

Advance Housing and Support Ltd

# Didcot Self Directed Support Service

## Inspection report

95A Wantage Road  
Didcot, OX11 0AF  
Tel: 01235 818236  
Website: [www.advanceuk.org](http://www.advanceuk.org)

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### Ratings

#### Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Inadequate



### Overall summary

We inspected Didcot Self Directed Support Service on 10 August 2015. We gave the service 48 hours' notice that we would be visiting. The service is a domiciliary care agency providing care and support to 23 people who live in the community.

The service did not have a registered manager; however, an application was with the Care Quality Commission (CQC) to register a manager for the service. 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.

People told us they felt safe. However, some risks associated with people's support needs were not always documented. Not all risk assessments had been updated. People were not always informed of changes of staff or cancelled visits.

# Summary of findings

Staff did not always receive regular support. Some staff training was incomplete or out of date. Some staff had not received regular supervision with their line manager, though most staff had undergone an appraisal in the past year.

There were systems in place to monitor the quality and safety of the service but they were not used consistently or always effective in driving improvement of the service.

The service was not always following the principles of the Mental Capacity Act (MCA) 2005. The MCA provides a legal framework to assess people's capacity to make certain decisions, at a certain time. People said they were given choices during their support.

People were involved in their care planning with their support workers. Assessments were made of people's needs to create support plans, but not all support plans

were up to date. The support plans were not clear about when people received support or what support was specifically required. We were unable to inspect daily records of people's care as they were not held in the office. A staff member told us that records were not inspected regularly in the people's homes.

The service was not well led. There had been inconsistent management since our last inspection and staff were not being clearly communicated with. Although checks to see actions needed had been carried out, the systems used to monitor the quality of service were not effective and had not identified the changes necessary to ensure people's safety.

We identified three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and one breach of the CQC (Registration) Regulations 2009.

# 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 was not always safe.

People were not always protected from abuse and harm because relevant information was not up to date.

People were not always informed of staff and visit schedule changes.

There were emergency plans in place in the event of an incident.

People told us they felt safe. Staff understood how to protect people and be aware of signs of abuse and safeguarding procedures.

**Requires improvement**



### Is the service effective?

The service was not always effective.

Staff did not always receive the support and training they needed to meet people's needs.

People felt that staff understood their needs.

Staff did not understand the principles of the Mental Capacity Act 2005.

**Requires improvement**



### Is the service caring?

The service was caring.

People we spoke with said they liked their support workers and that they were treated with kindness and respect.

Staff respected people and their choices.

People's dignity and independence had been respected.

**Good**



### Is the service responsive?

The service was not always responsive.

People were not always aware of when and how much support they were meant to receive.

People were encouraged to express their interests and aspirations on their care plans.

**Requires improvement**



### Is the service well-led?

The service was not well-led

The service did not have a registered manager.

Not all staff felt valued and supported.

Audits had been completed but identified issues had not always been acted upon.

**Inadequate**



# Didcot Self Directed Support Service

## 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 announced inspection took place on 25 June 2015. We let the service know we would be visiting to ensure someone was available to carry out the inspection. The inspection team consisted of two inspectors. Before the visit we looked at notifications we had received. A notification is information about important events which the provider is required to tell us about in law.

Before our inspection the provider sent us 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 spoke with five people who used the service. We also spoke with six members of care staff, the manager, the Assistant Area Director, Area Manager and Service Manager. We looked at seven people's care records and eight staff files. We also looked at a range of records relating to the management of the service.

In addition we contacted the local authority commissioners and we reviewed feedback from people who had used the service and other professionals.

# Is the service safe?

## Our findings

The service was not always safe. For example, it was not clear whether one person was allergic to some foods as an overview page in their support plan stated they had allergies, but the alerts page in the same plan indicated they had no allergies. It was unclear which information was correct. This was pointed out to the providers who took immediate action to rectify this mistake.

In one person's care plan it was recorded that their mobility was deteriorating and they were at risk of falling when entering the house and when in the shower. They had been referred to the local authority for an occupational therapist assessment in April 2015. The person's care plan stated "I have problems with my balance and use a walking frame". However, there were no risk assessments in place to inform staff how to reduce and manage this risk. There was no evidence that this referral had been followed up. We spoke to the provider who informed us they had updated the person's risk assessment following our visit.

We also found that some risk assessments were out of date and had not been reviewed. We noted this had been identified and raised in staff supervision in March 2015 but had not been rectified on the day of our inspection. It was identified during the course of the inspection that records taken from people's homes were not always returned in a timely manner, one person we spoke with told us they didn't have information in their home. Staff also confirmed there were occasions when paperwork was not available when they were supporting people due to this being updated back at the office base.

This was a breach of Regulation 17(2)b of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were emergency plans in place in the event of incidents that may impact on the service's ability to deliver people's planned care. However, people did not always have details of who to contact out of hours or at weekends. A staff member told us there used to be a local 'on call' person but these now go through to a call centre. People were given the out of hours number for the local authority.

The staff member did not feel this was safe as some people would struggle to call the number if they needed to contact someone. This meant that it was not certain that people would be able to seek support or help if they needed help out of hours.

This was a breach of Regulation 12(1) and (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff levels were adequate and people mainly had consistent members of staff to support them. However, staff and people who use the service commented that when annual leave or training took place, adequate cover was not always provided by staff that knew people well. People were not always informed of changes to staff visiting them or visit times. One person stated "I had a missed visit on a Tuesday and they (service) said I could have the hours on a Saturday, but they did not turn up. I was disappointed as I had got ready to go out". Another person told us a care worker from an agency visited but they had not been informed about who it was. They said "Someone came along instead of [usual support worker] but I wasn't told who this was but they had left a message on my answerphone".

People told us they felt safe. Comments included, "I always feel safe with [support worker]" and "Yes, I feel very safe". Staff had a good understanding of safeguarding and what to do if they suspected abuse and gave examples of reporting incidents, such as a person who had been the victim of hate crime and a person not managing their medication. However, there was no up to date guidance about the local authority safeguarding guidance. This is needed so that staff can follow the correct procedures if concerns are identified. We were informed after the inspection that this had now been put in place.

The service followed safe recruitment practices. Records showed that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure people were suitable to work with vulnerable adults. To assist recruitment, the service had visited a local college to give a talk which assisted with their recruitment of some staff.

# Is the service effective?

## Our findings

Staff training was not up to date and did not always reflect people's needs. Staff had training certificates on their files which they had obtained prior to them joining the organisation but competency around their skills in applying this training in their new post had not been checked by the service. This meant although certificates were on staff files, we saw no assessment by the provider that staff understood how this knowledge should be applied in their current role. A staff member told us that they had only had one day of shadowing before supporting people alone.

Staff were not always supported. Most staff had only received minimal supervision. For example, a member of staff had had two supervision sessions in the nine months since starting and one person had received no supervision or appraisal since starting in April 2015. The manager of the service had only had two supervisions in the 10 months they had been in post. We saw comments in a staff's file stating "I am drowning in a sea of paperwork and need help". Supervision is an opportunity for staff to reflect on their practice, receive feedback on their performance and discuss any training and development needs. Staff appraisals had been conducted or were scheduled to be conducted before September 2015.

Staff had limited understanding of the principles of the Mental Capacity Act 2005 (MCA) and how to apply them in their everyday work. The MCA provides a legal framework to assess people's capacity to make certain decisions, at a certain time. Only two staff members had received training on the Mental Capacity Act 2005. The Mental Capacity Act (MCA) is designed to protect and empower individuals who may lack the mental capacity to make their own decisions about their care, support or treatment.

Staff explained they always let people make their own decisions but some staff stated the person could always decide even if risks were present. Staff did not demonstrate a full understanding of the MCA's best interest principle. This applies to any decision made on behalf of someone where there is reasonable belief that the person lacks capacity. This includes informal day-to-day decisions and actions. These decisions may be needed in respect of protecting a person, and staff should record why they think a specific decision is in the person's best interests. This is particularly important if the decision that is made is contrary to the views of the individual. For example, an external professional said they had concerns over the way the service was acting in a person's best interests. They were concerned that they had supported a person to book an expensive holiday but had not evidenced the decision making around this, such as different options and whether they had the funds required to afford the holiday.

These issues were a breach of Regulation 18(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Some people we spoke with told us staff understood their needs. Comments included, "Staff understand me, they're nice" and "Yes I am supported well". People told us staff helped them to arrange appointments and, when needed, accompanied them to health appointments. Everyone we spoke with had access to other health professionals.

Care plans gave information and guidance about healthy eating for care staff to encourage people when out shopping with them and helping to prepare their meals.

# Is the service caring?

## Our findings

People told us they were well cared for and spoke positively about the relationships they had with staff. They told us they enjoyed having support from staff that knew them well. One person said “I didn’t like it when [staff] went on holiday as I don’t like agency staff”. People we spoke with felt that staff were caring and told us they enjoyed their relationship with care staff. A staff member had worked for nine years and had got to know the people they supported very well.

People we spoke with were complimentary of the support they received. One person told us that they felt their support worker was “Very good” and “Appreciated [staff] patience in taking time to listen to them”. Staff we spoke with also valued their relationships with people they supported, involved them in their care and always put them first. One staff member told us, “the people we support are fantastic”. Another staff member said “they [people] come first before everything else”.

People said they had help doing their shopping, dealing with appointments, banking and helping to prepare meals. Comments included: “I get support once a week” and “My care is very good”. “They give me help to do my paperwork and help to go shopping”.

Staff had developed trusting relationships, and understood and respected confidentiality. One person said their support worker “Takes me down to my surgery – I daren’t go on my own”. They stated the support worker supports them during their consultation and explains things.

Staff supported people's health and wellbeing. We saw notes on staff's records which stated '[staff] has an excellent relationship with all customers they support; will happily change and move things around if needed'. Another note on staff's records stated they helped the person to stop smoking and the feedback from the family was they were delighted after so many years of being a smoker, it was big step forward.

# Is the service responsive?

## Our findings

People had been involved in developing their care plans. Care plans demonstrated personal likes and dislikes and care needs, for example, support with preparing and cooking meals. However, there was no information on the care plans about how much support someone should receive and when this would happen. This meant that people who use the service may be unclear about what day and time staff would visit. It also did not state what type of support would be provided in their support visit. We discussed this with the provider and was told the service were proposing to adapt their plans to make this clearer. Commissioners we spoke with also raised this concern when we spoke with them.

The care plans had been updated over the past few months and most stated the date they were completed and when they were due to be reviewed. A check on records in July 2015 stated 'Not all customers have a support plan'. Not all the plans were accurate to reflect potential risks and management of these risks, ie allergies and risk of falls. This meant people were at risk of inconsistent care or not receiving the care and support they need.

There were no daily care records for 2015 in the office. This meant we were unable to see what support had been

delivered in line with people's care plans. There was no evidence on people's files in the office of checks being carried out in people's homes to check their paperwork was accurate and up to date.

Staff and people in the service stated that support plans were not always in the person's home. This meant that receiving consistent and personalised care would not be maintained if a different staff member was to provide someone's support. A staff member told us that agency workers who had covered their post in their absence had made no records during the time they were covering.

These issues were a breach of Regulation 17(2)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were no complaints documented so we were unable to assess how these were managed and followed up when received. In November 2014, customer satisfaction surveys were sent to people who use their service to seek their views. However, as this was a national survey it was difficult to define the service's feedback to see how people using the Didcot service felt about it.

People's interests and aspirations were written on their support plans. For example, one stated "I would like to continue living in my home". Staff told us they were encouraged to enable people they support to go on holidays and enjoy outings and to look for activities with the person that they would enjoy.



# Is the service well-led?

## Our findings

There had been no registered manager in post since January 2014. Not having consistent leadership over the past 18 months had meant the service struggled to have a period of stability and support and consistent expectations from a registered manager.

Not all staff felt supported and did not always feel their views were sought and valued. Some staff said information was not always shared with them. Comments included; “A lack of communication between management and staff”, “Did not feel part of a team” and “Felt isolated”. They said there were few opportunities to get together as a team. Issues raised in supervision did not appear to have been followed up on all occasions. For example, a staff member had only had two supervisions in 10 months. Their notes stated they felt “Overtired by workload” and they were working two hours extra each day. The second supervision had not been signed. We saw no evidence that these issues were being addressed. We spoke with the member of staff and they stated they felt “Unsupported and left to their own devices”.

On the day of inspection, the existing manager was unavailable and we were supported by the Area Director, Area Manager and Service Manager to locate the information we needed to examine. Some information was not able to be located at the time of the inspection but was provided to us the following day.

Records we looked at were not all up to date and some information was only changed after being noted at the inspection. Risk assessments were not accurate and mistakes had not been noticed until we brought them to the attention of the management team during our inspection.

The audits were carried out by the Area Manager. An audit undertaken in July 2015 identified that risk assessments were not up to date. However, this issue had also been raised in March 2015 and actions had not been completed at the time of our inspection.

A monthly check on staff files in February 2015 showed that training was not up to date and that first aid, food hygiene, manual handling, health and safety and infection control was needed. The audit also stated there had been no customer meetings. Again, at the time of our inspection these were still not completed.

These issues were a breach of Regulation 17(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Notifications of events that occurred within the service were not always being made to Care Quality Commission (CQC) or being made in a timely manner. Notifications are information about important events the service is required to send us by law. We saw some incidents recorded had not been notified to CQC, for example, in March 2015, a person fell resulting in severe injury to their face. We had not received a notification about this.

This was a breach of Regulation 18 CQC (Registration) Regulations 2009.

The management team demonstrated a commitment to making improvements to the service. Staff showed commitment to the people they supported and comments included “My main job is to support [the person] how they want to be supported” and “Helping people is what’s important and makes up for other things that aren’t so good”. People who use the service said their contact with management was limited but one person said she had received a visit from the manager.

A Customer Satisfaction Survey had been completed last year and was due to be repeated this year. This was designed to assess overall satisfaction and quality of the service. However, it was not specific to Didcot Self Directed Support Service and therefore it was difficult to know what areas the results referred to in their service.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

### Regulated activity

Personal care

### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

People did not always receive care that was safe. Risks were not always assessed and managed to reduce risks. Regulation 12(1)(2)

### Regulated activity

Personal care

### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Staff had not received appropriate support, training, professional development, supervision and appraisal to enable them to carry out the duties they are employed to do. Regulation 18 (2)(a)

### Regulated activity

Personal care

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Systems, processes and information were not being adequately monitored to ensure the quality and safety of the service. Regulation 7(2)(a)

Risks were not being assessed or monitored to reduce the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from carrying on of the regulated activity. Regulation 17(2)(b)

Records relating to the care and treatment of each person using the service were not accessible to authorised people as necessary in order to deliver people's care in a way to meet their needs and keep them safe. Regulation 17(2)(c)

### Regulated activity

### Regulation

This section is primarily information for the provider

## Action we have told the provider to take

Personal care

Regulation 18 CQC (Registration) Regulations 2009  
Notification of other incidents

CQC must be notified without delay incidents which occur whilst a service is carrying on a regulated activity.  
Regulation 18(1)

This section is primarily information for the provider

## Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Systems, processes and information were not being adequately monitored to ensure the quality and safety of the service. Regulation 7(2)(a)</p> <p>Risks were not being assessed or monitored to reduce the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from carrying on of the regulated activity. Regulation 17(2)(b)</p> <p>Records relating to the care and treatment of each person using the service were not accessible to authorised people as necessary in order to deliver people's care in a way to meet their needs and keep them safe. Regulation 17(2)(c)</p>

### The enforcement action we took:

We have issued a warning notice informing the provider they must make improvements by