Father Hudsons Society

Father Hudsons Society DCC

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

Summary of findings

Overall summary

This inspection took place on 10th February 2016.

Father Hudsons DCC provides domiciliary care across two supported living locations, to people with a learning disability in their own homes. Some people require 24-hour care. At the time of our inspection, 10 people were being supported. Eight people had moved to the new flats recently, and two people were in the process of moving. Two people were new to the service and plans were in place for more new people to move into the flats and be supported with their care needs.

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.

People told us they felt safe with the staff who supported them. Relatives were also confident people were safe. Staff received training in how to safeguard people from abuse and were supported by the provider who acted on concerns raised and ensured staff followed safeguarding policies and procedures. Staff understood what action they should take in order to protect people from abuse. Risks to people's safety were identified, minimised and flexed towards individual needs so people could be supported in the least restrictive way possible and build their independence.

People were supported with their medicines by staff who were trained and assessed as competent to give medicines safely. People told us their medicines were given in a timely way and as prescribed. Checks were in place to ensure medicines were managed safely, but the registered manager agreed these needed to be more robustly recorded so action was always taken in response to what was found.

There were enough staff to meet people's needs effectively. The provider conducted pre-employment checks prior to staff starting work, to ensure their suitability to support people who lived in the home. Staff told us they had not been able to work until these checks had been completed.

People told us staff asked for consent before supporting them in ways they were comfortable with. People were able to make their own decisions and staff respected their right to do so. Staff and the registered manager had a good understanding of the Mental Capacity Act.

People and relatives told us staff were respectful and treated people with dignity. We observed this in interactions between people, and records confirmed how people's privacy and dignity was maintained. People were supported to make choices about their day to day lives. For example, they were supported to maintain any activities, interests and relationships that were important to them.

People had access to health professionals when needed and we saw the care and support provided was in

line with what had been recommended. People's care records were written in a way which helped staff to deliver personalised care and gave staff information about people's communication, their likes, dislikes and preferences. People were involved in how their care and support was delivered and, where people wanted this, staff worked with advocates to ensure people were supported effectively.

People and relatives told us they felt able to raise any concerns with the registered manager. They felt these would be listened to and responded to effectively and in a timely way. Staff told us the management team were approachable and responsive to their ideas and suggestions. There were systems in place to monitor the quality of the support provided, but the provider was developing new systems which they hoped would be more robust and help the service to improve.

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's needs had been assessed and risks to their safety were identified and managed effectively. Staff were aware of safeguarding procedures and knew what action to take if they suspected abuse. People received their medicines safely and as prescribed from trained and competent staff. There were enough staff to meet people's needs.

Is the service effective?

Good

The service was effective.

People's rights were protected. People were able to make their own decisions, and were supported by staff who respected and upheld their right to do so. People were supported by staff who were competent and trained to meet their needs effectively. People received timely support from health care professionals when needed to assist them in maintaining their health.

Is the service caring?

Good

The service was caring.

People were supported with kindness, dignity and respect. Staff were patient and attentive to people's individual needs and staff had a good knowledge and understanding of people's likes, dislikes and preferences. People were supported to be as independent as possible by staff who showed respect for people's privacy and dignity.

Is the service responsive?

Good

The service was responsive.

People received personalised care and support which had been planned with their involvement. People's care and support plans were regularly reviewed to ensure they were meeting people's needs, and people were well supported during times of change. People participated in activities and interests that were important to them. People knew how to raise complaints and

were assisted to do so.

Is the service well-led?

Good

The service was well led.

People felt able to approach the management team and were listened to when they did. Staff felt supported in their roles and there was a culture of openness. There were quality monitoring systems in place to identify any areas needing improvement. These systems were in the process of being updated and improved in recognition of changes to the service being provided.

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Detailed findings

Background to this inspection

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

The inspection took place on 10 February 2016 and was announced. We told the provider in advance so they had time to arrange for us to speak with people who used the service. The inspection was conducted by one inspector.

We reviewed the information we held about the service. We looked at information received from local authority commissioners. Commissioners are people who work to find appropriate care and support services for people and fund the care provided. We also looked at statutory notifications sent to us by the service. A statutory notification is information about important events which the provider is required to send to us by law.

We reviewed the information in the provider's information return (PIR). This is a form we asked the provider to send to us before we visited. The PIR asked the provider to give some key information about the service, what the service does well and improvements they plan to make. We were able to review the information as part of our evidence when conducting our inspection, and found it reflected what we saw during our inspection visit.

During our inspection visit, we spoke with three people who received care and support in their own homes. With people's agreement, we spent time observing interactions between people and staff while we spoke with them in their flats. We spoke with two relatives. We also spoke to the registered manager, and three care staff.

We reviewed four people's care plans, to see how their care and support was planned and delivered. We looked at other records related to people's care and how the service operated to check how the provider gathered information to improve the service. This included medicine records, staff recruitment records, the provider's quality assurance audits and records of complaints.

Good

Is the service safe?

Our findings

People told us they felt safe with staff supporting them. One person told us, "Yes, I feel safe in my flat with the carers coming in." Some people invited us to speak with them in their flats and wanted staff members to be present. We saw people were relaxed and comfortable around staff and responded positively when staff approached them. Relatives also told us they thought people were safe.

The provider protected people from the risk of harm and abuse. Staff had received training in how to protect people from abuse and understood their responsibilities to report any concerns. They also understood how to look out for signs that might be cause for concern. There were policies and procedures for staff to follow should they be concerned that abuse had happened. One staff member told us, "I would go to my manager, and if I had no support there I would go higher." Records showed the provider managed safeguarding according to its policies and procedures which helped to keep people safe.

The provider's recruitment process ensured risks to people's safety were minimised. Staff told us they had to wait for checks and references to come through before they started working with people. Records showed the provider obtained references from previous employers and checked whether the Disclosure and Barring Service (DBS) had any information about them. The DBS is a national agency that keeps records of criminal convictions. Relatives told us they felt the provider recruited appropriate staff to work with people. One relative told us, "It's the way they are chosen. They are hand-picked."

Risks relating to people's care needs had been identified and assessed according to people's individual needs and abilities. Action plans were written with guidance for staff on how to manage these risks, and were focussed on supporting people to take risks if they wanted to, rather than to remove them entirely. Risk assessments were also focussed on encouraging people to take responsibility for managing risk themselves, and detailed how staff might support them to do this. Clear information was available for staff on what action they should take should people not manage their risks effectively. Risk assessments were up to date, and staff knew about risks people were managing. Risk assessments were also matched to key goals identified in people's care plans so that people could achieve what they wanted to as safely as possible.

People told us there were enough staff available to meet their needs. One person told us, "I can go out for meals and things like that with help from the staff. They are there when I need them." Staff told us there were enough of them to meet people's needs effectively. One staff member told us, "We do get time to sit and talk to people." The registered manager told us, "It [staffing] is all based on what they [people] need on the day. We do change it." They also told us they had a bank of staff who worked for the provider at different locations to cover any staff absence. They told us this helped with consistency as staff were familiar with people and how the service was run.

People told us they got their medicines on time and as prescribed. One person told us, "They help me with my medicines. I get my meds when I need them and then they sign for it to say I have had it." Relatives agreed. One told us, "They make sure he gets his medication." Staff told us they had training in how to administer medicines safely as part of their induction. After this, they watched experienced members of staff

administering medicines, and were then assessed by the registered manager to ensure they were competent.

People's care records included information about the medicines they were taking, what they were for and possible side effects. They also included information on how people preferred to take them. For example, some people were working towards managing their own medicines. Where this was the case, care records gave staff guidance on how they could help people to do this safely. These were focussed on respecting people's wishes, whilst ensuring people had information they could understand on what medicines were for and why they had been prescribed. This helped encourage people to take their medicines because they understood the risks of not taking them.

Where people took medicines on an 'as required' (PRN) basis, for example for anxiety or agitation, plans were in place for staff to follow so that safe dosages of medicines were not exceeded and people were not given medicines when they might not be needed. These plans focussed on supporting people to manage their anxieties so they did not need PRN medicines.

Medication Administration Record (MAR) sheets included relevant information on the medicines people were prescribed, the dosage and when they should be taken. We saw staff usually completed MAR sheets in accordance with the provider's policies and procedures. However, some people's MAR sheets had gaps where medicines had not been signed for. There was nothing on the MAR sheets to indicate why this might be the case. We spoke with the registered manager about this. They were able to explain these gaps, for example when people went to stay with family and chose to manage medicines themselves. However, they agreed there should have been some recording of this so it was clear why there were gaps as this could reduce the risk of errors.

Medication audits were not sufficiently robust. The registered manager told us medicines and MAR sheets were checked regularly by an experienced member of staff. However, we found the recording of this was not structured. Although issues had been picked up, and had been dealt with, they had not been recorded and so it was difficult for the registered manager to keep track of this. They agreed more thorough, structured checks of medicines needed to be introduced.

Good

Is the service effective?

Our findings

People and relatives told us staff who supported them were well trained and knew how best to meet people's needs. One person told us, "I think they are very well trained. They have done courses in medicines for example."

Staff told us they had an induction when they started working with people supported by the service. They told us they worked alongside experienced staff who knew people well. They also told us they were given time to read people's care records and to talk to people about how they wanted to be supported. One staff member told us, "When I started, all the staff were really good. They took you through things." The registered manager told us they oversaw any new staff and would observe them in order to assess how well they understood people's needs.

The registered manager told us they had a well-established staff team. Any new staff came from other parts of the provider organisation and had already been through an induction. The induction included enrolling them onto a diploma in health and social care if they had not already completed one. However, they told us the service was expanding and they expected to be recruiting new staff who had not come from within the provider organisation. The registered manager agreed they would need to start assessing new staff against the standards of the 'Care Certificate'. The Care Certificate assesses staff against a specific set of standards. Staff have to demonstrate they have the skills, knowledge and behaviours to ensure they provide compassionate and high quality care and support.

Staff told us they were well trained and knew how to support people effectively. One staff member told us, "We have had a lot of training on medicines which really helps. Things you think you know, perhaps you don't." Another staff member told us, "It is good training because things are always changing." Staff also told us they had training which helped them respond to the individual needs of people they supported. One staff member told us, "We always have training before we take on anything new. Helping support someone with a specific health need for example."

A training record was held by the registered manager of what training each member of staff had undertaken and when. The provider had guidance in place which outlined what training staff should complete depending on their role. The registered manager told us they ensured this guidance was followed. They also monitored what other training and development staff needed as the needs of people being supported changed, and as new people moved into flats and needed care and support. They told us, for example, they were trying to organise training on caring for people with autism, so staff had a better understanding of their specific needs.

Staff told us they attended regular one to one supervision meetings with the registered manager, which gave them the opportunity to talk about their practice, raise any issues and ask for guidance. This helped staff reflect on their knowledge, skills and values so people were supported by staff who were effective in their role.

The Mental Capacity Act 2005 (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. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

People and relatives told us people were asked how they wanted to be supported, and were asked to give consent to their care plan. One person told us, "They do things the way I like." People's care records included a 'decision-making' form. This outlined clearly how people had been involved in making decisions about their care and support, and whether or not they were able to make decisions themselves.

Staff understood and applied the principles of the MCA. One staff member told us, "People here have the capacity to make their own day to day decisions. If there was a big decision to be made like medical treatment we might need to involve other people and professionals if someone did not understand the issues involved." The registered manager understood their responsibilities under the Deprivation of Liberty Safeguards (DoLS) and had identified that no-one the service supported was deprived of their liberty.

People told us they were supported to access support and advice from health professionals on a routine basis as well as when sudden or unexpected changes in their health occurred. One person told us, "They [staff] help me see the doctor if I need to." Records showed how health professionals had been contacted when people needed this, and that recommendations made by health professionals had been incorporated into people's care plans.

People told us they chose what they wanted to eat, whilst some told us they were supported by staff to ensure they followed a balanced diet. Relatives told us staff helped to monitor food and fluid intake where this was identified as an issue. One relative told us, "They definitely get people help from health professionals. When [name] was losing weight they stepped in and got him support." People's care records showed that where there were concerns about people's food and fluid intake, extra support had been set up, at meal times for example, and staff were monitoring and recording what people had eaten.

Good

Is the service caring?

Our findings

People told us staff were kind and caring. One person told us, "Staff are very friendly, very caring. If I am anxious they sit down and help me and talk to me about it." Another person told us, "They go above and beyond." Relatives agreed. One relative told us, "The staff are very caring. They are friendly and genuine. You feel you know them." People were comfortable with staff, and were supported in a kind and caring way, which encouraged friendship. We saw people interacting on a one to one basis with staff. People were relaxed around staff and responded positively to staff input.

Staff told us the registered managed encouraged them to support people in a compassionate and caring way. One staff member told us, "It's more of a family environment." Another staff member told us, "I treat people like I would like to be treated myself."

People told us staff supported them to live independent lives. One person told us, "I cooked myself Tikka Masala at the weekend. The carers helped me." Another person told us, "They help me write a list and I do my own shopping." People's care plans were written from the person's point of view, and helped staff get to know people and their likes, dislikes and preferences. People's daily care records showed staff encouraged people to be as independent as possible. Records clearly indicated what people had been able to do for themselves and what they needed support with.

Staff told us they helped people to do as much for themselves as they could. One staff member told us, "It's a big part of my life. You like to see the best in people, and bring the best out in people."

People were involved in deciding how their care and support should be delivered, and were able to give their views on an ongoing basis. For example, people had signed to say they agreed with their care plans. Staff tried to communicate with people in ways they understood in an effort to establish what they wanted. They were supported in this as the provider had made care plans available in an "easy read" format ('easy read' formats use visual images and large print sizes to make the documents more accessible to people). One staff member told us, "It is all about sitting and asking people what they want to do."

People told us they were supported to maintain family relationships which were important to them. Relatives told us the staff helped them get involved in what their relatives were doing. One relative told us, "If [name] wants us to, the staff invite us to parties, nights out that kind of thing."

People told us their privacy and dignity was respected. One person told us, "I've got my own key to get into my flat."

The registered manager told us they tried to ensure paperwork in people's flats was kept to a minimum. They explained that many of the people they supported had moved out of residential care to live more independent lives in their local community. They told us this meant they wanted to ensure people's flats were their home and that people had their own private space. They added that they did not want to turn people's flats into 'offices'.

Good

Is the service responsive?

Our findings

People told us they made choices about what they wanted and how they wanted to be supported. They told us staff had supported them to be involved in developing their own care plans. One person told us, "Yes, I have a care plan. It's at home in one of my folders. I know what it says. They [staff] ask me about it."

Staff told us they were supported to understand people's needs, and to adapt the support they provided so they could respond to changes in people's needs. They told us people's care plans were useful in helping them to do so. One staff member told us, "Care plans are very informative. I mainly work with [name] and [name], but I know I could come and read the care plans for other people and know what they needed." The registered manager told us they took a lead in developing care plans by meeting with people and their families, if people wanted their families there. They told us they were in the process of doing this as new people moved to the flats, and care records for people showed this was the case. Advocacy services were also used where people wanted or needed support to make their views known and did not have anyone else available to do so.

Care plans explained people's individual likes and dislikes and how they preferred to be supported. They included information on people's life history. Some of the care plans we looked at were for people who had recently begun to be supported by the service. These included details of people's life history, and included information from family members. It was clear the registered manager had obtained as much information as possible prior to people being supported by the service, to ensure they could meet people's needs effectively. People's care plans also included goals and outcomes they wanted to achieve. For example, some people had identified social activities they would like to be more involved in, or meals they would like to be able to prepare and cook for themselves. Care plans also included pictures and photographs to help people understand them.

People told us they were supported to make choices about what they wanted. For example, one person talked with us about where they were going to go on holiday abroad and how staff had supported them with this. The person showed us a holiday brochure and told us how they had chosen where they wanted to stay. They told us, "This year I want to go to Sardinia. The staff are coming with me."

The registered manager told us care and support was adapted as people's needs changed. For example, the provider had negotiated extra funding with commissioners to enable them to call on people at times of the day when it had been identified extra support was needed such as with meals. Commissioners are people who work to find appropriate care and support services for people and fund the care provided. Relatives confirmed that staff supported people according to their needs and responded effectively as their needs, abilities or circumstances changed. One relative told us, "The way they approach change has been very good. When people moved to the new flats it was planned in advance, with meetings to discuss how people could settle in. They worked with [name] to help him settle in."

Some people needed support to help them settle into their new flat and to accept support with their care. Advocates had worked with people to establish how best to do this, and had made recommendations to

staff which had been incorporated into people's care plans and risk assessments. People were able to show us what had been done to support them. For example, one person showed us a diary they kept with assistance from staff. They told us it was important to them that they had a written routine to follow.

People were supported to maintain social activities which they enjoyed. People told us they engaged in a range of activities, and some people we spoke with talked about working. One person told us, "I go to the pub. I've been to Birmingham lots of times." Another person told us, "I do a lot of walking. To the shop, to work." Where people engaged in social and vocational activities, their care records included information on how and when staff needed to support people with these. One person told us, "Bowling, swimming, going to the cinema, I can do these things now with support." These activities were also linked to people's risk assessments so that people could be supported with social activities as safely as possible.

People told us they felt able to complain if they were unhappy with anything. One person told us, "I speak to one of the staff if I'm not happy about anything. It is no problem." Relatives also knew how to complain and raise concerns if they wanted to. One relative told us, "If I had any complaints or concerns I would see [registered manager]. They are absolutely spot on." The registered manager had not received any complaints in the past 12 months. There was information available to people in their care plans about what people could expect and how to complain if they were not happy with anything. There were policies and procedures for staff to follow to ensure complaints were dealt with effectively.

Good

Is the service well-led?

Our findings

People told us the registered manager was effective in their role and was approachable. One person told us, "If I have any problems I go into the office. [Registered manager] was here last night to see how I was." Relatives agreed the registered manager was approachable and told us they took action when they needed to. One relative told us, "[Registered manager] is lovely and does what they need to. You could not fault them."

Staff were positive about the registered manager. One staff member told us, "We are always listened to by [registered manager]." I like the way they treat people." They added, "People come to work here and they don't leave. That speaks volumes." Staff also told us they felt well supported by the registered manager and that there was an open, honest culture which meant they were able to ask for help, advice and guidance which made them feel valued and respected. One staff member told us, "In other places it has felt like managers' offices were closed off. Here it is quite open." Another staff member told us, "Management are always there if you need some advice."

Relatives told us they were impressed with the support provided, which made them confident that the service was well managed and run. One relative told us, "The staff, the care, the manager. It is excellent."

Staff told us they had the opportunity to share their views at staff meetings. Records showed staff had the opportunity to discuss the developing needs of people being supported and share any concerns they might have. Staff told us they were listened to and that made them more likely to share their views. They told us issues were discussed, actions were agreed and progress on actions was fed back by the registered manager.

The registered manager told us their priority over the past few months had been to help people settle into their new flats, and to help those people new to the service become familiar with staff and the support they had begun to receive. Records showed the registered manager and staff had worked closely with people, and if people wanted it, with advocates, asking them how they were feeling and how they were settling into their new flats. The registered manager explained their plans to begin consulting with people and their relatives on what they thought of the service being provided, once people were comfortable in their new flats and with their care plans. Records showed meetings were planned with people and their relatives to begin doing this.

The registered manager regularly checked the service people were provided to assure themselves it was of good quality. However, they recognised that, whilst these checks had been ongoing following people moving to new flats and new people being supported, they felt they needed to be more robust. They told us they were working with the provider organisation to develop quality audits which were more relevant to what was now being provided, and which were more suited to the numbers of people they were now supporting. They told us they hoped this would help identify areas needing improvement as well as what was being done well, so that the service could improve going forwards.

Records showed that provider visits were undertaken to check that the service was run safely and effectively. Where issues were identified, actions were recommended and a record was kept of when and how these were to be completed and by whom. The registered manager was responsible for completing these actions and reported back to the provider once they were completed. Regular meetings took place with managers who oversaw services for people with learning disabilities from across the provider organisation. Records showed that at these meetings, information was shared on how actions allocated following the provider visits had progressed. This meant that the service for people was improved on an ongoing basis in response to what the provider had found.

The registered manager understood their legal responsibility for submitting statutory notifications to us. This included incidents that affected the service or people who used the service. These had been reported to us as required throughout the previous 12 months.