staff on my plan". This showed that people who used the service were encouraged to participate in discussion and consent to the management of their care and support.

The support plans we saw all contained detailed information about people's personal preferences, likes and dislikes. The care plans provided staff with the information they needed to support people safely and in the way they preferred. For example one plan recorded, "I like a coffee in bed on a morning." Another plan detailed, "I like to have a flannel over my face when washing my hair as I don't like water in my eyes" We also a photograph in one person's record which clearly identified their personal choice of toiletries. This showed people's care planning was individually tailored to their preferences.

People who used the service told us their privacy and dignity was upheld. Staff we spoke with gave us examples of how they would preserve people's dignity. Staff told us they ensured they closed doors and curtains when supporting people with personal care. One member of staff said the team ensured they didn't discuss any confidential information in front of other service users. Another member of staff told us they had attended training on dignity. One person who used the service said staff spoke to them in a 'respectful way'. This demonstrated staff respected people's privacy and dignity.

Good

Is the service responsive?

Our findings

We found people were encouraged and supported to maintain relationships with their family and friends. A document in one person's file which detailed their preferred activity recorded 'Tuesday, family visit'. Another person's support plan recorded their goal was to 'stay overnight with their relative every four weeks'. We spoke with the service manager who confirmed this goal had been met and the service user was spending regular time with their family.

People we spoke with told us about the activities they enjoyed. One service user told us they loved to have a barbecue; they also told us their job was to cut the grass when it was needed. We spoke to another person who used the service who said they had been on holiday to Scarborough in June. They told us they had been going to a local college to study but now they were trying to get work experience. We looked at this person's support plan and saw an entry had been recorded in July 2014 which detailed, "I am in the process of getting a new job and looking forward to starting at (place of work)". This demonstrated people who used the service were supported in accessing activities external to their home and in learning life skills.

We saw evidence in each of the care records we looked at that support plans and risk assessments were reviewed on a regular basis. The service managers told us the plans were updated and on an ongoing basis. They told us the service user's key worker made any necessary additions to the plans as they were required. This showed care planning took account of people's changing care needs.

We spoke with the manager about how they gained the views and opinions of people who used the service. They told us a survey was given to each service user and their relative every twelve months. We looked at twenty returned surveys for three of the houses dated May 2014. We saw the feedback was positive. Comments included; "I am very happy with the way my sister is cared for". "I can access my paperwork whenever I want". This showed the service actively sought the views and opinions of people who used the service and their families.

We asked the manager if anyone required an advocate. An advocate is a person who represents and works with a person or group of people who may need support and encouragement to exercise their rights and to ensure that their rights are upheld. The manager told us no one currently required the support of an advocate, however, they told us the service had links with a local advice service which offered an advocacy service should it be required. This showed managers of the service were aware of how to access advocacy if a service user needed someone independent to support them with decision making.

We saw the company had a complaints policy which gave details of who to complain to and the timescales in which a complaint would be acknowledged and investigated. The policy also included contact details for the local government ombudsman and CQC. The manager told us they had not received any formal complaints since our last inspection in January 2014. The service manager told us a relative had raised a verbal concern. We saw evidence the service had taken action to address the issue raised. The service managers told us they were both involved on a day to day basis with the running of the houses and supporting people who used the service and their families. They explained this enabled them to be aware of issues as they arose and deal with them at a local level.

In each of the support plans we looked at we saw information for service users about how they could complain. We saw this was provided in an easy read, pictoral format. One service user we spoke with said, "If I have a problem, I would tell (service manager)". This showed people were made aware of the complaints system. This was provided in a format that met their needs.

Good

Is the service well-led?

Our findings

The service was led by an experienced registered manager who had managed the service for a number of years. During our visit the manager spoke with us in a friendly but professional manner. Staff we spoke with following the inspection told us they felt supported by their manager and service managers.One person said, “I have a brilliant team of colleagues and our line managers are really supportive”.

The manager told us people who used the service were involved in the interview process of potential new employees. One service user we spoke with confirmed they had been involved in interviewing people who had applied for the role of support worker. This meant the views and opinions of people who use the service were being listened to in the recruitment of new staff.

We asked the manager about staff meetings. They told us team meetings were held regularly for each house. They explained they tried to manage people’s duty rota to enable staff to attend the meetings. We saw minutes from a number of different meetings held in June and July 2014. The meetings covered a range of topics including issues relating to training, policies and record keeping. Staff we spoke with confirmed regular meetings were held, one person said, “The meetings are good. We are all outspoken as a team. If we have something to say we do. We can make suggestions”. The service managers told us they also attended a monthly management meeting. This was where information from senior management was cascaded down to the local branches. Staff meetings provided opportunities for open communication with staff about changes within the service and opportunities for staff and managers to raise issues for discussion.

The service managers also told us they regularly completed observations of staff practices to ensure staff were maintaining the standards expected of them. We saw these observations included moving and handling practices and medication management. We looked at a sample document for observing a member of staff moving and handling.We saw the document evidenced the staff member’s knowledge and skills. It also prompted managers to ask staff about the actions they should take if they had concerns about a colleague’s performance. This showed the provider had a system in place to monitor staff performance and promoted a culture of challenging poor practices.

We saw the service had a whistle blowing procedure in place. Whistle blowing is when an employee reports suspected wrong doing at work. We saw the procedure detailed how staff could report any concerns. The manager said the provider had a dedicated helpline called ‘speak out safely’. They said they would be asked to investigate any concerns raised through this helpline. However, they explained that if an allegation involved them, another manager would be asked to investigate.This demonstrated the provider had a system in place for staff to raise concerns confidentially.

We spoke with the manager and service managers about how they monitored the quality of the service provided. They told us about the Compliance Conformation Tool (CCT), which the service manager updated monthly. The service manager showed us a random selection of audits which they completed. They told us this information was then inputted into the CCT. This tool enabled them to audit the documentation required to ensure the service’s compliance with policies and procedures. For example, support plans, medication records and personnel records. The registered manager said they selected a random sample of records each month to ensure the information entered into the CCT was correct. They said the CCT evidenced compliance in the provider’s policies and procedures. This demonstrated the provider had a system in place to assess and monitor the quality of the service provision.