Guideposts Trust Limited

Guideposts Trust Limited - 82a High Street

Inspection report

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09 August 2016

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

The inspection of the office took place on 02 August 2016, and was an announced inspection. The manager was given 48 hours' notice of the inspection as we needed to be sure that the office was open and staff would be available to speak with us. On 03, 04 and 09 August 2016 we visited people who received care and support and talked to staff.

Guideposts Trust Limited provides a 'shared lives' service for adults who need support and who want to live as part of a family or household. It is an alternative to residential care for people and provides a flexible form of accommodation, care or support inside or outside the Shared lives carer's home. It provides services for people with learning, physical or sensory disabilities and people with mental health problems. The service provides long term placements, short term placements and respite care. It is responsible for co-ordination between the people who use the service and the carers with whom people live.

For the purposes of this report we will refer to those who provide support as 'carers'. At the time of our inspection the service was providing support to 43 people, however just 34 people received 'personal care' support regulated by the Care Quality Commission.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 and associated Regulations about how the service is run.

During our inspection we looked at how the service managed the recruitment of carers to support people, how they matched people needing support to the carer who supported them. We also looked at how the service ensured the carers were trained and how they reviewed the care and support people received to ensure their needs were fully met.

There was a close collaboration with social workers and health professionals who were involved in the oversight of the processes and care management of the people who used the service. The staff directly employed to work in the provider`s office were responsible for recruiting carers who provided the care and support that people needed within their own families or households. Carers were self-employed and contracted to collaborate with the provider and signed a contract when they agreed to sign up to the shared life scheme.

People were safe and the carers we spoke with were knowledgeable about safeguarding procedures and how to keep people safe from the risk of abuse. The provider had processes in place to identify and manage risks, however not all identified risks had risks management plans developed in people`s care plans.

People received care from carers who knew them well and were able to meet their needs in a family like environment. We found that the training carers received was comprehensive when they first started their

collaboration with the service; however refresher training was not always done in a timely manner. The provider had identified this and they scheduled the training staff required. Carers understood the need to obtain consent from people when providing care and support. People who were not able to communicate their decisions received care and support which was agreed by health and social care professionals to be in their best interest.

People were supported with meals and to make choices about the food and drink they received. Carers supported people to maintain good health and access health services when needed.

When people started using the service comprehensive assessments were carried out which looked at their identified care and support needs but also at the environment they were moving to. Personalised care plans were in place which reflected individual needs and preferences, however these were not always updated to reflect people`s changing needs or the current support they received.

The staff employed at the office carried out quarterly visits to each person and their carers to carry out health and safety checks, supervision with carers and to check if the care and support people received was safe and met their needs. These meetings were recorded and clearly documented any issues if found, or people`s changing needs, however this had not triggered a care plan update or changes to the plans of support people received.

The provider had recently changed the governance systems they used to monitor the quality and the effectiveness of the service. The new systems were very new and not entirely efficient or consistent. However the registered manager had identified this and they were constantly monitoring and improving the systems used.

The provider had recognised that the carers who opened their family home and cared for and supported a person as part of their family, often for years, needed a support network around them to help them cope with all aspects of the job. They were developing regular carers' meetings and an on-line support network where carers could communicate and support each other by sharing their experiences.

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.

People were helped to stay safe by carers who knew how to mitigate the risks to their well-being, however risk assessments were not always recorded or developed in people`s care and support plans.

People were encouraged to manage their own medicines, carers were appropriately trained and their competency checked if they had to administer medication to the person they supported.

Carers knew people well and knew how to safeguard them from harm. They were knowledgeable about reporting any concerns they had to management and local safeguarding authorities.

Carers and staff working in offices were recruited following a robust recruitment procedure.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff and carers were appropriately trained and supported to understand their responsibilities and provide the support people needed when they signed up for the scheme, however refresher training updates were not always done in time.

People were supported to eat and drink sufficient amounts to help them maintain a healthy balanced diet, however there was no record of monitoring people`s weight or support plan`s developed for people who were identified as lacking appetite or overweight .

The manager, staff and carers understood the requirements of the Mental Capacity Act 2005, and ensured that people were appropriately supported by their next of kin or advocate in making difficult decisions.

People had access to healthcare professionals, carers supported them to attend appointments and keep a healthy lifestyle.

Is the service caring?

Good

The service was caring.

Carers and the people they supported spoke positively about the care and support they were given.

People were helped and supported to acquire basic life skills to help them become more independent and plan for independent living.

Staff and carers enabled people to take part in their own care and support planning and to make their own decisions about the support they needed. The staff contacted advocacy services to support people when this was needed.

Carers protected people's privacy and ensured they were treated with respect.

Is the service responsive?

Good

The service was responsive.

People took part in their care and support planning and received support that was tailored to their individual needs.

People were supported in following their preferred lifestyles, activities, education and interests.

Carers and people receiving support were confident that they could raise any concerns, and that they would be listened to and dealt with appropriately.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The quality assurance and audit systems were not always effective.

People`s care records did not always reflect their current needs and the support they received.

There were no regular surveys carried out to request people and their carer's views about the service.

The staff and carers had a clear understanding of the service's vision and values and placed people in the centre of the care and support delivered.

The registered manager was working to implement new quality monitoring systems and improve the quality of the care and support plans to better reflect people`s needs.	

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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.

This inspection took place on 02 August 2016 and was announced. The provider was given 48 hours' notice because we needed to make sure the office was open and staff would be available to speak with us. On 03, 04 and 09 August 2016 we carried out visits to carers and people and telephoned carers to gather their views about the service. The inspection team consisted of one inspector.

Before the inspection we reviewed information we held about the service including statutory notifications relating to the service. Statutory notifications include information about important events which the provider is required to send us. We also requested feedback from social care professional's familiar with the service.

On the day of the inspection we spoke with the provider and two staff employed at the provider's office. After visiting the offices, we visited two of the carers who supported people in their home. We met with three people who received support. We also talked to two carers on the telephone who supported three people.

We looked at four people's care records and examined information relating to the management of the service such as staff support and training records and quality monitoring audits.

Requires Improvement

Is the service safe?

Our findings

People receiving support had risk assessments put in place and guidance for carers how to manage these risks. These were appropriate to each individual person, and included risk assessments of physical limitations within the home such as steps or stairs, wheelchair use, travelling unaccompanied on buses or trains and support for people with their families and friendships. However we found that over time when people`s needs changed and risks emerged in areas like nutrition, skin and pressure care these were identified in the monthly reviews by staff however care and support plans were not developed to accurately reflect the current needs of the people and the level of support they needed. For example we saw in one of the reviews that a person was seen by the district nursing team as they had developed a pressure ulcer. There were no records to indicate what measures were put in place besides the nurses visits to protect this person`s skin and protect them from developing further pressure ulcers.

Carers we spoke with told us they prepared a monthly report for staff at the office where they detailed any issues, accidents or incidents. This meant that there were no detailed records to evidence what support people needed daily and if the support they received was according to their care and support plans. The monthly reports prepared by carers for the office staff was not comprehensive enough to detail all the risks involved when people`s needs changed. This was an area in need of improvement

Carers had medication management training before they could have a person to live with them in their own home. The training ensured that they understood, how to support people who could manage their own medications, (for example checking if they had taken them, or prompting them to take them); and people who needed physical support with opening packets, or checks that they had been able to swallow them. Carers were trained in the use of 'as required' (PRN) medicines, and supporting people with purchasing and taking over the counter medications, where this was appropriate for them. Where people had specific health care needs such as epilepsy, carers were given additional training and competency checks to ensure they could support them effectively with emergency medications.

The majority of people we talked to were able to manage their own medicines and required very little help from carers. For example we spoke with two people who were prompted to take their medicines, and sign their own Medicine Administration Records (MAR) for record keeping. People separated their own medicines into weekly doses, and asked staff for the doses every week. MAR charts were signed there were no gaps, however we could not reconcile medicines as there was no start date recorded when the four week cycle started and the number of medicines remained from one stock to another was not carried forward. We could not check MAR charts for people from dates previous to the inspection as the office had not collected old MAR charts and they were left in the carer's homes. One carer we spoke with told us that office staff usually checked the medicines when they carried out their review visits.

People who were able to talk to us said they felt safe and happy in their placements. One person said, "I am safe and I am happy." Another person said, "I'm safe and happy here, I think I am important."

All of the staff working at the service and carers were trained in safeguarding adults and knew about the

different types of abuse that people could experience. They were knowledgeable about how to enable people to keep safe and how to report any concerns internally and externally to local safeguarding authorities. One person who used the service told us, "If I go to the shops on my own I let [name of carer] know and when I come back as well. I know how to keep safe."

We saw, and carers told us, that when they signed up to the shared lives scheme and offered accommodation to people in their own homes, staff from Guidepost Trust Limited carried out a thorough health and safety assessment of the home environment and considered any risks involved in people moving into their home. We found that there were thorough risk assessments for all aspects of carers' personal, family, social life and health to determine if they were suitable to care for people in their own homes. For example the staff assessed the risks for every person in the carer`s household to determine their suitability for having people who needed support to live in their home with them. This included assessments for the main carer's husband, wife or partner and children.

An independent panel of social workers, health professionals; people who used a similar service and carers reviewed each assessment done by staff at Guidepost Trust Limited. They analysed the information, risks and made recommendation on the safety and suitability of the proposed placement. This approach helped the service to ensure people were safely placed and they were protected from the risk of harm.

Carers were knowledgeable and they confidently described how they reported accidents or incidents to the staff at the office. Accidents and incidents were reported as they happened and discussed in the monthly reviews people had for what measures were needed to prevent these from happening again. These were also reported to people`s social workers and to the provider in a weekly report submitted by the registered manager.

Safe and effective recruitment practices were followed to help ensure that all carers were of good character and suitable for the roles they performed. The registered manager conducted all the necessary pre-employment and identity checks before carers were contracted to deliver the service. Carers and every member of their household above the age of 16 had a criminal record check, written references, and a medical check. Carers told us they had been appointed after an interview and offered a contract once references and other checks were completed.

Requires Improvement

Is the service effective?

Our findings

Carers were required to show their understanding of supporting people with their nutritional needs, and this was discussed as part of their initial assessments. Discussions took place about the specific needs of people receiving support, to ensure that their carers would provide them with a varied diet suitable for their needs. One carer told us, "When I was interviewed by the manager part of the interview I had to cook them a meal to make sure I had the basic skills to support people with this."

People receiving support had detailed care and support plans which showed if they could help to prepare their food, and how much support they needed in the kitchen. Some people had lunch out when they attended day care centres or college. However we found where people were identified as lacking appetite in the monthly reviews or overweight, carers were not monitoring people`s weight and there were no detailed care and support plans to guide carers how to manage people at risk of malnutrition or obesity. One carer told us they were keeping a record of people`s weight from their own initiative and not because it was a requirement. They told us that the people they supported had a small appetite and they wanted to keep an eye on their weight. They told us that one person they supported was at risk of putting weight on because of the medicines they were taking not because of their nutrition. The monthly report the carers prepared for staff at the office had not covered information about risks of malnutrition or obesity. We discussed this with the provider who said they will be introducing this in the monthly reports.

People were happy with the support they received and they felt the carers knew them well and the support they received met their needs. One person told us, "I have all the help I need. I am happy and I like it."

Carers were required to carry out training before people who needed support moved to live in their home. Their training included knowledge and skills in caring, health and safety, safe storage of chemicals, first aid, safeguarding adults, and medication. Staff assessed the carer's ability to communicate clearly, and their understanding of the training they had received. They used the Skills for Care, 'Common Induction Standards.' Skills for Care is an organisation that offers workplace learning and development resources and works with employers to share best practice to help raise quality and standards in the care sector, as part of the assessment processes and in line with new legislation carers were commencing the 'Care Certificate'.

However we found that after the initial induction training the refresher training for carers often elapsed and this meant that carers may not have had up to date knowledge about recent changes in legislation or best practice. The registered manager had identified this prior to our inspection and they were scheduling training for carers to bring their training up to date. The provider told us they were confident that by the end of the year all carers should have completed re-fresher training in all the topics identified as outstanding.

Carers providing the placements told us that they had received training which supported them, such as health and safety and lone working. However some carers told us that because of the changes in management in the last two years and the changes in the governance systems they not always had effective support from a manager. They also told us that the registered manager had recognised that this was an area in need of improvement and they organised carers support evenings and were implementing a carer`s

network to address this issue. One carer told us, "Sometimes things are slow and we [carers] don't always get the support when we need it." However they also told us, "The new manager is trying to improve this and we had meetings with other carers where we can talk and share ideas." Carers also told us they could ring the office and talk to staff who were available to give them advice and support if they needed it. One carer told us, "I could not have done this for over 10 years without the help of the staff in the office. They are always available if I need support."

Carers were visited by an allocated staff from the office and supervised on a regular basis, any issues were then discussed along with any further training needs. These meetings included checks and assessments of how well they were supporting people with their care as well as assessments of their own health needs, family concerns, and day to day living.

Staff and carers had been trained in Mental Capacity Act 2005 and Deprivation Liberty Safeguards (DoLS). DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. In Shared Life's services the process involves the court of protection. Some people receiving support lacked the capacity to make informed choices for difficult decisions about their care and welfare. These people were supported through 'best interest' meetings with their next of kin if they had any, health and social care professionals, and advocates, for any decisions for which they needed support with. Advocates are independent persons who represent and work with a person or group of people who may need support and encouragement to exercise their right, in order to ensure that their rights are upheld.

Staff carried out detailed processes to find out about carer's own preferences, so that they could consider all the aspects of people's lives when matching them to the carers who would be the best for them. This ensured that people who liked activities such as outdoor pursuits, sports, gardening, craft activities, films, cinema and different types of music would be matched as far as possible to carers who had the same type of lifestyle and preferences. This made it easier for people to understand one another and share the same interests which helped in building positive relationships. Staff also assessed the lifestyles and preferences of other family members to see if the person receiving support would be compatible with other family members and checked if people liked pets if this was applicable.

Carers were assessed for their own health needs and informed staff if they had any health concerns. Many carers had other people within their family who acted as 'support carers' to the people who lived with them, and who had the same checks carried out as the main carers. These people could provide support for people if the main carer became ill or needed a break from their usual caring responsibilities.

Each person receiving support had a health action plan in place. Carers supported people with attending health appointments such as GP appointments, dentists, opticians and chiropodists. Some people required support to attend out-patient appointments at hospitals, or with mental health services. Carers checked with people's doctors and community nurses if they needed on-going health support such as blood pressure, blood tests and flu vaccinations. One carer told us they supported people in their care to attend regular health checks and medication reviews with people`s GP`s.

Good

Is the service caring?

Our findings

People who received support were happy with the carers and the support and placement arrangements. One person told us, "I can be independent and do things on my own." Another person told us, "I need the carers to go with me everywhere and they are nice and help me do what I like and want." Carers we spoke with told us they considered people in their care part of their family. Some people lived with their carers for over 10 years; they were going on holiday together and were happy and content living a full life. One carer told us, "I care for [people`s names] for over 10 years. They are part of my family, I know them so well. We went on holiday together and we enjoy each other's company."

We found that people using the service were cared for and supported in a family like environment and had a high success rate in placements which had a positive impact on people`s life. People developed basic life skills necessary for them to live an independent life. One person told us, "My goal is to be more independent." This person was independent with personal hygiene needs and their medication however they needed supervision and support with all other activities such as ironing, going out and even when they were working as a volunteer. They told us they purchased a special oven and they were learning how to use it and be more independent with their meal preparations.

Another person who lived half their life in a specialist centre for their health condition was referred to the scheme. They needed intensive care and support from the carer at the beginning; however due to the support they received they had become more independent and were able to move independently. They had lived independently in their own home for the last year, with daily support from their carer. They were living a full and varied life as an active member of the local community.

People were encouraged to take part in the decisions about all aspects of their care. They were involved in decisions about the placements so that they could find out what the home was like, if it was in the town or country and if they thought they would get on with the carer. There were meetings arranged for example, visiting for tea, for an activity, for an evening, or to stay overnight in the carer's home. This enabled the person and the carer to discuss the person's care and support needs and identify if the carer might be the correct person to support them. People`s care and support plans were reflective using people`s voice about their wishes and goals in life and what support they wanted and needed from their carers.

Support plans included people's ability to communicate. For example, a care plan stated that one person needed time to process information so they should not be rushed. Another person's plan stated that a person could communicate clearly and could use a phone to contact their carers if there was a need for it.

There were processes in place to access advocacy services if people needed support with making decisions, and did not have anyone suitable to help them.

People told us they felt their privacy and dignity was protected by the carers. Confidential information about people was locked away in the home they were living in and only used by them and the carer. A copy of people`s care plan was kept in the office.

Good

Is the service responsive?

Our findings

People were supported by their carer's and social workers to develop their care and support plans and to identify the activities and the life style that they preferred. People's care and support plans had different sections to help them to think about different aspects of their lives. The information in care and support plans was captured in an easy read and pictorial format for people to be able to understand and agree to their planned support. Care and support plans included people`s preferred ways of communication, daily activities and goals they wanted to achieve in the future. We found that people had a well-planned daily activities schedule which enabled them to live an active life and be part of the community. For example, one person was working as a volunteer for charity organisations, in a café and had regular social outings with other people supported by the organisation. They told us, "I like going out I have friends."

Care and support plans showed if people had a set daily routine, or is this differed for example at weekends. Preferences were highlighted such as if the person preferred a bath or shower, if they liked to visit family or friends, if they liked to attend day centres and if they liked to spend time with others or preferred to spend most of their time on their own.

Care and support plans also showed if people worked and included the details of the work they carried out, how they travelled to work and if they needed support out in the community. Some people attended day care centres. There were detailed plans in place to remind and help carers to understand how people communicated. For example one support plan detailed, 'I can communicate with other people well. My non-verbal communication is very good. I have a very expressive face." For another person who could not communicate with words the emotions and behaviour they used to communicate was captured in their care plan. For example, "When I am happy I smile and giggle. When I am sad I cry. When I am hungry I look towards the kitchen. When I am unwell I rub my head, cry and sleep a lot." This meant that the care and support people received was caring, took account of their feelings and moods and met their needs.

Carers supported people to maintain relationships with family members where appropriate and to keep in contact with their friends. People were supported to phone, email or to use facetime as well as to visit them. Some people received respite care whilst their carers went away on holiday or they went on holidays with their carers if they wanted or their needs allowed.

Staff from the office made regular visits to each home and these visits included having a discussion with the person receiving the care to ensure they were happy and did not have any problems or worries. People told us they felt listened to and did not have a problem in talking to their carer or the manager.

There was a complaint procedure in place and people had a pictorial and easy read format which explained them who to raise their concerns too. We found that there were no complaints recorded at the service and people told us they were happy and had no reason to complain.

Requires Improvement

Is the service well-led?

Our findings

There was a newly registered manager in post who had worked at the service for five months. They were implementing new quality monitoring systems and getting themselves familiar with the needs of the people the service supported.

When we inspected the office on 02 August 2016 we talked to the provider. They told us about the areas they were working on to improve with the registered manager. They told us, "We [organisation] are always looking to improve on performance and strive to become more effective, enabling the individuals living in the shared lives arrangements to live more fulfilled lives."

We found that some improvements had been made. For example a monthly report was introduced for the carers to complete for the staff at the office to give the registered manager an overview about the support people received. However we found that this was not comprehensive enough to detail people`s current support needs and the risks to their well-being. For example weight for people was not monitored to trigger a review of people`s nutritional needs in case they had lost or gained weight.

Care records detailed thorough assessments and several reviews in the first year after people moved in with their carers. However the quarterly visits carried out by staff from the office where they discussed people`s current needs with the carers had not triggered a review or development of care and support plans for the current needs. For example we found that in a review staff recorded that the person they visited had been seen by the district nurses because they had developed a pressure ulcer. However there was no risk assessment or care plan in place following this to detail how the service was contributing to the prevention of new pressure ulcers developing and how to protect the person`s skin.

Another person was identified at risk of choking. Although guidance was available for staff in how to manage and mitigate the identified risks by cutting up the person's food and assisting them to eat, there was no guidance available about how to manage the situation if the person showed signs of choking.

The provider told us they were addressing these issues. They wrote to us following the inspection and told us, "We will use our regular team meetings to conduct training/making sure that all support plans and risk assessments are triangulated and that staff put the protocols that are in place, in the service user files, so that all are aware of the procedures to follow should something happen i.e. the identified risk of choking and what to do should this occur. We will put on file the care plan that is in place to care for and manage the pressure sore from one support plan, as well as the protocol in place which provides the carer clear guidance in case of choking." However this was still an area in need of improvement to ensure every person supported by the service had their care and support plans reflecting their current needs and to give clear guidance for staff in how to meet people`s needs effectively and safely.

We also found that records kept in the carer's house which may require archiving and keeping for several years had not been collected by the management in the office. We asked where were these records kept, for example old MAR charts for us to review them for accuracy and the provided told us they were left in the

carers' home, however they were not able to tell us if the carers were keeping these records or not. Following our inspection the provider wrote to us and told us that they were gathering the information to include in people`s files where the carers were keeping medication records, where these records were stored, collected and archived in line with the provider`s policy.

The provider was in the process of improving the support provided to the carers. During the last activity day they had held in April 2016, many of the carers and people told the provider and the registered manager that they would like more regular meetings so that they had the opportunity to know what was happening in the service and to speak to staff in a more informal setting.

There were regular meetings organised once a month. Carers and people told us they enjoyed meeting other carers and people at these. However these were not recorded so carers and people who did not attend were not able to update themselves on what was happening in the service. The provider told us they will record future meetings and feedback from the carers and people would be recorded to evidence how the service listened to them and how they improved the service following their comments.

The provider developed `Tell us your views ` comment cards to easily gather people, carers or other stakeholder's views about the service. They were planning to send these out to people and carers in due course. The comment cards gave people the opportunity to think about the service and to put their comments anonymously if they wished or they could identify themselves and record their compliment, comment or concerns about the service.

There were regular health and safety audits carried out by staff in the homes people lived. These ensured that the environment people lived in was safe and well-maintained. However there was a lack of audits to identify the quality of the service provided, for example care and support plan audits. The provider told us they were developing and implementing new systems where all these areas will be addressed.

The registered manager developed strong links with the local community, including working with learning disability service, occupational therapy, mental health services and advocacy services. This provided a network of care for people receiving support and helped ensure that they were effectively assisted in every aspect of their lives.