

Diverse Abilities Plus Ltd

# Shapes Domiciliary Service

## Inspection report

17-19 Manor Avenue  
Poole  
Dorset  
BH12 4LB

Tel: 01202718238

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31 January 2017

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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

Shapes Domiciliary Service is registered to provide personal and support for children and young adults with physical and associated disabilities. At the time of the inspection the service supported 14 young people.

The inspection took place on 10, 25 and 31 January 2017 and was announced. One inspector visited the service, or people in their homes on each day of the inspection.

Young people were safeguarded because staff had received training and understood the signs of abuse. Risks were assessed and mitigated, and robust recruitment ensured that staff were suitable to work with children and young adults.

One young person we spoke with said, "They care, they are one brilliant company. They are probably the best people I have ever seen and they brighten my mood". A relative commented that staff were, "Fabulous", and the registered manager described the service saying, "It's of a really good quality, and that's important".

Young people received personal care and support in an individualised way and their privacy was protected. Staff knew people well and demonstrated a good understanding of how they wished their care to be provided.

Young people's needs were thoroughly assessed and care was planned and delivered to meet their needs. People's healthcare needs were supported when this was required. Staff were knowledgeable about their role and spoke positively about the service and the support they received.

Young people and their families knew how to make a complaint and felt confident they would be listened to if they needed to raise concerns or queries. The provider sought feedback from people and changes were made if required.

There were systems in place to ensure improvements were made in regard to the safety and quality of the service provided.

## 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 were safeguarded because staff understood what to do if they were worried or concerned about somebody.

Risks to people were assessed and plans were in place to ensure people were safely able to lead independent lives.

People received their medicines as prescribed.

### Is the service effective?

Good ●

The service was effective.

People told us staff had the right skills and knowledge to help them.

Staff told us they were well supported through supervision meetings and could seek informal advice or guidance whenever they needed to.

Staff worked in partnership with other agencies to make sure people's healthcare needs were met.

### Is the service caring?

Good ●

The service was caring.

Young people told us that staff were kind, caring and helpful.

Staff knew people well. They were aware of people's preferences and took an interest in them to provide person centred care.

Young people were supported to develop new skills, access the community and build their confidence.

### Is the service responsive?

Good ●

The service was responsive.

Comprehensive assessments and detailed care plans ensured

people's support preferences were understood and followed by staff.

People were supported to participate in the activities they wanted to do.

There was a complaints system in place.

### **Is the service well-led?**

The service was well led.

Young people liked the provider and felt their service was managed well.

Staff felt well supported by the registered manager and felt comfortable to raise concerns if needed and felt confident they would be listened to.

There was a positive open culture with good staff morale.

Effective quality assurance systems made sure the service people received was safe, effective, caring and responsive.

**Good** ●

# Shapes Domiciliary 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.

The inspection took place on 10, 25 and 31 January 2017 and was announced. One inspector visited the service, or people in their homes on each day of the inspection. On the first day of the inspection we identified a registration issue the provider needed to rectify. We supported the provider to make sure they were correctly registered before undertaking the second day of the inspection and visits to people at home.

We met with two people who received a service from Shapes Domiciliary Service and also chatted with two family members. We received written feedback from two health and social care professionals. We also spoke with three members of staff including the registered manager.

We reviewed four people's care plans and other records in full, and sampled specific care records for a further three people. We also looked at staff recruitment and supervision files, training records and other records relating to how the service was managed.

Before the inspection, we reviewed the information we held about the organisation including the 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 also reviewed feedback from the local authority.

# Is the service safe?

## Our findings

Both of the young people we spoke with felt safe with staff and their family members were reassured that their relative was safely supported.

Staff received training in safeguarding adults. The easy read guide to the service explained what people could do if they were scared or worried about anything. Staff completed daily records which included observations of whether the person appeared to feel safe. A social care professional provided us with feedback saying, 'They take swift action when concerns are identified to make sure these vulnerable young people stay safe'.

There were systems in place to identify and manage risks so that people and staff were protected from harm as far as possible. Risk assessments were undertaken before a package of care was put in place. For example, one young person's assessment identified risks including safe moving and handling. Actions had been identified to reduce the risks and a moving and handling plan was in place to provide staff with the guidance they required. Another person was diagnosed with epilepsy. Their risk assessment and emergency protocols ensured staff understood what action they needed to take in the event of a seizure.

The registered manager maintained records of accidents and incidents, which were reviewed regularly to look for patterns or trends whereby action could be taken to reduce the likelihood of recurrence.

Robust recruitment procedures existed to ensure that people were kept safe. Staff recruitment records showed that staff were not able to commence employment until two references and a Disclosure and Barring Service (DBS) check had been received. Records were well organised and new staff had completed application forms, which included a full employment history. We saw evidence of DBS checks, proof of identification and two references.

Staff rotas were organised to take account of geography and travel times. Travel time formed part of the support workers shift. Staff were provided with the equipment they needed including gloves and aprons, a first aid kit, hand gel and a torch and whistle. There was a lone working policy and systems were in place to check staff had arrived home safely when this was necessary. There was also an on call system in place for out of hours and emergencies advice, guidance or support.

Systems were in place to make sure people received their medicines as prescribed. Staff had received training and also had their competence checked annually to make sure they understood how to administer medicines safely and as prescribed. There were PRN (as required) medicine plans in place for the young people who needed them. These described what signs or symptoms to be aware of what action to take. We also checked a sample of medicine administration records (MAR) and found that they had been completed in full showing people had received the medicines they required. The registered manager also audited people's medicine records on a regular basis.

## Is the service effective?

### Our findings

We spoke with one relative who was satisfied with the service their family member received. They told us, "They are brilliant, I am very pleased. Another family member commented in a quality assurance survey, 'It is a very flexible service which I have found very tailored to the family and [the person's] needs. That is essential and it works'.

A social care professional also commented, 'staff respond well to individual needs and are skilled at providing total communication support to assist personal care tasks, promote self-care skills, positively manage feelings and behaviours'.

Staff received the training they required to make sure they were able to effectively and safely support people. General training included emergency first aid, moving and handling, epilepsy, food safety and health and safety. More specialised training such as enteral feeding and respiratory care had also been undertaken. The registered manager had a system in place to make sure they knew when refresher training was required.

Records showed that staff received regular supervision sessions and an annual appraisal. This helped to monitor the skills and competencies of staff and to identify any training needs staff might have. Staff told us they could gain informal advice or guidance whenever they needed to. One said, "There is always someone at the end of the phone". There were effective systems in place to ensure staff quickly knew about any changes and staff told us team work and communication was good. The registered manager said, "The way they work together, our staff team are amazing".

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 told us they made choices about the support they received and staff listened to them. Records also confirmed this. For example, one person's daily session report recorded that; '[the person] chose their snack and which room they wanted to be in'. At the time of the inspection staff had begun to implement systems that would enable them to adhere to the MCA including mental capacity assessments and best interests decisions. They had arranged training for staff to make sure they understood the legal changes around consent as young people transition into adulthood.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The registered manager understood when someone might be at risk of being deprived of their liberty and what action they needed to take.

People who required support to eat and drink had detailed support plans in place. For example, one young person's plan provided guidance for staff on what food the person enjoyed and which to avoid. It also

described the texture food needed to be, any dietary supplements in place, any special equipment and the physical support the young person needed.

People were supported to maintain their health. For example, staff accompanied one person to their medical appointments because their family member was a different gender. The registered manager told us, "Having us there for medical appointments is really important".

A family member told us about how staff had supported their relative to make an urgent change to a medical appointment. They said, "They went out of their way, more than you would expect".

Staff had effective working relationships with health and social care professionals to promote people's physical and mental well-being. For example, staff had contacted an occupational therapist to discuss some difficulties one individual was experiencing showering. This meant there were plans in place to try some different equipment which staff hoped would result in a more comfortable and dignified personal care experience for the person. A member of staff commented on this saying, "It's really lovely we are able to make a difference".

## Is the service caring?

### Our findings

One young person told us staff were thoughtful about their home. They said, "[The support worker] takes their shoes off outside. I like them". They also told us, "They are kind and do what you want them to do". Another young person said, "They respect you for who you are, not the disability you have got". A relative told us, "They know [the person] really well and are really proactive at promoting their independence". The registered manager commented, "We care a lot. I am so proud, staff will bend over backwards to try to help".

Staff were supported to get to know young people through spending time with them and their family, and by the detailed information gathered through the assessment and care planning process. For example, one young person's support plan explained how they wanted staff to communicate with them, where they went to school and what they liked to do socially including their favourite activities. The young person and their family had explained to staff what made the young person anxious and any situations they found difficult. This meant that staff were better able to support them.

One young person told us that staff asked them if they were happy and records showed that staff thought about the person's enjoyment and happiness during their support sessions. For example, one person's record stated they were, 'Very vocal and happy' and on another day, 'Vocal and smiling'. Staff were supported to understand what a young person was feeling through person centred care planning. For example, one person's plan said, 'Gently wake [the young person]'. They will turn their head or ignore if they do not want you to do something. They will smile and laugh if they are happy. They would like you to use simple sentences...and speak calmly and gently'.

Staff had received training in equality and diversity. The registered manager told about how their knowledge had supported them to understand what might have caused one young person to refuse a support worker. This was because when shadow shifts occurred with two members of staff the young person felt their privacy and dignity was compromised. Staff worked with the individual to develop a plan that ensured staff could learn about their complex care needs whilst protecting the young person's privacy and dignity. Another young person told us, "They are good with privacy".

Staff were further supported by an organisational children's charter which stated 'Wherever I am, whoever I am with, whatever I am doing, I have these fundamental rights: To be valued as an individual, to be treated with dignity and respect, to be loved and cared for as a child first, to be safe'. The charter helped staff understand what being valued and safe and being treated with dignity and respect might look like in practice.

Staff had shadow shifts with more experienced members of the team before they started working with an individual. This enabled people to get to know their support workers and raise any issues they might have.

There was easy read information for people about the service. This included what sorts of things people might want to do, who could support them and what to do if they wanted to change anything. Young people told us they were listened to and confirmed staff acted upon any worries or concerns they had.

## Is the service responsive?

### Our findings

A relative told us about how responsive the service had been when their family member required assistance at short notice. The registered manager told us they were proud of, "Our flexibility, no matter what". Another relative fed back to the service in a quality assurance survey saying, 'I thank [the management team] for their relentless support and flexibility. It is appreciated'.

A social care professional wrote to us and told us, 'Staff are very caring and responsive. They have shown this repeatedly through willingness to find a way to provide increased support to respond to emergency situations; and their flexibility providing support hours to meet changing needs of young people and parent/carers – sometimes at very short notice'.

The registered manager assessed people's needs before they started to provide a service for them. This was to ensure that they understood what support the individual wanted or needed and were confident staff had the right skills and knowledge. As part of the assessment the registered manager considered which staff might be best matched with the individual, taking into account gender, age, personality and interests. For example, one person enjoyed shopping and was supported by a member of staff who they trusted to help them make decisions about their purchases. Other person who liked football worked with a staff member who also shared this interest and they went to a match together.

The detailed assessments enabled staff to develop individualised plans of care in conjunction with the person and their families. For example, one young person had a detailed plan of their morning routine including their breakfast. This made sure staff were aware of what the young person liked to eat and drink and what utensils and crockery they preferred. A family member said the care plans were, "The best I have ever seen".

Some people had complex care and support needs. Staff had been trained effectively and support plans provided detailed guidance on what they needed to be aware of, and what action they might need to take. For example, one young person sometimes required oxygen and staff understood what to do when they were unwell. Other people required particular support for example with unsafe swallow and specialist feeding regimes. Staff had specific guidance to follow including safe care of the equipment.

Staff supported one person who struggled with social relationships with activities, for example they had recently attended a local event. The registered manager told us their goal was, "Helping [the person] to integrate and be part of the wider community". One person told us how much they enjoyed going out with staff. They said, "[The support worker] takes me to my favourite restaurant. They took me to see a film and it was really good". A relative told us about how staff how taken their family member out for a meal on a special occasion. They commented, "They are very focused on [the person's] needs. It's gratifying because they love [the person] to bits".

Staff completed daily records of the support and activities people had participated in, included whether they had enjoyed themselves.

People's needs were regularly reviewed and changes were made promptly when these were required. This included working in partnership with people, their families and other health and social care professionals. This enabled staff to share good practice ideas or concerns and make sure people received a joined up service from their multidisciplinary team. Staff also responded promptly to risks. For example, during the inspection a healthcare professional asked staff to check one person's water temperature to make sure it was suitable. Staff immediately responded to ensure action could be taken if required.

There was a complaints policy and procedure in place and an easy read service guide explained to people what they could do if they were unhappy or worried about something. Young people told us they could raise any concerns and were confident these would be acted upon. One said, "I would tell them straight, they would sort it out".

## Is the service well-led?

### Our findings

Relative's feedback had been recently sought to learn about their view of the care and support their family member received. The service had received very positive feedback in areas such as staff support, approach and skills, communication and the responsiveness of the service. We asked one family member about the management of the service which they said was good. They also commented that the registered manager came out to undertake the support role on occasion adding, "They just do the job so they know exactly what is needed".

At the time of the inspection the registered manager was also seeking other ways of gaining insight into people's views of the service they received. They had developed a pictorial feedback tool that would enable staff to establish whether people were happy with aspects of their care including the staff who supported them and whether they had enjoyed the activities they had done.

Staff told us there was a positive and open culture throughout the service. We received a range of comments about the registered manager which included, "Really good" and, "Approachable and understanding, very organised and will act on things". Staff were supported by quarterly staff meetings. Records showed areas discussed included observations, the people staff were supporting including family and professional feedback, and good practice such as information about the regulations staff worked to. The registered manager wrote to us following the inspection and told us, 'We learn from things that go wrong as well as the times things go well. Staff are flexible and adapt to changing environments and situations'.

Staff told us they were listened to and ideas, suggestions or concerns they had were acted upon where possible. The registered manager described an example where staff had suggested a change to the time of one person's support visit. Following this change, staff and family fed back that the young person was less rushed and could enjoy their time with the support worker.

The registered manager was undertaking a national qualification in social care management at the time of the inspection. They had also undertaken training to help them understand the legislation they needed to adhere to including the regulations.

There was a programme of checks and audits in place to make sure people received safe, effective, caring and responsive services. At the time of the inspection the registered manager had also developed an overall quarterly service audit that would enable them to easily have an overview of areas such as care plans, complaints and compliments, accidents and incidents and staff support.

People's records were stored securely to protect their confidentiality. The records we looked at were up to date and provided a detailed record of the support people had received.