

# Feore Support Limited

## Brook Drive

### Inspection report

27 Brook Drive  
Wickford  
Essex  
SS12 9EQ  
Tel: 07501 006795  
Website:

Date of inspection visit: 7 September 2015  
Date of publication: 22/10/2015

#### 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

The inspection took place on the 07 September 2015.

Brook Drive is a small domiciliary care agency. It provides 24 hour support and personal care to people who live in their own homes. People supported by the service may have a learning disability or multiple/complex needs.

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.

People were treated with dignity and respect and staff interacted with people in a kind, caring and sensitive manner. Staff showed a good knowledge of safeguarding procedures and were clear about the actions they would take to protect people.

There was a regular and consistent staff team, which meant people received care from people they knew. The

# Summary of findings

provider had appropriate recruitment checks in place which helped to protect people and ensure staff were suitable to work at the service. There were sufficient numbers of skilled, well trained and qualified staff on duty and staff told us that they felt supported in their role. We saw that staff had received training and had regular support.

We found that detailed assessments had been carried out and that the care plans were very well developed around each individual's needs and preferences. There were risk assessments in place and plans on how the risks were to be managed. We saw that appropriate assessments had been carried out where people living at the service were not able to make decisions for themselves; to help ensure their rights were protected. People were supported with taking every day risks and encouraged to take part in daily activities and outings.

People were seen to be happy and relaxed with staff. Systems were in place for people to raise concerns and they could be confident they would be listened to and appropriate action would be taken.

People's medication was well managed and this helped to ensure that people received their medication safely. They were supported to be able to eat and drink sufficient amounts to meet their needs and were offered choice. We found that people's healthcare was good. People had access to a range of healthcare providers such as their GP, dentists, chiropodists and opticians.

The provider had an effective quality assurance systems in place. People had the opportunity to feedback on their experiences and staff tried to involve people in day to day decisions and the running of the service. The service was well managed.

# 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?

This service was safe.

Medication was well managed and stored safely.

People were safe and staff treated them with dignity and respect.

There were sufficient staff on duty and they had a good knowledge of how to keep people safe.

Good



### Is the service effective?

This service was effective.

People were cared for by staff that were well trained.

Staff had received regular supervision and felt well supported.

Staff had a good working knowledge of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS).

People were supported to a balanced diet that promoted healthy eating.

People experienced positive outcomes regarding their health.

Good



### Is the service caring?

This service was caring.

People were provided with care and support that was tailored to their individual needs and preferences.

Staff understood people's care needs, listened carefully to them and responded appropriately. Staff provided people with good quality care.

Good



### Is the service responsive?

This service was responsive.

People received consistent, personalised care and support and, where possible, they had been fully involved in planning and reviewing their care.

People were empowered to make choices and had as much control and independence as possible.

People were given the care they needed in response to their own diverse needs.

Good



### Is the service well-led?

This service was well-led.

Staff understood their role and were confident to question practice and report any concerns.

Quality assurance systems were in place and effective.

Good



# Brook Drive

## 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 inspection was unannounced and took place on the 07 September 2015.

The inspection was undertaken by one inspector.

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 details of any improvements they plan to make. The provider had completed this form and returned it within the set timespan given.

As part of our inspection we also reviewed other information we hold about the service. This included

notifications, which are events happening in the service that the provider is required to tell us about. We used this information to plan what we were going to focus on during our inspection.

Not everyone who used the service was able to communicate verbally with us or chose to meet or speak with us. We observed two people in the service's office whilst visiting the team leader and interacting with staff. During our inspection we spoke with the team leader and three members of the care staff. Healthcare Professionals and relatives were approached for their views about the service and where possible their feedback has been added to the report.

As part of the inspection we reviewed two people's care records. This included their care plans and risk assessments. We looked at the files of two staff members which included their support records. We also looked at the service's policies, their audits, the staff rotas, complaint and compliment records, medication records and training and support records.

# Is the service safe?

## Our findings

Staff told us that they felt people living at the service were safe and they did not have any concerns around the care people received. People were relaxed in the company of staff and they had good relationships.

The staff knew how to protect people from abuse and avoidable harm and they had completed relevant training. Staff were able to express how they would recognise abuse and how they would report their suspicions. The service had policies and procedures on safeguarding people and these were there to help guide staff's practice and to give them a better understanding. It was noted that the service had 'Ask SAL' posters in the office, which provided the reader with information on who they could contact if they had any concerns regarding vulnerable people.

Safeguarding had also been raised in staff meetings to help ensure staff were aware of the correct procedures and ensure people they provided services to were kept safe. Where appropriate the manager had made safeguarding referrals to the local authority to investigate. The service had a whistle blowing procedure in place for staff to use and this provided information on who they could take any concerns to. This showed that the service had systems in place to help protect people from potential harm and staff had been trained to take appropriate action.

The service undertook risk assessments to ensure people were supported safely and to make sure the environment was safe. These identified how risks could be reduced to help keep people safe and support them to take risks and encourage them to make choices and decisions during their daily lives. The team leader stated they were in the process of developing risk assessments to enable one person to drive a car and another to go swimming.

There were enough staff available to meet people's individual needs. There were systems in place to monitor

people's level of dependency and help assess the number of staff needed to provide people's care. All those receiving care had one to one care and two to one support, and if further support was needed the management of the service would need to go back to the funding authority to request further assistance. People were well supported and we saw staff interacting with people and assisting them to gain access to the community. The team leader advised that if agency staff have to be used the service tried to use the same person to ensure continuity of care.

The service had a recruitment procedure in place to help ensure correct checks were completed on all new staff and this practice helped to keep people safe. The files of two recently recruited staff were viewed and all the relevant checks had been carried out. This included health declarations, identification, references and checks from the Disclosure and Barring service (DBS). The service also had a disciplinary procedure in place, which could be used when there were concerns around staff practice and keeping people safe.

People received their medicines safely and as prescribed. Medicines had been stored safely and effectively for the protection of people using the service and they had been administered and recorded in line with the service's medication policy and procedure. Each person had a medication profile and this included details of the medication and also what it was used for and any side effects. Medicines had been recorded and signed for.

Staff involved in managing medicines had received medication training and competency checks had been completed. An audit had been completed by the an external pharmacist and no concerns had been raised. The service also had it's own regular medication audits in place to ensure their own procedures were being adhered to.

# Is the service effective?

## Our findings

People were observed with staff and all appeared happy with the care and support they received. Staff were able to demonstrate they knew people well and ensured that their care needs were met. When asked whether they liked the staff one person 'nodded' and smiled.

Newly recruited staff would complete an induction and this included information about the running of the service and guidance and advice on how to meet the needs of the people living there. Staff confirmed they worked alongside a more experienced staff member to ensure they had a good understanding of people's care needs. A member of staff told us, "When I first started I met people to get to know them, then I worked with other staff and was given time to get confident before providing care on my own." The manager told us that any new staff are supported with training and they would now commence the new Care Certificate if required. The Care Certificate is a training course which can enable staff who are new to care to gain the knowledge and skills that will support them within their role.

Staff we spoke with said they had received training and it had provided them with the knowledge and skills to carry out their roles and responsibilities as a care worker. They added that they felt they had the training they required to meet people's individual needs. The team leader had produced a training record that showed when staff had completed training and helped identify when updates would be required. Most training was completed on line and staff spoken with confirmed this provided them with the knowledge and skills they needed. Many had also completed a recognised qualification in care.

Documentation seen showed that staff had received support through one to one sessions, meetings and appraisals. Staff reported that supervision and team meetings had occurred and they felt the manager was approachable and supportive, and that they received the support they needed. They added that management support is available out of hours and they could contact the manager and team leader at any time.

The team leader had a good understanding of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS) and had made appropriate referrals to help protect people's rights. The team leader was in the

process of looking at consent as part each person's care plan and identifying where 'best interest' decisions may be needed. Staff we spoke with demonstrated an awareness of the MCA and DoLS and confirmed they had received some training.

People at the service were able and encouraged to make day to day decisions for themselves and where needed mental capacity assessments would be undertaken. This showed that staff had up to date information about protecting people's rights and freedoms. Where possible, consent had been gained and people or their relatives/ advocates had agreed to the service providing care and support. Everyone had support from relatives, however assistance from an advocate or health care professional could be arranged if needed. Documentation showed that people were routinely offered choices during the day and this included decisions about their day to day care needs and future activities and goals.

Systems were in place to ensure staff were given the support and information they needed where people had behaviour that may challenge. The service had introduced 'positive handling plans,' which identified individual's triggers and signs that staff may be aware of so they could provide appropriate intervention and prevent the situation from escalating. These were very informative and would provide staff with the information they required.

People were being supported to maintain a balanced diet and supported with any dietary needs. Staff supported people with planning their meals, cooking and shopping, and on the day of our visit one person was being supported to go to the shops to get their choice of lunch.

Staff had a very good understanding of each individual person's nutritional needs and how these were to be met. People's nutritional requirements had been assessed and their individual needs were well documented. Each person had a clear list of their likes, dislikes, dietary or cultural needs recorded. They also had a nutritional record and weight chart in place to enable staff to monitor this if needed and if people required assistance from a nutritionist or healthcare professional a referral would be made. Team meetings had covered balanced diets and provided staff with guidance and knowledge to help ensure this was taken in to consideration for each person.

People had been supported to maintain good health and had access to healthcare services and received ongoing

## Is the service effective?

support. Referrals had been made to other healthcare professionals when needed and this showed that staff

supported people to maintain their health whilst receiving care. Each person had a health action plan in place to identify any health care needs and people had regular visits to the optician, doctors and hospital when needed.

# Is the service caring?

## Our findings

People were receiving good care and support. They were relaxed with staff and given the time and support they needed. Some staff had worked at the service for a number of years and knew the people very well, including their history and what care and assistance each person may need. Staff worked hard to support people well and wanted to make a difference to their lives. Care was provided with kindness and compassion and people were spoken with in a way they could understand. Comments from the service's quality assurance included, 'I am overwhelmed by the quality of care. This is the best thing that has ever happened for our son.' One relative stated, [person's name] has really bonded with the staff and they are like family."

People received good person centred care and the staff did their best to ensure that where possible people had been involved in decisions about their care and the lives they lived. People had been empowered to make choices for

themselves. Feedback from health care professionals the service had received included, 'The team are trained to work with each individual and know their needs and level of communication. The support plan is personalised and includes independence, inclusion and the rights of the client.'

People's privacy and dignity was respected. Staff knew the people they were looking after very well and were able to tell us about their care needs and back ground histories. People were encouraged to be as independent as possible and staff were observed providing support and encouragement to those who needed it.

Where possible people were supported to express their views about their care and support. Some people had relatives involved in their care but where people did not have access to family or friends that could support them, the service would arrange for an advocacy service to offer independent advice, support and guidance to individuals.



# Is the service responsive?

## Our findings

Staff assisted people with their care and were responsive to their needs. People received the support and assistance they needed and staff were aware of how each person wanted their care to be provided and what they could do for themselves. Each person was treated as an individual and received care relevant to their needs. Feedback from a health care professional that the service had received included, 'The relationship between my client and staff is extremely positive. A commitment by staff to my clients physical and mental wellbeing enables them to have a more fulfilled life with an increase in independence, choice and control.'

People's needs had been fully assessed before they moved to the service. The assessment forms were easy to read and quickly helped to identify each person's needs and assisted the service to identify whether they could provide the care required. The care plans we reviewed were very in-depth and contained a variety of information about each individual person including their physical, psychological, social and emotional needs. The assessment included each person's history so that anyone looking at these would have a good understanding of the person and who they are. Any care needs due to the person's diversity had also been recorded and when speaking with staff they were aware of people's dietary, cultural or mobility needs.

People had been involved in producing their care plans. This included people's choices and care needs and where possible, either relatives or advocates had also been involved in the planning of people's care. Care plans had been reviewed regularly and updated when changes were

needed to reflect variations in people's needs. One relative stated, "They always keep us up to date with what is going on and contact us if they have any concerns. [Person's name] is so happy since being there and is a different person."

People enjoyed meaningful activities and had been supported in following their interests and take part in their chosen activities. It was clear from discussions with staff that they tried to ensure each person took part in activities they liked and had interests in, and there were enough staff employed to support them. Feedback from compliments that the service had received included, '[Person's name] makes choices about food, clothes and going on outings. His behaviour has totally improved every time I see him, he is so happy.'

The service was very person centred and staffing had been arranged around each person needs. Where one person preferred to be up later at night the management had arranged for the night staff to come on duty later in the evening to meet this need. Another person preferred to be up later in the morning, so the night staff stayed onto 10.00 am, so the person had the same carer in the morning and there was better continuity and less changes.

The service had effective systems in place for people to use if they had a concern or were not happy with the service provided to them. This had also been produced in a pictorial form so that people had a better understanding of this. No complaints had been received so it was not possible to check whether the service's procedures had been followed, but management were seen to be approachable and staff confirmed that they listened to people's experiences.

# Is the service well-led?

## Our findings

The service had a registered manager and people knew the manager well and were comfortable around them. People showed us they had trust in the staff and management and it was a friendly and homely service. It was clear that the staff and management were there to ensure the people had a good quality of life and they empowered people in this process.

The registered manager in post was aware of their responsibilities and ensured the service was well led. There were clear lines of accountability and staff had been provided with job descriptions to help ensure they were aware of their responsibilities and role and who they were responsible to. Feedback from a health care professional that the service had received included, 'The staff have been given appropriate training and the management are very approachable. There is a good consistency of staff support for my client' and, '[Person's name] feels reassured at all times from management and staff that their relatives health and social care needs are being met at all times.'

Staff we spoke with were complimentary about the management team. They said that they felt well supported and could go to the manager for support and advice when needed. During our visit the team leader was seen to be available to both staff and those who received a service. People would call into the office to visit and staff were seen giving people the time they needed. Staff spoken with stated they were confident in the manager's ability to listen and follow up on any concerns they may raise. They felt

they were kept up to date with information about the service and the people who received a service. Daily notes were completed so staff were informed of important information between each staff shift and this helped to ensure people received the care and support they needed.

The service had clear aims and objectives and these included dignity, independence and choice. Staff ensured that the organisation's values were being upheld and provided people with individualised care. Staff feedback included, "This is a unique service, people are well cared for and we provide quality time and care. I could not see me working for anyone else. I love it."

At our last inspection we found the service did not have sufficient quality assurance systems in place to assist with the running and management of the service. They have now introduced a number of systems to show how they are monitoring their systems. Records seen showed that the manager had carried out a range of regular audits to assess the quality of the service and to drive continuous improvements. Where areas of improvement had been identified in the audits, action had been taken to rectify these. Some of the service's policies and procedures were noted to still contain old regulations and outcomes. This was brought to the team manager's attention who stated that they knew these needed to be updated.

The service had systems in place to gain people's views about the service. Meetings had taken place with staff and it was clear that these had been used to gain staff views around the running of the service.