

Quarriers

Quarriers Support Service (Swindon)

Inspection report

Flat 15, William Robins Court
Moredon Road
Swindon
Wiltshire
SN25 3EH

Tel: 01793520858

Website: www.quarriers.org.uk

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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 ●

Summary of findings

Overall summary

We inspected Quarriers on 1 February 2016. This was an announced inspection because we wanted to be sure people would be in the service.

Quarriers, is a supported living service that provides personal care and support to people with varying support needs. Supported living is where people live in their own home and receive care and/or support in order to promote their independence. The care received is regulated by the Care Quality Commission (CQC), but the accommodation is not. It aims to enable the person to be as independent as possible, and usually involves social support rather than medical care. The service covers the Swindon area and currently provides support to 18 people.

There was a registered manager at the service at the time of our inspection. A registered manager is a person who has registered with the CQC 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 atmosphere was relaxed and we saw that staff interacted with each other and the people who used the service in a person centred way and were encouraging, friendly, positive and respectful. People and staff said they felt there were enough staff to support them.

People's care plans were written clearly and in a person centred way and had personal histories and described individuals care, treatment, wellbeing and support needs. These were regularly reviewed and updated by the care staff and the registered manager.

Care records also contained risk assessments. These identified any risks related to each person and described the measures and interventions to be taken to ensure they were protected from the risk of harm. The care records we viewed also showed us that people's health was monitored and referrals were made to other health care professionals where necessary for example: their GP or mental health team.

Observations during the inspection showed us that people who use the service were supported in a person centred way by sufficient numbers of staff to meet their individual needs and wishes. The recruitment process that we looked at was safe and inclusive and people chose their own support staff.

Staff felt supported. The staff we spoke with confirmed they attended a range of learning opportunities. They told us they had regular supervisions with the registered manager, where they had the opportunity to discuss their care practice and identify further mandatory and vocational training needs. Training records showed staff were supported to maintain and develop their skills through training and development opportunities.

Medicines were managed in a safe way. We looked at how records were kept and spoke with the registered

manager about how staff were trained to administer medication and we found that the medication administering process was safe.

During the inspection it was evident that the staff had a good rapport with the people who used the service and we heard and observed positive interactions taking place.

People were encouraged to plan and participate in activities that were personalised and meaningful to them. We saw evidence of other activities such as social groups and people being supported to be involved in their local community both with support and independently.

People were encouraged to plan and follow a healthy diet. People were helped to plan what to shop for and ideas for healthy meals to cook.

We saw a complaints procedure was in place and this provided information on the action to take if someone wished to make a complaint and what they should expect to happen next. People also had access to advocacy services and safeguarding contact details if they needed it.

We found that the service had been regularly reviewed through a range of internal and external audits. We saw that action had been taken to improve the service or put right any issues found. We found people who used the service and their representatives were regularly asked for their views via an annual quality survey to collect feedback about the service.

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 said they felt safe. Staff had received training and had a good knowledge of reporting safeguarding concerns.

There were enough staff to keep people safe.

Risk assessments were in place for people in the service.

Medicines were managed safely. □

Is the service effective?

Good ●

The service was effective. Staff were regularly supervised and appropriately trained with skills and knowledge to meet people's needs, preferences and lifestyle choices.

Consent was gained by staff and MCA and DoLS training undertaken and staff showed an understanding of the principles.

Healthy eating was encouraged and people were given assistance to shop healthily by staff.

People were supported to attend health appointments.

Is the service caring?

Good ●

The service was caring. People were treated with kindness and compassion and their dignity was respected.

People spoke positively about staff and we heard and observed positive interactions.

People were involved with giving feedback and expressing their views.

Resident meetings were held regularly.

People were understood and had their individual needs met, including needs around social inclusion and wellbeing.

Staff showed concern for people's wellbeing.

Is the service responsive?

Good ●

The service was extremely responsive. People were supported over and above their allocated hours to assist them to achieve their wishes.

People and those that mattered to them were encouraged to make their views known about their care, treatment and support.

People had access to activities and outings, that were important and relevant to them and they were protected from social isolation.

People's care and support was planned on an individual basis and reviewed regularly.

Is the service well-led?

Good ●

The service was well led. The registered manager and deputy manager were competent and effective in their roles running the service.

Staff spoke of feeling supported by management and enjoyed their jobs.

There were effective service improvement plans and quality assurance systems in place to continually review the service including, safeguarding concerns, accidents and incidents, complaints/concerns.

Quarriers Support Service (Swindon)

Detailed findings

Background to this inspection

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

This inspection took place on 1 February 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service for younger adults who are often out during the day; we needed to be sure that someone would be in.

The inspection team consisted of one inspector. Before the inspection we requested and received a Provider Information Return (PIR) from the service. A PIR 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 also reviewed previous inspection reports and notifications we had received. A notification is information about important events which the provider is required to tell us about by law. We also reviewed a report from the local authority monitoring team who visited in September 2015.

During the inspection we spoke with five people who were living at the service and one relative. We also spoke with five staff including the registered manager and deputy manager. We looked around the service and observed the way staff interacted with people.

We looked at three people's care records and risk assessments. We looked at three staff files to review recruitment, supervision and training records. We looked at audits for maintenance and safety. We reviewed audits and minutes of residents meetings and staff team meetings.

Is the service safe?

Our findings

The people who used the service that we spoke with told us they felt safe. One person told us, "Yes I feel safe, very safe the staff help me to know how to keep safe. I keep the door locked and don't open it to strangers".

There were sufficient staff on duty to meet people's needs. The registered manager had assessed the needs of the residents and during the day we observed staff were relaxed and spending time chatting with people and engaging them in activities. Staff told us they found the level of staffing appropriate to meet the needs of the people at the service. Comments included: "Yes I feel there are enough staff" and "We sometimes have extra staff if we are doing an activity".

People had relevant risk assessments in place to reflect any support required to keep people safe. Arrangements were in place to manage risk, so that people were protected and their freedom supported and respected. For example, we saw a risk assessment in place so a person could manage their medication independently. This meant staff had clear guidelines to enable people to take risks as part of everyday life safely.

The staff we spoke with were aware of safeguarding procedures and who to contact to make referrals to or to obtain advice. The staff had attended safeguarding training as part of their mandatory training. One staff member told us, "I record everything and let management know straight away". Safeguarding and whistleblowing was addressed in team meetings on a regular basis and we saw evidence of this in team meeting minutes. The service had policies and procedures in place for safeguarding adults and we saw these documents were accessible to members of staff.

The service had environmental risk assessments which were reviewed every 12 months. Monthly health and safety checks were in place. These checks involved people who were supported by the service. For example, people were supported to check their fridges daily to ensure no food was past its 'sell by date'. Fire alarms were tested on a weekly basis. We saw records on people's files which confirmed these had been carried out.

People managed their medication either independently or with prompting. A risk assessment was completed before people managed their own medication. If people were at risk of not managing their medicines, a capacity assessment was completed and best interest decision to assist. One person came into the room to get their medicines with a member of staff. The person was asked before each medicine offered and then the staff member recorded on the Medicine Administration Record (MAR) when taken. The person was able to say that they did not need a medication that was 'as required'. We later checked with the person if they were happy to have their medicines kept by the staff and they confirmed that they preferred this as they sometimes forgot to take it. MAR chart audits had been checked on a weekly basis and then audited thoroughly on a monthly basis. Any errors were reported promptly and dealt with accordingly. We saw a note on an audit that lorazepam had been given but no reason documented for this. This meant that people were kept safe as the way their medicines were managed was checked regularly and action put in place if mistakes were made.

Financial checks were completed for all people supported with finances. Checks were made twice daily and recorded. We looked at the finances of one person and the balance was as documented. There were also monthly financial audits completed by the registered manager and then an annual financial audit was carried out by a member of the finance department at head office.

During the inspection we looked at how new staff were employed and this showed us that the provider operated a safe and effective recruitment system. The staff recruitment process included completion of an application form, detailed employment history, a formal interview, two references and a Disclosure and Barring Service check (DBS) which was carried out before staff commenced employment. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with vulnerable adults. This helped employers make safer recruiting decisions and also prevented unsuitable people from working with vulnerable adults.

We found there were effective systems in place to reduce the risk and spread of infection. We found that people were encouraged and supported by the staff to keep their homes clean and tidy as part of learning basic daily living skills.

Is the service effective?

Our findings

People were involved in the recruitment of new staff and were part of the interview process. The service tried to have at least one person at each interview. The person prepared a question that was important to them and had another set question. Suitable arrangements were in place to assist people communicate with the interviewee at the meeting. For example, the question was written down to aid the process. They then helped the management team decide on whether to employ candidates or not. We heard that some people from the service had recently been to the head office to assist in the recruitment of senior staff. They had lunch with the candidates and then had a social outing after.

When staff first started at the service, their induction period involved shadowing more experienced members of staff to get to know the people they would be supporting before working alone. Records showed an induction checklist that explained new employees met the people they would support, read their support plans, shadowed some shifts and then completed a shift independently. This would then be signed off by the manager to show they were competent.

People were supported by staff that were well trained, skilled and experienced to meet people's needs. A regional training department helped the service to ensure staff were kept up to date and were able to access additional training if needed. Staff worked towards the Care Certificate in their induction period. This certificate has been implemented nationally to ensure that all staff were equipped with the knowledge and skills which they need to provide safe and compassionate care.

Mandatory training included safeguarding, equality and diversity, emergency first aid, and medication. One staff member told us, "I have lots of experience in care work but did the mandatory training in this role" and "We are able to access relevant training courses if needed". Policies were in place to support the training subjects alongside local authority policies and procedures. For example, the service had a company safeguarding policy and used the Local Authority's safeguarding policy and procedures. The registered manager and staff team had regular supervision. Supervision records showed staff were given the opportunity to discuss any work or performance issues. One member of staff told us "I feel very supported and have regular supervision with my manager". There was also an 'open door' approach with the management team so staff could approach any of the managers at any time for advice.

One in every three of the supervisions was in the form of an observation of practice on the individual. This is when a member of staff is observed working by their line manager and feedback is sought from the person being supported. If any need for improvement was identified, this was talked through with the staff member to improve practice.

Appraisals were held yearly to develop and motivate staff and review their practice and behaviours. Anonymous feedback from people and staff were sought on both positive and negative aspects of staff before appraisals to gain insight into the staff member's qualities and also areas to improve upon.

Staff meetings took place monthly to discuss the support they provided to people. At these meetings the

manager provided guidance on working practices and opportunities were given to discuss any difficulties or concerns staff had. Staff we spoke with confirmed they had regular team meetings and said these were beneficial to discuss things together.

People were supported to shop for healthy options and, where needed, assisted with cooking meals. We looked in people's care plans and spoke to people and we could see that people were encouraged to eat and drink healthily to meet their needs. For example, at a residents meeting people looked up a healthy eating recipe, cooked it and put the recipe on the board for other people to try. We spoke with a person whose relative had lost weight over the past year and felt this was a very positive and healthy step for them. We saw that a goal for this person to 'Pack a healthy lunch independently Monday to Wednesday' had been completed with reference to this in the daily notes.

All staff had completed training on the Mental Capacity Act 2005 (MCA). The 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.

Staff were aware that people could make their own decisions but if staff were unsure of the person's capacity a best interest meeting would be organised. For example, the service had arranged a best interest meeting with a dentist in connection with concerns from one person's oral health. All appropriate people were involved in the decision.

We saw that people were asked to give their consent to their care. Staff considered people's capacity to make decisions and they knew what they needed to do to make sure decisions were taken in people's best interests and where necessary involved the right professionals.

People were assisted to have access to relevant healthcare professionals, such as GP's and dentists. We saw evidence on people's files that they had appointments planned in. One person had the capacity to make their own health appointments but had a note that they would need support when attending the appointments for reassurance.

Is the service caring?

Our findings

People were supported to make their homes personalised and suitable to their needs. Staff had helped people to decorate their homes to their individual tastes. One person told us they had painted their room in a colour of their choice and had acquired a small caged pet of their choice which staff supported the person to ensure it was looked after adequately.

Meetings for people using the service were held on a monthly basis to discuss any issues and to listen to suggestions. This was used as an opportunity to talk about what people wanted to and included social events and fundraising.

We spoke to the people who used the service they told us that the staff were caring and supportive and helped them with day to day living. One person who used the service told us, "I've been here for a year and they're a brilliant company" and "they are like one big family". However, some people expressed negative feelings about a staff member. We discussed this with the registered manager and the deputy who were aware of people's feelings and felt that the staff member was quite assertive to encourage people's independence and this was sometimes not perceived as helpful by people supported. However, they were monitoring the situation and reassured us that it would be regularly reviewed.

We saw staff interacted with people in a positive, encouraging, caring and professional way. We spent time observing support taking place in the service. We saw that people were respected by staff and were treated with kindness. We saw notes on daily records such as "We sang to music in the car" and "Painted [person's] nails ready for Christmas party". Communication was relaxed and appropriately humorous. One member of staff told us, "I enjoy seeing smiles on their faces" and "Seeing people achieve things". They went on to describe a person who had been very shy and reluctant to come out of their room, becoming more confident and joining in more.

The service had a dignity champion within the project. They liaised with Quarriers organisational inclusion team to ensure that people were treated fairly and had equal opportunities. They also ensured that dignity principles were central to the care and support delivered within the project.

Annual surveys had been sent out to people, relatives and staff. However, the results had not been evaluated or actioned and the registered manager agreed that this needed to happen to make these meaningful and so that people saw their comments were acted upon.

People in the service were involved in being responsible for not only their own health and safety, but for others. For example, the manager had adapted the staff emergency first aid course as people in the service had requested this. Although there was initially lots of enthusiasm about this, unfortunately it had to be cancelled as there were not enough numbers to run it. Since then a number of people have requested this again and the service is aiming to provide this as soon as possible.

Staff knew the people they supported well. They were able to tell us about people's individual interests and

their preferences. We saw all of these details were recorded in people's care plans. The staff we spoke with explained how they maintained the privacy and dignity of the people that they cared for and told us that this was an important part of their role. One person who used the service told us, "They respect my privacy and don't come into my flat unless I ask them".

People were supported in their cultural needs. One person requested that staff read out a religious passage each morning during their support. Daily records confirmed this took place. Another person was supported to attend church regularly.

People who use the service told us how important their independence was to them. They told us how they like to be supported to do the things that they could and this support had been recorded in people's care plans. For example, one person's independence had been improved as they now go to a local social club during the week without staff support. A staff member told us, "I like that people's independence is promoted".

We were told that people were offered advocates. For example, advocates were used if someone was moving on from the service into their own accommodation to assist them with this process. This showed us that people were encouraged to exercise their rights, be consulted and involved in decision making about all aspects of their care and support.

Community professionals that were involved in the care and support of people was recorded, including the GP and community teams. Records showed people were supported to attend medical appointments. One staff member told us, "We support people to go to the doctors or dentist if needed. However, some people choose to go on their own".

Care files and daily records showed that some people had regular contact with their family and friends and this was encouraged where possible. We spoke with a person's relative who was visiting that day. They felt they were kept well updated about the person and had good relationships with the management team.

Is the service responsive?

Our findings

People were receiving an good level of individualised care. The service prided themselves in helping people to transition to less support in the community. We heard of a person who had recently moved out of the service to independent living. This person was extremely anxious about change. However, the person had expressed a wish to be more independent. Management and staff helped the person to register for housing and also went with the person to look at properties offered. They helped the person to consider bus routes, and shops to ensure they were going to settle in a place where they could manage independently. When the time came to move out, the staff helped the person measure up for curtains and to find suitable flooring. A lot of reassurance was needed and offered when the person moved in and the service identified one staff member to support to ensure consistency and reduce anxiety. The person only received three hours support a week and this was received in addition to all the other support above. The service took no payment for these additional hours or travel expenditure supporting the person. The staff in the service went over and above their duties due to commitment to ensure someone fulfilled their dream to have their own property and independence.

There were a number of social groups available for people to attend. These included groups in the local community to activities put on specifically for people. These included dog walking, healthy eating, a social club and art club. A weekly activity board was available so people could see what was on offer. People were encouraged to commit to an activity for a minimum of a two month period to help to understand about commitment. There was also a healthy eating group where new healthy foods were introduced and people could have a weigh in session if they wanted to. Social events were held throughout the year and funds were raised for by the people supported by the service. There was an entertainment committee made up of both staff and people to oversee this. Staff carried out risk assessments where needed for activities to be undertaken and led on fundraising and often did so in their own time. There were several events organised throughout the year such as an annual BBQ and Christmas party which people could choose to invite friends or family. The team saw these events as a basis to build trusting relationships with relatives and those important to the people in the service.

We heard that a group holiday had been organised last year. Due to people's finances being quite limited, people and staff looked at possibilities and as a group decided to use an offer in the national press to source a reasonable holiday. The group chose the location and undertook fundraising to pay for activities on the holiday. They took part in a packing bags for the public in return for voluntary contributions at a local supermarket and an organised a sponsored walk. The group researched what activities to do on the holiday and when the holiday took place, staff went in their own time to support people. The holiday was such a success that double the amount of people have decided to go this year.

Opportunities for people to become involved in the local community were being researched. This was to enable people to attend a voluntary work placement . People who were found an opportunity would be supported in the role until they were able to maintain a permanent position independently. Places such as local café's, farms and hospitals were being researched.

People being considered for support by Quarriers had their needs assessed to check the service could support them appropriately. A member of the management team visited the person in their current surroundings to carry out an initial assessment of their needs. If it was agreed that the service would support the person, the staff team were adequately prepared to support them before they arrived. For example, a person being considered at the time of the inspection required assistance with mobility so the registered manager would arrange this prior to them arriving. People were also encouraged to visit the service prior to moving in and meet some of the staff and other people who were supported by Quarriers.

People's care and support was planned on an individual basis. People had person centred care plans which meant they put the person's needs first and identified the support needed to help them achieve what they wanted. Each person had a keyworker identified who worked with them to develop a person centred support plan. Within this support plan goal and outcomes were identified. These were monitored through daily notes, end of month progress reports and six monthly reviews. We saw examples of goals such as learning a new bus route which had been achieved and making a relative a Christmas present. People were encouraged to take part in an independent living program consisting of 12 different units to complete on subjects such as keeping the house clean and travelling on public transport. For every four units completed an award was given. For the first four, a bronze award, then silver and finally a gold award. This gave people a sense of achievement and a record to see their progress which helped with motivation.

People were encouraged to invite their relatives for input to their reviews. Regular contact was encouraged between families where possible so that they could work with their relatives to achieve the goals set. The provider worked closely with local commissioners and social services to ensure that the service was responsive to the needs of those supported. The support hours were agreed with the person and their weekly hours were put on a rota to help people see when they would be supported. A small bank of hours was kept aside for any additional appointments or support that required assistance. People could cancel or change their hours by giving 24 hours' notice.

If people experienced difficult relationships with a particular member of staff or if staff were struggling to cope with certain aspects of their role, management team would work alongside the member of staff to model good practice. Mediation meetings had been held to discuss problems and find ways to move forward. Some people had found it difficult to build trusting relationships with members of staff so initially a core team was introduced and when appropriate further members of staff were introduced to support at a pace that suited the person.

All people in the service and staff had been given details on how to make a complaint. The management team had an 'open door' policy with the people supported and staff so that any minor issues could be resolved promptly and efficiently before escalating into something more formal.

The complaints records that we looked at provided a clear procedure for staff to follow should a concern be raised. We saw the most recent monitoring of complaints and we could see that there had been no recent complaints made but from the records we could see how previous complaints had been responded to monitor appropriately. Staff were knowledgeable of the complaints procedure and people told us they knew who to talk to if they were concerned about anything.

Is the service well-led?

Our findings

The service was well led by a registered manager and deputy manager. They were competent and experienced to manage the service effectively. We saw there were clear lines of accountability within the service and with external management arrangements. There was also an Operational Manager and Head of Service who visited the service regularly. The registered manager attended conferences and a monthly managers meeting to keep up to date about changes to legislation and good practice. This information was then passed on to the staff team.

Staff we spoke with told us the registered manager was approachable and they felt supported in their role. They told us, "The manager is extremely approachable – I can always contact her for advice".

There was an 'on call system' available for staff for out of hours support where advice and guidance was provided. All staff were aware of the procedures and processes to follow to access this support.

The service held monthly team meetings and all staff were expected to read and sign the minutes to confirm they had agreed with actions agreed. There was a communication book in the service for messages, visitors and appointments to be recorded in. A staff member commented: "The good thing about Quarriers is the communication – things get resolved".

The registered managers from other projects within the organisation carried out independent quarterly audits of the project and these were fed back to the directors of the organisation. The finance department and health and safety department from head office carried out annual checks of the service to monitor quality. People's records and staff files were audited each week. The management team choose a minimum of four files of people supported and four members of staff to audit and ensured that they held all relevant and up to date information. The service worked closely with local commissioners. We reviewed a report issued following a recent local authority monitoring visit to check the service's quality and no areas of concern were identified.

Complaints, concerns and compliments policies were in place and detailed how these should be managed. To ensure these were acted upon, information was recorded and sent to Head Office quarterly. This was so the information in these could be analysed to see if there were any patterns emerging. The management of these could also be monitored to ensure they were being consistently managed. These were recorded in files and quarterly returns were sent to head office where they were monitored for the way they had been dealt with and if there were any patterns.

We also saw that the registered manager enabled people and those that mattered to them to discuss any issues they might have. We saw analysis of incidents that had resulted in, or had the potential to result in harm were in place. This was used to avoid any further incidents happening and to protect people's welfare. For example, following an incident with medication which a person was managing independently, a decision had been made in consultation with the person to keep their medicines in the staff office. We spoke with the person who confirmed they felt happy with this arrangement. This evidenced the service had

identified, assessed and monitored risks relating to people's health, welfare, and safety.

We looked at the arrangements that were in place for managing accidents and incidents and preventing the risk of re-occurrence. The registered manager had introduced 'reflective practice sessions' either as a group or individuals following incidents to improve future practice and management.

The registered manager explained how they maintained links with the local community and how important it was for people to socialise in the community. This was also evident in the care plans and when we spoke with the people who used the service and staff. People told us they felt part of their local community.

The service's objective was to get people 'doing more' and this linked in with assisting people to find work opportunities if they expressed.

We saw policies, procedures and practice were regularly reviewed and when updated were kept in a reading file until all staff had read and signed the policy. Any changes to people's care plans were also put in this file to ensure staff had seen and read them. This meant staff were aware of any changes that may affect the way they worked and support people needed.

We found the provider had reported safeguarding incidents and notified CQC of these appropriately. We saw all records were kept secure at the main office, up to date and in good order, and maintained and used in accordance with the Data Protection Act 1984.