

Mrs Heather Diane McGinness

Care Designed for You

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

The inspection took place on 14 October 2015 and was announced. This was the first inspection of the service since its registration on 9 February 2015. The provider also managed the service on a day to day basis.

Care Designed for You provides a personal care service for people with a learning disability, older people and people with a mental illness. When we visited on 14 October 2015 seven people were receiving personal care and support services.

We found that safe recruitment practices were being followed and people who used services were involved in choosing who would provide their care and support wherever possible.

The provider understood about safeguarding protocols and had appropriate systems in place to train and support new staff to ensure they delivered consistent, safe care. People who used the service and their relatives spoke positively about the care they received. People confirmed that the provider listened to them and acted

Summary of findings

upon their comments. They said that the provider was approachable and helpful and that the staff treated them with dignity and respect. There was a comprehensive system of care planning in place and people were supported to access healthcare professionals such as GPs and dietitians to meet their health care needs.

Risks were assessed and managed to reduce the potential harm to people who used the service without placing unnecessary restrictions on people who used the service. People were asked to consent to the care being provided and the provider understood the importance of complying with the Mental Capacity Act (MCA) 2005 to ensure people's human and legal rights were respected.

When we visited the service was not supporting people with their medicines. However there was a medicines policy in place in case of this eventuality in future.

The provider also managed the service and together with a small number of staff provided the personal care and support on a daily basis. They promoted a positive culture that was person centred and respectful. Effective management systems in place to safeguard people and promote their wellbeing.

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 safe.

The provider knew followed the local safeguarding protocols, which were in place to keep people safe.

Risk assessments were used to manage risk appropriately without placing undue restriction on people who used the service.

Robust recruitment processes were followed and people who used the service were actively involved in choosing and developing the staff who support them.

The service was not currently supporting people to take their medicines. However there was a medicines policy in place in case of this eventuality.

Good



Is the service effective?

The service was effective.

Appropriate management systems were in place to ensure staff received appropriate training and support to deliver effective care.

People could be confident that the provider followed the principles of the Mental Capacity Act (MCA) 2005 to ensure their human and legal rights were respected.

People were supported to access healthcare professionals such as GPs and dietitians to meet their health care needs.

Good



Is the service caring?

The service was caring.

People who used the service spoke positively about the care they received. They said that the provider was always ready to lend a helping hand and that the staff treated them with dignity and respect.

Good



Is the service responsive?

The service was responsive.

Comprehensive care planning was used to ensure people received individualised care that met their care needs and preferences.

People confirmed that the provider listened to them and acted upon their comments.

Good



Is the service well-led?

The service was well led.

The provider also managed the service and provided people with personal care and support on a daily basis. They promoted a positive culture that was person centred and respectful.

Effective management systems were in place to promote people's safety and welfare.

Good



Care Designed for You

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 14 October 2015 and was announced. The provider was given 48 notice because the location provides a domiciliary care service and we wanted to make sure that someone would be available to speak with us.

The inspection was carried out by one adult social care inspector. Usually we ask the provider to complete a Provider Information Return (PIR) before an inspection. 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. However on this occasion we carried out the inspection without this information because we carried out the visit at short

notice. We reviewed information we had received from the provider before their registration. We reviewed records relating to the management of the service such as care records, one staff recruitment file, staff supervision records, and policies and procedures including safeguarding, health and safety, medicines management, complaints and confidentiality and information sharing.

We spoke with the provider and with another two members of staff who, together provided the majority of the staffing hours. The provider is in day to day charge of the service and there is no requirement for a separate manager to be appointed in this case. One person who used the service came into the office to speak with us and we had telephone and email contact with people who used the service and their relatives. We spoke to four people in total and received written comments from another two people. We contacted the local authority contracts and commissioning department and Healthwatch to gain their views. Healthwatch gathers the views and experience of people about their local services, and uses that information to help improve services and influence commissioning outcomes for people living in the area.

Is the service safe?

Our findings

People told us that they felt safe and were well looked after. We asked one person if they felt safe and they said, “Definitely, I feel safe.” Other comments we received included, “I completely trust [care staff name] and can enjoy my day freely,” and, “There is not one negative thing that I can think of to say.”

Safeguarding policies and procedures were in place and the provider had a clear understanding about how to recognise abuse and the reporting process in the event of concerns about a person’s welfare and safety. If a concern was raised the provider said that the local authority safeguarding policies would be followed, a referral would be made and the process followed under the guidance of the safeguarding team. The provider had completed training as a safeguarding champion and alerted training with the local authority. This meant that they were confident about guiding newly appointed staff in local safeguarding protocols. The staff member we spoke with confirmed that they had received safeguarding training and felt confident any issues that they raised with the provider would be dealt with appropriately.

The majority of the support undertaken was on an individual basis to ensure that people received the support they wanted and that met their needs. Potential risks were identified and recorded on people’s care plans and action was taken to reduce any risks without imposing undue restriction on people. People who used the service told us that the provider helped them to understand how any

decisions they made could be seen as a risk to their safety or that of others. Support staff confirmed that they had received training in understanding risk and the process of assessment and recording and reviewing of the plans.

Risk assessments also took account of any environmental factors which might impact on the overall safety of people who used the service and the staff. One person who confirmed they knew about their risk assessment told us, “They helped me get some new things and have made my house safe for me.” Moving and handling training was provided although the provider told us that in reality people would mostly only need minimal assistance to transfer safely in and out of a car.

The provider described good recruitment processes and safe recruitment and employment policies and procedures were in place and available to staff within the staff handbook. One person who used the service told us that they were actively involved in the interview process to recruit new staff, which was good practice. The provider told us and records confirmed that plans were in place to build an experienced and stable workforce for people who used the service. For example we saw that although there was a very small staff team personnel files were well maintained with a clear record of the recruitment process that had been followed. The provider told us that staff had been recruited for specific care packages so there was no issue about the adequacy of the staffing levels.

When we visited, the provider told us that they were not presently supporting anyone to take their medicines. However we saw that medicines policies were in place for this eventuality. The provider confirmed that in the case of staff being required to administer medicines or provide care then appropriate training would always be provided.

Is the service effective?

Our findings

People were positive about the staff who supported them. One person said, “We are well looked after.” Another person told us, “They [the staff] are all very good.”

Staff had received appropriate training before they started providing a service. In addition to health and safety training, topics included the law in relation to restraint, equality and diversity, person centred care, and consent. Monthly supervision sessions were recorded and these showed that training issues were discussed and actions agreed. We spoke with a new member of staff who confirmed that they had a probation period and the provider had made sure that they were confident before they worked unsupervised.

The provider told us that initially they used the referral information regarding capacity levels, which was kept under review. Staff had completed training on the Mental Capacity Act (MCA) 2005 and the provider had engaged with relevant agencies such as the local authority, the GP and Clinical Commissioning Group (CCG) when capacity issues had been raised. People were treated in a person-centred way. They had adopted the policy 'Nothing about me without me' in their approach. This was a process of shared decision making to take account of the viewpoint of both the care professional and the person who used the service to make decisions. If people did not have the capacity they said an appropriate independent advocate would be appointed to ensure that their practices were appropriately delivered and managed. Records showed that consent was

sought both formally in the care planning process and informally within the day to day support that the staff provided. People who used the service told us that they were always consulted about their care. One person said, “They have met my network of people. They know about me and always ask my permission.”

The provider also carried out observed staff practice with staff and these were recorded and used as part of the staff employment records.

People's care plans contained information about individual's needs and aspirations. This included information about people's health and wellbeing, range of activities and nutritional requirements. One member of staff told us that they were not involved in preparing food directly. However they said that they accompanied people out for meals so they knew it was important that they understood about people's dietary preferences and allergies. Staff had received food hygiene training and one person who used services told us that the provider attended meetings with their dietitian to help support them with their specific dietary needs. People confirmed that staff were always willing to accompany them to essential health care appointments although in practice the family were dealing with this aspect of care for some people. Two people told us that they visited the doctor independently but were confident that the provider would support them if needed. One person said that the provider always attended their appointments and they found this helpful as they could explain what the doctor or specialist had said.

Is the service caring?

Our findings

People had only positive things to say about the service which Care Designed for You provided. One person told us, "It is a five star service, without a doubt." Another person said, "I am extremely happy with the standard of care and would recommend Care Designed for You to anyone. My relative is very happy and looks forward to seeing [the] helpers." Several people told us that they would not hesitate to recommend the service to other people and some people said they had already done so. Comments we received included, "Great," "Brilliant," "Totally satisfied" and, "Spot on." One person said they were, "120% satisfied, more if that is possible."

People told us that the provider was always available to lend a helping hand. One person told us that as well as helping out with practical tasks the provider had also made it possible for them to access information and additional support services. Another person said they did not have a negative thing to say, "All positive, and all ticks. Great."

The provider had developed individual profile documents to provide a good overview of people's needs and they used easy read documents to facilitate people's involvement. Training focused on people's individuality and the provider was keen to stress with staff the importance of how compassionate care could improve outcomes for people.

The provider told us that they had some Makaton and some deaf / blind communication skills. Makaton was a system that uses signs and symbols to help people communicate. Where people experienced communication difficulties the provider said that they would watch and observe someone and take the lead from them as indicated by their reactions.

People confirmed that they or their relative's privacy and dignity were respected at all times. One person said, "It is a big issue to invite someone into your home. I didn't know what to expect but it all fell into place without any problems." We spoke with one person who had assisted the provider with their staff recruitment and development. They said, "If they [the staff] can't communicate with people with respect and dignity, then they won't be a good employee." The staff we spoke with confirmed that they were involved in the care planning process and were encouraged to develop good professional relationships and provide individualised care to people.

People who used the service told us they were supported to be as independent as possible and the provider involved people close to them if they wished. The provider told us that where needed they would also involve independent advocacy services. This made sure that people had someone independent with whom they could explore choices and options when making a decision. One person who spoke with us said that they had seen a distinct improvement in people's ability to take control of their own lives as a result of the support that they had received. They said that the improvement they had seen in people's health and wellbeing over a short period of time was, "Amazing."

Policies and procedures regarding record keeping made reference to confidentiality and data protection. Information was stored electronically and was password protected to minimise the risk to people's confidentiality. Staff were given time to get to know people and could ask for advice through means of an electronic 'chat room' which enable them to raise any issues with managers, share ideas and ask for advice. This system was also password protected and could only be accessed by staff assigned to work with an individual to protect people's confidentiality.

Is the service responsive?

Our findings

People told us that they were supported to make choices and decisions about their lives. One person who spoke with us described the service as, “Extremely proactive” and said that the provider had worked hard to find suitable activities for their relative. Other comments we received included, “Couldn’t be better,” “Flexible and helpful” and, “Can’t complain at all.”

People’s care records were detailed and provided comprehensive information about the person, their wishes and aspirations. The provider told us that they endeavoured to lead by example by putting the person at the centre of the care package. People had their care needs assessed and we saw that the documentation used provided detailed information about the person which enable staff to provide person centred care. Records showed and people and their relatives confirmed that they were involved in the development of their plan of care and support. The needs assessment also covered how much people could be directly involved in the development of the records. One person told us that the provider attended their meetings and if for any reason they could not attend then they submitted a written report. They told us that staff always asked them what they wanted to do and said, “Nothing is too much trouble.”

Staff completed a contact form after any interaction with people who used the service This included among other

things the time and nature of the activity, the name of the staff member and a description of any personal care provided. This was signed by both the person who used the service and staff. Documents were kept in the person’s home and the provider or a senior member of staff collected these on a monthly basis or more often if there were any concerns. This also gave the provider the opportunity to spend time with people who used the service to get feedback on how they are feeling about their support and what they would like to change or improve on.

There was ‘cloud’ storage of information meaning that when information had been scanned and stored, paper records could be destroyed. If people who used the service wanted paper records at their house these could be set up. If not, staff accessed the information they needed through the electronic system. Information stored in this way was password protected to enhance security.

The provider told us that they had not received any complaints since they were registered. However they saw the complaints process as another tool which they could use to assist them to monitor the quality of the service provided. People who used the service were issued with a handbook which described the care planning process, what they could expect from the service and how to make a complaint. The provider told us that this will be produced in different formats to meet people’s communication needs.

Is the service well-led?

Our findings

Care Designed for You provided care and support to enable people to live independently in the community or provided respite for carers. The provider was an experienced manager who also provided much of the day to day care alongside four employees.

It was evident that the provider was passionate about developing a quality service that provided a high standard of care and they were committed to staff development and training. They had developed effective management systems to assure the delivery of high quality, person centred care which supported learning and promoted an open culture. The provider promoted individual choice and personal decision making and people were supported to be as independent as possible. Staff were respectful and treated information in a confidential manner. The provider was extremely clear about their vision and values throughout our visit. Although they provided care to a small number of people they demonstrated how they had utilised their skills to support people with complex care needs. This had proved to be of particular benefit in specific areas where there had been issues with the learning disability service being provided.

There was an open door policy which staff, people who used the service and their relatives all commented upon. Everyone we spoke with confirmed that the provider was extremely supportive and that they worked collaboratively with other health and social care agencies to ensure people received joined up care. Since the service's registration in February 2015 the provider had monitored the service by means of direct observation and feedback from people who used the service and their families. The provider had also received feedback from the local authority as part of their programme of contract monitoring. All of these methods had been used to improve the outcomes for people who used the service and evidenced that the provider was committed to making continuous improvements.

The provider was aware of their legal obligations to inform CQC of certain changes, events or incidents. Although registered as an individual provider they told us that the next stage in development included appointing a registered manager to enhance and strengthen the management team. Robust policies and procedures were in place and were being monitored to ensure they complied with any changes in the law and were up to date.