

Glebe Housing Association Limited

Support Plus

Inspection report

Glebe Housing Association
Bencurtis Park
West Wickham
Kent
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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 21 and 22 January 2016 and was announced. We told the provider two days before our visit that we would be coming, as we wanted to make sure the office staff and registered manager would be available. This was our first inspection at Support Plus.

Support Plus is a domiciliary care agency situated within the grounds of Bencurtis Park which provides sheltered housing accommodation for older people. Support Plus provides personal care to older people living with dementia, physical disability and or sensory impairment within their own homes within the local community.

At the time of the inspection there were 12 people using the service and there was a registered manager in post. 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.

We found risks to people were identified by the service; however, risks assessments were not detailed and did not always provide guidance for staff on how to manage risks to people. You can see what action we have told the provider to take at the back of the full version of this report.

Medicine records showed that people were receiving their medicines as prescribed by health care professionals.

There were in systems in place that ensured people received their care on time and people were kept safe and their needs were met. There were appropriate safeguarding policies and procedures in place and staff had a clear understanding of these procedures. There was a whistle-blowing procedure available and staff said they would use it if they needed to. The service had systems in place to manage accidents and incidents whilst trying to reduce reoccurrence.

Appropriate recruitment checks took place before staff started work and there were enough staff to meet people's care and support needs. Staff completed induction training when they started work and had received up to date refresher training when required. Staff were supported through regular supervision and annual appraisals in line with the provider's policy.

There were enough staff to meet people's needs and there was an out of hours on call system.

The manager and staff had a good understanding of the Mental Capacity Act 2005 and acted according to this legislation. People had access to health care professionals when they needed them.

People were involved in their care planning and the care and support they received was personalised and

staff respected their wishes and met their needs. Support plans provided clear information for staff on how to support people using the service with their needs. Support plans were reflective of people's individual care needs and preferences and were reviewed on a regular basis. We saw peoples' care files were kept both in people's home and in the office. People were supported to be independent where possible such as doing their own washing.

People's privacy and dignity was respected. People were provided with information about the service when they joined in the form of a 'resident user guide' which included the service's complaints policy. People had access to a range of healthcare professionals in order that they maintained good health.

Systems were in place to monitor and evaluate the quality and safety of the service and obtain feedback from people and staff.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not always safe

Risks assessments were not detailed and did not always provide guidance for staff on how to manage risks to people's health and wellbeing.

There were appropriate safeguarding procedures in place and staff had a clear understanding of these procedures.

Medicine records showed that people were receiving their medicines as prescribed by health care professionals.

There were systems in place to manage accidents and incidents.

Appropriate recruitment checks took place before staff started work. There were enough staff to meet people's needs.

Is the service effective?

Good 

The service was effective.

Staff had completed induction training when they started work and mandatory and refresher training for staff was up to date.

The manager and staff understood the Mental Capacity Act 2005 (MCA) and acted according to this legislation.

Where people required support with preparing meals this was recorded in their support plans.

People had access to health care professionals in order that they maintain good health.

Is the service caring?

Good 

The service was caring

People told us they were treated with dignity and respect.

People were provided with information about the service when

they joined.

People told us they were involved in their care planning and the care and support they received was personalised, and respected their wishes and met their needs.

People were supported to be independent where possible.

Is the service responsive?

Good ●

The service was responsive

People's support and care needs were identified and documented within their support plans.

People's needs were reviewed on a regular basis.

People were aware of the complaints procedure and given information on how to make a complaint.

Is the service well-led?

Good ●

The service was well-led

There were arrangements in place for monitoring the quality of the service that people received.

Staff said there was a good atmosphere and open culture in the service and that the registered manager was supportive.

The provider took into account the views of people using the service, relatives and staff.

Support Plus

Detailed findings

Background to this inspection

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

This announced inspection took place on 21 and 22 January 2016. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. The inspection team consisted of two inspectors. One inspector attended the office on both days of the inspection. The other inspector made telephone calls to relatives of people who used the service.

We spoke with six people who used the service, seven relatives, four members of staff, and the registered manager. We reviewed records, including the care records of the six people who used the service, four staff members' recruitment files and training records. We also looked at records related to the management of the service such quality audits, accident and incident records and policies and procedures.

Is the service safe?

Our findings

Risk assessments in relation to falls, medicines and moving and handling were retained in people's care files. However, risk assessments were not detailed and did not always provide guidance for staff on how to manage risks to people's wellbeing. For example, one person's support plan stated that they were not 'fully mobile' and needed support getting out of bed and going to bed. Another person's support plan stated that they needed help to use the commode. There were no detailed risk assessments in place to identify the risks involved or any guidance for staff to ensure they were meeting the person's needs safely when offering support.

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

During the inspection the manager also showed us that an audit carried out in December 2015 had identified that people's care files did not contain detailed risk assessments. The manager was in the process of identifying people who required a detailed risk assessment and was due to implement these. However, we were unable to monitor this at the time of our inspection and will check this has been completed at our next inspection.

People told us they were happy with the support they received with managing their medicines. The service had a medication policy in place to support staff and to ensure that medicines were managed in accordance with current guidance. Staff had received medication training and this was updated on a regular basis. One person we spoke to told us "I take my medicine myself or my carer reminds me."

People told us they felt safe and supported by the agency. One person told us, "I feel very safe here, there is always somebody around." Another person said, "They are always on time but always let me know if they are going to be slightly late. They always wear their badge and uniform but I have had the same carer for many years so know them." One relative we spoke with told us, "I have no concerns about my relative's safety, which is such a relief since we do not live so close to them."

Staff were aware of safeguarding policies and procedures and knew what action to take to protect people should they have any concerns. All of the staff we spoke with demonstrated an understanding of the type of abuse that could occur. They told us the signs they would look for, what they would do if they thought someone was at risk of abuse and who they would report any safeguarding concerns to. The manager told us that all staff had received training on safeguarding adults from abuse. Training records confirmed this. Staff told us they were aware of the organisation's whistleblowing policy and they would use it if they needed to.

The service had a system to manage accidents and incidents and to try and reduce their recurrence. We saw accidents and incidents were recorded and records included what action staff had taken to respond and minimise future risks.

There were safe recruitment practices in place and appropriate recruitment checks were conducted before

staff started work at the service. Staff files contained a completed application form which included details of staff's employment history and qualifications. Each file also contained evidence confirming references had been sought, proof of identity reviewed and criminal record checks undertaken for each staff member.

There were enough staff on duty and we saw requests for assistance were met promptly during the inspection. One person told us, "There are always enough staff but I always have the same carer and it's rare that they are not available." Another person said, "Communication is very good with the office, we are kept up to date with any changes." A member of staff told us, "We always have enough staff and have enough time to spend with residents."

There were arrangements in place to manage foreseeable emergencies. There was an out of hours emergency call system in place and people had numbers available in their care files. People were able to access support quickly in an emergency. One person told us, "I can ring either the office; there is nothing they don't do." Another person told us, "I ring the office my call is always answered."

Is the service effective?

Our findings

People told us that staff were understanding, knew them well and were competent. One person said, "My carer is lovely and knows me very well." Another person told us, "My carers are very good and always on time." Relatives we spoke with told us, "The care workers are qualified for the job in hand" and, "My relative feels the care workers listen to what they want and gives them time to make choices about small things, which are so important to them." Another relative told us, "They recognise the necessity of keeping to a certain time because of my relative's health issues, and they manage to sustain this." Another relative told us "there were some problems with time-keeping but the manager righted this once I raised it." People received support from staff that had been appropriately trained. Staff told us that they had completed an induction programme when they started work. The induction included reading policies and procedures, diversity and equality and training opportunities. Staff also told us they had completed all mandatory and refresher training which included safeguarding, fire safety, food and hygiene, moving and handling, medicines and mental capacity act. Records confirmed staff training was up to date and training due for renewal had also been noted with expiry dates. Staff commented on the training available to them. One member of staff told us, "All my training is up to date and I get a lot of training, the manager has given me the opportunity to go forward and undertake the 'access to nursing' course." Another member of staff told us "I have regular refresher training."

There were arrangements in place to comply with the Mental Capacity Act 2005 (MCA). The Mental Capacity Act 2005 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.

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. The manager told us that this did not currently apply as all people using the service had capacity to make decisions about their own care and treatment. However, if they had any concerns regarding a person's ability to make a decision they would work with the person and their relatives if appropriate, and any other relevant health care professional to ensure appropriate capacity assessments were undertaken. They said if someone did not have the capacity to make decisions about their care, their family members and health care professionals would be involved in making decisions on their behalf and in their 'best interests' in line with the Mental Capacity Act 2005.

Staff were supported through regular supervision and annual appraisals in line with the provider's policy. Records seen confirmed this and at these supervision sessions staff discussed a range of topics including progress in their role and any issues relating to the people they supported. Annual appraisals were completed on all staff that had completed one year in service. This meant that any shortfalls in knowledge or training could be picked up promptly and addressed so that people continued to receive appropriate standards of care. Members of staff we spoke with told us, "The manager does lots of supervisions, they help

me to improve". And another told us and "I have supervisions all the time as well as an appraisal".

The majority of people did not need any support with their meals, however, where people did require support with preparing meals this was recorded in their support plans, this included making drinks and preparing breakfast .One person told us, "My carer helps me get breakfast and makes me a drink". Another person told us, "My carer knows my needs well and helps me with my meals."

People independently accessed health care professionals when needed. However, staff were available to either make health care appointments or accompany people to appointments if required. One person told us, "If I need to go to the hospital then they come with me." Another person said, "My doctor comes to see me but if I need help then they are always there."

Is the service caring?

Our findings

People told us they were happy with the service they received and were treated with dignity and respect. People had regular care workers who were kind and understood their needs well. One person told us, "Staff are very caring, they always knock before coming in." Another person told us, "Staff are very good and very sweet to me. My carer and I have a good laugh and they always respect me by telling me what they are going to do." A third person commented, "I'm lucky to be living here with the care I get."

Relatives told us care staff were kind and caring. One relative said, "They keep my relative very happy, so I am happy." Another relative told us, "They never rush with my relative, they are always so considerate." Staff told us how they made sure people's privacy and dignity was respected. They said they knocked on people's doors before entering and they made sure information about them was kept confidential at all times. There were policies and procedures in place to help guide and remind staff about people's privacy and dignity and ensure that their human rights should be respected.

We observed staff greeted people warmly, asked how they were and took time to listen to what people said. We saw people responded to this by talking with staff and having confidence to inform them of their needs. Staff worked calmly when offering support to people by taking their time. For example, one person was unsure when they could book in for a hearing test. The member of staff gave them information about the hearing test and offered to put them on the list to ensure they received a test on the day hearing tests were scheduled to be carried out on site. We heard staff speaking with people in a respectful and polite way and conversations were relaxed and friendly.

People were supported to be independent where possible, for example to use the communal laundry facilities on site. One person told us, "I try to do as much as I can; I do my own laundry and my own cooking but know I can get help if I need it."

Staff we spoke with demonstrated they knew people's needs well and they had good relationships with people. Staff spoke enthusiastically and with warmth about wanting to provide good care and support for people and they enjoyed working for the service. One staff member told us, "I like working here, I like the team and the manager." Another staff member told us "Working here is very rewarding."

People were provided with appropriate information about the agency in the form of a 'resident user guide' which they kept in their homes. The manager told us this was given to people when they started using service and included information on the standard of care to expect and the services and facilities provided.

People told us they had been consulted about their care and support and their individual needs were identified and respected. Support plans contained people's life history and preferences about their care. One person told us, "I insist on being involved in my care and know everything that goes on." Another person said, "I am involved in making decisions about my care."

Is the service responsive?

Our findings

People told us how the care workers carried out their duties as discussed and in accordance with their care plan. One person said, "They stick to what I want and get on with it." A relative said, "Whilst there is a care plan and this is followed, it is nice too that the care workers are flexible at times when something crops up for my relative."

We saw care files were well organised and easy to follow. People's health care and support needs were assessed, care files included individual support plans addressing a range of needs such as communication, personal hygiene and physical needs. Care files also included people's life histories and staff recorded daily progress notes that detailed the care and support delivered to people. People told us they had a choice in the gender of their carer. One person said "I insist on having a lady carer." One relative we spoke to told us, "The manager always seems to be able to find the right match of carer for my relative, which is fantastic."

Support plans documented people's health needs and these were reviewed on a regular basis to ensure they met people's changing needs. For example, one person required extra visits when they were feeling unwell. One relative we spoke to told us, "They understand my relative's particular needs and respond immediately to any changes, for example, to accommodate health needs." Another relative told us how they had requested extra support over the Christmas period and "The manager sorted this out without it seeming a big inconvenience."

Support plans were person centred and identified people's choices and preferences. Staff knew people well and remembered things that were important to them. For example, one person told us, "They know my preference to sleep in late so don't disturb me." We saw staff verbally communicating with the manager and each other about people's needs throughout our inspection. For example changing the time a person wanted to have their care to be delivered. Following this verbal communication a text message was sent to the respective carer confirming the change of time and was noted in the communication book.

We saw the service had a complaints policy in place and the procedure was displayed in the main office and available in people's care files for reference. One person told us, "I know how to make a complaint and would do if I felt the need." Another person told us, "I know to find the complaints policy in my care file and know that the manager would sort it out." We noted there were no complaints received to date but the manager told us if any complaints were made a full investigation would be undertaken in line with the providers complaints policy.

Is the service well-led?

Our findings

The provider had systems in place to monitor the quality and safety of the service. Records demonstrated regular audits were carried out at the service to identify any shortfalls in the quality of care provided to people using the service. These included call bells, accident and incidents, support plans and complaints. We saw that prior to our inspection the manager had identified that people's care files did not contain detailed risk assessments and was in the process of implementing these.

Regular spot-checks were carried out to ensure that staff were wearing their uniforms and identification badges, that they were punctual and were meeting people's needs. This enabled the managers to have an oversight of the service and to remedy any risks which might affect people's health, safety and well-being. One member of staff told us, "The manager does spot-checks whilst we are with the client which helps, but I have had no problems."

The service had a registered manager who had been in post for some time and was knowledgeable about the requirements of a registered manager and their responsibilities with regard to the Health and Social Care Act 2014. Staff understood their responsibilities to share any concerns about the care provided at the service. They described a culture where they felt able to speak out if they were worried about quality or safety. One member of staff told us "I would report any safeguarding issues to the manager and I know she would deal with it." Another said "The manager is one in a million, any problems it will be solved even when she is not at work, we can call her anytime". Relatives we spoke with told us "I've not had to raise any concerns, but I would feel confident to do so and expect a satisfactory response." Another said "They meet the high standards I have set for the care of my relative I feel very grateful that my relative is part of this service." A person who used the service told us "The service I get is superb."

Staff told us they were happy working in the service and spoke positively about the leadership which was receptive to staff input. One member of staff told us, "Everything is good here; I like the manager and the team". Another member of staff told us, "I do think the service is well managed, the manager is always available on the phone when she's not here and attends the office when needed. It's a good balance of letting us do what we need to and being offered support." And a third member of staff told us "I like working here, I like the team and the manager." Staff also told us that the manager was really supportive and operated an open door policy.

Regular staff meetings were held and helped share learning and best practice so staff understood what was expected of them at all levels. Minutes of these meetings confirmed discussions took place around areas such as safeguarding and ensuring support plans were completed accurately and legibly. One member of staff told us, "We discuss residents' needs and feedback changes, the team is very good." Meetings kept staff informed of any developments or changes within the service.

The provider carried out resident surveys on an annual basis to provide people with the opportunity to give feedback about the service. Results were analysed and action plans implemented where appropriate. For example, appropriate clocks were made available for people living with dementia to help them to easily tell

to the time. We saw staff surveys had recently been sent out but not analysed at the time of the inspection. Overall the feedback was positive and the manager told us once the feedback was analysed the information would be used to produce an action plan and make improvements at the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Detailed risk assessments were not carried out to identify risks to people's health and safety.</p>