

Southwark Disablement Association

Southwark Disablement Association

Inspection report

10 Bradenham Close
London, SE17 2QB
Tel: 020 7277 4446
Website: www.example.com

Date of inspection visit: 29 October and 5 November 2015
Date of publication: 06/01/2016

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

This inspection took place on 29 October and 5 November 2015 and was announced. We gave the registered manager 48 hours' notice as we needed to be sure they would be available for the inspection.

When we last visited the service on 12 November 2013, the service was meeting the regulations we looked at.

Southwark Disablement Association support including personal care for people in their own homes. At the time of the inspection 55 people were using the service.

The service had a registered manager. 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.

Summary of findings

Medicines were handled and administered safely. Staff understood the organisation's medicines policy and followed it to ensure people received their medicines safely.

Risk assessments were in place and detailed actions to manage identified risks and to keep people safe.

Recruitment procedures were robust and safe. Staff understood how to recognise signs of abuse and how to protect people from the risk of abuse.

Staff understood their responsibilities within the Mental Capacity Act 2005. Staff were supported through effective induction, supervision, appraisal and training to provide effective service to people.

The service worked with social care and health care professionals. People were supported to arrange appointments to ensure their health needs were met. Relevant professionals were involved to ensure people received appropriate support and care that met their needs.

People were supported to eat and drink appropriately and to meet their dietary and nutritional requirements.

People told us staff treated them with kindness, compassion and respect. Staff provided support to people the way they wanted to be cared for. People and their representatives were involved in their care planning and these were reviewed and updated regularly to reflect people's changing needs.

People, their relatives and staff were encouraged to provide feedback and to raise concerns. The registered manager investigated and responded to complaints and concerns appropriately to improve the service.

The service had various and effective systems to monitor the quality of service delivered. They worked in partnership with other agencies to deliver effective service to people.

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. Risks to people were assessed and managed in a way that protected their health and well-being.

Medicines were handled and managed safely. People's medicines were recorded clearly and accurately

Recruitment practices were robust so only suitable staff were employed to provide care to people.

Staff were knowledgeable in recognising the signs of abuse and how to report it in accordance with the organisations policy and procedure.

Good



Is the service effective?

The service was effective. Staff were supported through comprehensive induction, supervision, appraisal and training. Staff understood the principles of the Mental Capacity Act (2005) and supported people to make decisions appropriately.

People were supported to prepare food and drink as required and those who need help to feed got this support.

The service worked with health and social care professionals to ensure people's needs were met.

Good



Is the service caring?

The service was caring. Staff treated people with dignity and respect. Staff understood the needs of people and how to support them accordingly.

People were involved in their own care and were supported to maintain their independence.

Good



Is the service responsive?

The service was responsive. Care and support was delivered to people in the way and manner they wanted.

Care plans detailed the support people required to meet their needs.

People and their relatives knew how to raise concerns and complaints and these were investigated and responded to in line with policy.

The service had systems to obtain feedback from people using the service and these were used to improve the service provided.

Good



Is the service well-led?

The service was well led. There were systems for monitoring the quality of service provided.

People told us that their views were taken into account when planning their care service.

Staff told us that the manager was approachable and involved them in developing the service.

The service worked in partnership with other agencies to deliver effective service to people.

Good



Southwark Disablement Association

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 checked 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 29 October and 5 November 2015. The provider was given 48 hours' notice because the location provides domiciliary care service and we needed to be sure they were available to give us information during the inspection. The inspection was carried out by one inspector and an expert by experience (ExE). An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information we held about the service, including notifications the service had sent to us. During the inspection we spoke with the director of the service, the registered manager, the deputy manager, and five care workers. We reviewed 14 people's care records to see how their care and support was planned. We checked eight staff files to review recruitment processes and training and supervision for staff. We also looked at records relating to the management of the service. These included information about complaints and the service's quality assurance process.

After the inspection we spoke with 10 people using the service and two relatives. We also received feedback from three professionals to obtain their views of the service

Is the service safe?

Our findings

People using the service told us that the care workers made them feel safe in the way they carried out tasks and treated them. One person said, “I feel safe with the staff, they are careful.” Another person told us, “I feel safe. They [care workers] know how to use the hoist to transfer me. They are professional in their conduct and don’t shout at me.”

Staff knew their responsibility in keeping people safe. Staff were able to recognise signs of potential abuse and understood how to protect people if they had safeguarding concerns. They told us they had felt confident to raise concerns with their managers and were also confident that their managers would take immediate actions as required to protect people appropriately. Staff also understood the organisation’s whistleblowing procedure and their rights to escalate concerns if necessary. Staff we spoke with said they had not had any reason to use the whistleblowing procedure as the organisation was proactive in dealing with issues quickly. The organisation had a safeguarding procedure in place and works in closely with the local authority to ensure people were safe.

People were supported to manage and keep their money safely. The organisation had finance management procedures in place and staff demonstrated they understood it and followed it when they supported people with their finances. We saw one record which showed when and what support staff gave people. The registered manager told us this ensured that this reduced the risk of financial abuse and people were supported appropriately with their money.

People were protected against risks associated with their care, health and well-being. The service carried risk assessments regarding risks specific to each person, such as moving and handling, financial management, health and safety of the environment, medicine administration and pressure sore development. Risk management plans were then put in place which guided staff on how to support people to reduce these risks. For example, there were management plans for staff to follow to support with swallowing difficulty and at risk of choking. There was also a moving and handling plan to safely support people with transfers. Staff showed they understood people’s plan and

followed it to ensure they supported people safely. These plans were updated regularly with people and their relatives to ensure they remained relevant to their current situations.

Staff told us that their managers kept them up to date on risks to people’s care, and support. They said that members of the management team alerted them through phone calls when particular risks to people changed and they required care to be delivered in different ways urgently. Staff also told us that they also read care plans before providing care to people. This ensured staff were aware of the risks to people and how to support them appropriately to minimise and reduce such risks.

Recruitment procedures were robust and only suitable staff were allowed to work with people to ensure they were safe. Staff records showed the provider interviewed applicants for jobs and took up references and criminal record checks before they were allowed to work. Applicants’ right to work and medical history were also checked. This ensured that people received care and support from staff that were suitable and had the appropriate knowledge and skills to do the job.

People and their relatives told us there were enough care staff to support them and safely meet their needs. They also told us they were supported by regular staff and that the staff were punctual and understood their needs and had worked with them for many years. One person said “I always have the same carer for 10 years. She is consistent.” Another person said “My carer is punctual. Her timekeeping is good, she phones in if she is delayed.” And a third person said “My carer gets here on time and she is able to complete all the tasks within that time.”

People got support from staff when they required it. There was a system in place for allocating staff to care visits. People had staff who visit them regularly and at least one staff as back up in the event of emergency. People were matched with staff that were familiar with the person’s needs and background and preferences. Where there was a need for people to have two care workers support them during a visit this was accommodated. For example, where staff needed to pair up to carry out moving and handling tasks. Staff told us that they were happy with this system and they had enough time to complete tasks for people. Staff were flexible to pick up extra shifts to cover emergency cancellations when required.

Is the service safe?

Staff we spoke with understood the procedure to follow in the event of an emergency. They told us that if they saw or suspected someone was unwell, they would contact the person's GP for advice or call the ambulance if the person needed immediate help. They also informed their management staff and completed report so others knew what had happened. This meant that people were supported by staff who knew how to respond appropriately to protect their health and safety.

People received their medicines safely from staff who were trained and competent to do so. Staff we spoke with

understood the organisation's medicines management procedure and followed it. They explained how they supported people to ensure they got the right level of support in line with the person's care plan. Medicines administration records (MAR) were completed accordingly and notes made in the person's daily log to show what support had been given. MAR were checked regularly by the management staff to ensure they were completed as required.

Is the service effective?

Our findings

People told us staff had the skills to meet their needs. One person said “My carer is competent in the job.” Another said “They [Care staff] are all very good and helpful. They know what they’re doing.” Professionals told us staff were good at their jobs. One professional told us, “All the carers I met are passionate about their job and support their clients with great knowledge. They are also keen to take part in support planning process.”

Staff told us they received the training, support and supervision they need to provide effective care to people. One member of staff told us “They [Organisation] provide us with regular training both general training on care and training to help you care for people with specific conditions. For example peg feeding, dementia, stoma care and pressure sore.” Another member of staff said “I have done so many training courses. They help me do my job better.” And a third member of staff said, “I have had all the training to do my job well. The organisation supports and encourages professional development. I also get monthly supervisions Training records confirmed what staff had told us and showed that all staff had completed core courses in care delivery such as safeguarding adults, first aid, food hygiene and health and safety. Staff told us that they had refresher training as required to update their skills and knowledge to do the job.

The staff records we checked showed that new staff members completed a period of induction which included classroom based training and shadowing opportunities (working alongside an experienced staff). They completed their induction period and were assessed as competent by their manager before they were allowed to work unsupervised with people. All new staff also went through a probationary period where their manager assessed their performance through observation and supervision to ensure they were competent to do the job before they were confirmed in post.

Staff told us that their manager held one-to-one supervision meetings with them regularly. Staff also received annual appraisal. We reviewed notes from these meetings and saw that they were used to provide feedback to staff on their performance and to discuss concerns about people who used the service. One staff member told us “We are able to feedback concerns about our clients, jobs during supervision and the manager will help you

resolve the problems you may have.” We saw that the registered manager had used regular supervisions to address staff performance issues and supported them to improve their performance. We also saw that the registered manager had used a formal performance management process to deal with staff underperformance. This showed that the service supported staff through informal and formal means to improve their work and deliver effective service to people.

People consented to their care and support before they were delivered. The registered manager showed that they understood their responsibilities within the Mental Capacity Act (MCA) 2005. Records showed that relatives had been involved in assessments and care planning process where the person needed this support to make decisions about their care and support. Staff explained the importance of enabling people make their decisions about their care and everyday lives and before completing a task. They said they would try various approaches with a person such as effective communication method, engage them in a subject of interest and be patient with them to enable them to decide. Staff explained that if the person still refuses to consent to their care, they would involve the person’s relatives and let their managers know so that appropriate process is followed to ensure the person’s choices and rights were promoted.

The registered manager explained that they would involve relevant professionals to carry out assessment if they had concerns about a person’s ability to make decisions and at risk of neglect as a result. We saw record of a best interests meeting held with a person, their Independent Mental Capacity Advocate (IMCA), GP, staff and care coordinator in relation to one person who was regularly refusing care. Together to agree the best possible way to support the person while ensuring their rights and choices were protected.

People were supported to meet their dietary and nutritional needs. People who required support from staff with their food told us that they got the support they required. Care plans detailed the support people needed, how to support them appropriately and their dietary and nutritional requirements. Staff told us they always checked what people wanted to eat and drink before they are given. One person told us “The carers let me choose what I want to eat.” Staff explained that if they had concerns about people’s nutritional needs or intake, they reported it to

Is the service effective?

their manager who then involved the person's GP. Staff also gave advice and information to people about healthy eating and encouraged people with a poor appetite to eat by offering a wide range of food choices and sitting with them to encourage them. Staff demonstrated they understood the importance of following people's dietary requirements and recommendations from GPs and dietitians to ensure people's nutritional needs were met.

Staff worked with people's GPs, district nurses and other health professionals to ensure people's day-to-day health

needs were met. For example, staff worked with occupational therapist to provide moving and handling equipment and to put a plan in place to ensure people were supported safely by staff to mobilise and transfer. The recommendation from a dietitian was also followed by staff for one person who there was concern about their appetite. We saw that staff had supported people to attend their health appointments by ensuring they were reminded and supported to get ready for them. Professionals told us staff followed recommendations given.

Is the service caring?

Our findings

People we spoke with were happy with the staff and the care they received. People told us staff treated them with respect, kindness and gentleness. They said staff were careful and preserved their dignity in the way they carried out tasks. One person said “They [Staff] maintain my dignity always. Another person told us “The carers are always respectful, courteous and kind to me.” And a third person said “I have a trusting relationship with my carer, she is flexible in helping me.” A health care professional told us “All the carers I have met demonstrated outstanding respect towards clients and their families and put great effort to maintain dignity all the time.”

People told us they had the same care staff and had developed relationships with them. They said their care staff understood their needs and how to support them well. People told us that they and their relatives were involved in planning their care and they contributed actively in how they wanted their care to be delivered. Care records detailed people’s personal preferences, likes and dislikes and choices relating to how, when and who provides care to them. For example, some people had preference as to the gender of staff they want to attend to their personal care and this was respected. Another person had stated in their care plan that they do not like people to wear footwear around their home except socks. Staff demonstrated they understood the preferences and

choices of people they cared for. Staff also showed they understood the benefits of being familiar with the backgrounds, social history, preferences and needs of the people they looked after. They said it enabled them provide support to them the way they want and improves the self-worth of the person.

People told us that staff were interested in them and showed them empathy. Staff explained that they knew when the people they looked after were distressed or unhappy and they always make sure they provided emotional support to them and help them feel better before they left. For example, if someone was unwell or required medical attention, they stayed with them until the GP or ambulance arrived. They also told us that they supported people to maintain contact with their family. This showed people were supported and given the reassurance they needed when distressed or agitated.

People’s privacy and dignity were respected. Staff understood how to respect people’s privacy and dignity. Staff explained how they respected people’s dignity and privacy when carrying out tasks. They also told us that they encouraged people do as much as they can do for themselves to promote their independence; they do not unduly expose people and make sure they spoke to people or shared information about people appropriately. Staff had been trained in dignity in care as part of their induction.

Is the service responsive?

Our findings

People received support that met their individual needs. People told us that they had a meeting with staff from the service for an initial assessment and to discuss their care requirements before the service started providing care to them. Care records showed that the assessment covered people's needs, requirements, goals and preferences in relation to the way they wanted their care delivered. It also included care visit times, the duration of the visits and the tasks to be undertaken. The registered manager told us this ensured staff had the information they required to support people appropriately.

People told us they got the care they needed in the way they wanted to meet their needs. One person said "My carer makes sure I am satisfied before she leaves me. She is never in a hurry" Another person told us "She [Staff] will go to any length to make me comfortable. She's 100% great. If there was an award for carers I would nominate her for it." We saw that care staff delivered care to people as agreed in their care plans to meet their needs. For example, staff supported one person to manage their glucose level and kidney condition. Records showed staff followed dietician guidelines and kept record of food and fluid intake in line with dietician recommendations. Staff also supported people to maintain their personal hygiene as they wanted in line with their care plan.

The service responded and was flexible to changes in people's care needs and delivered care to them in line with their choices. Times of care visits were adjusted as people wished. For example, a people told us they could request to change their care visit time to later in the morning so they could stay in bed longer to rest or could request for an earlier visit to get ready for appointments and these were granted by the service. We saw that the duration of people's care visits were increased or decreased as

appropriate to their needs. For example, people got extra time if they were unwell and needed additional support. Also could reduce their time if not needed and could use it to complete other tasks such as to complete non care tasks such as sorting out repairs or maintenance issues around their homes. People could also put their care packages on hold and reinstate it when they wish or after discharge from hospital. They told us the service responded promptly to this. The registered manager confirmed that they acted quickly to accommodate referrals and request to cancel or reinstate care packages quickly as they do not want people to get visits they do not agree to or miss visits they needed. This meant that people were in control of how their service were delivered and the service enabled them exercise this control.

People's care plans were regularly reviewed to ensure they were up to date and reflected people's wishes and care needs. People and their representatives were also involved in this process. People told us that they used these meetings to feedback and raise any concerns they had about the service. We saw that the service acted on and responded to people's concerns quickly and appropriately. For example, they had investigated and issued a warning letter to a member of staff following concern raise by a person about the staff time keeping and attendance. They also addressed the issue of timekeeping at team meetings to improve this area.

People told us they knew how to raise or make a complaint. Details about how to complain were included in the handbook given to people when they started using the service. One person told us "I know how to make a complaint if I am unhappy, but I have not had any reason to." Another person said "I am happy with the service so no need to complain about anything but I know how to." There had been no complaint recorded in the last year.

Is the service well-led?

Our findings

People, staff and professionals told us the service was well-run and managed. They said the registered manager was experienced in the job, listened to them, was open to feedback and acted appropriately to improve the quality of service provided to people. They all said they could recommend the service to family and friends. One person told us “the management staff are good. I give them 100% because I can’t find fault with them.” another person said “The service is very good. They listen and are always ready to help.” One staff member told us “The manager and office support staff have been very good. They listen to us with interest and want to resolve any concern quickly whether it’s about clients, colleagues or personal to you as an individual.” Another staff said “The management staff are super. Quality of care is very important to them and they support and motivate us to deliver high standards.” Professionals were also complimentary of the service. One professional said “I therefore do not have any concerns about SDA and would recommend their service to others without hesitation.” And another professional told us “Fantastic management great working with them. Management’s communication with social services is always reliable.”

People told us they had regular monitoring spot checks through face-to-face visit or calls from the service to check if they were happy with the care they received. They felt they were able to express their views and where they had concerns it was addressed promptly and resolved appropriately. We saw reports from spot checks conducted by the deputy manager. It covered issues such as attendance/punctuality, staff conduct, quality of work, communication, health and safety and documentation. They noted comments from people about their views and improvement they wanted. The service had addressed health and safety issue noted following a spot check visit through staff meeting and memo.

The organisation conducts an annual review of services provided to people through the use of surveys. The results were analysed and a report compiled. The reviews covered areas on quality of care, staff training, staff attitude, liaison with other agencies and management of the service. The last survey was conducted at the end of March 2015 and reported high level of satisfaction across all areas surveyed. The registered manager and service director told us they discussed findings from reviews with staff so to help motivate them and inspire them to work to high standards. Staff we spoke with were satisfaction with the standards the organisation aims to achieve and were keen and highly motivated to contribute to achieving the organisations objectives.

The service worked in partnership with various organisations to deliver key government policy initiatives for people and monitor the quality of service provided to people. They worked with the local authority commissioning team to deliver and implement the personalisation and personal budget agenda which gives people more control over the way their care and support is delivered. They also worked with AgeUK on a project designed to monitor and review the quality of care delivered across the borough with the aim of driving quality improvement for people. This showed that the service was keen to improve services for people.

The service kept staff updated with relevant information including changes in organisation’s policies and developments in health and social care. Staff confirmed they received memos and newsletters regularly which they found informative and helpful. We saw some recent newsletters which provided information on day to day operational issues and procedure. For example, one memo we looked at had detailed information about ‘supporting vulnerable people before and during a heat wave’ The registered manager told us it helped to improve staff knowledge so they can support people appropriately.

The registered manager complied with the conditions of its registration and sends notifications to CQC, as required.