United Response

Nottingham DCA

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 announced inspection of Nottingham DCA was carried out on 17 and 18 October.

Nottingham DCA provides support and an outreach service to people in their own homes along with a supported living service based at three homes in Mansfield and the surrounding areas of north Nottinghamshire. The service provides support to people with autism, learning disability, physical disability, mental health needs, substance addiction and people transitioning between services.

The service had a registered manager in place at the time of our visit. 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 receiving care in their homes from staff of Nottingham DCA and did not have any concerns about the care they received. Staff knew how to protect people from harm and referrals were made to the appropriate authority when concerns were raised.

Risks to people's safety were identified and managed and assessments carried out to minimise the risk of harm. For example in relation to falls or environmental risks.

People received care and support in a timely way and there were sufficient numbers of suitably qualified and experienced staff employed. Appropriate pre-employment checks were carried out before staff began work at Nottingham DCA.

People who required support to take their prescribed medicines received assistance from staff to do so safely.

People were supported by staff who received training and support to ensure they could meet people's needs. Ongoing training and assessment for care staff was scheduled to help maintain their knowledge.

People provided consent to any care and treatment provided. Where people did not have capacity to give informed consent their best interests and rights were protected under the Mental Capacity Act (2005). People's wishes regarding their care and treatment were respected by staff.

People were supported by staff to maintain healthy nutrition and hydration. People had access to healthcare professionals when required and staff followed their guidance to ensure people maintained good health.

People were treated with dignity and respect and their privacy was protected. People told us they had

positive, caring relationships with staff. Where possible people were involved in making decisions about their care and support.

Staff understood people's support needs and ensured they received personalised responsive care. People knew how to raise a complaint and were confident these would be listened to and acted on.

There was an open and transparent management culture at the service. People, their relatives and staff were encouraged to have their say on their experience of care and their comments were acted on. Quality monitoring systems were in place to identify areas for improvement and ensure these were acted on.

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

Sufficient numbers of skilled and experienced staff were employed to meet people's needs.

People received the support they required to ensure they took their medicines safely.

People were supported to maintain their safety and risks were assessed and managed to reduce risk of harm

People were protected from the risk of bullying and abuse.

Is the service effective?

Good

The service was effective.

People were supported to maintain healthy nutrition and hydration.

People were cared for by staff who received support and training to help them meet their needs.

Where people lacked capacity to make a decision about their care, their rights and best interests were protected.

Is the service caring?

Good

The service was caring.

People and their relatives had positive relationships with staff.

People were treated with dignity and respect and their privacy was protected.

Where possible people were involved in the design and review of their care.

Is the service responsive?

Good

The service was responsive.

People received personalised care and support that was responsive to their needs.

People and their relatives felt able to raise a concern or complaint and were confident it would be acted on.

Is the service well-led?

Good

The service was well led.

There was an open and transparent culture at the service.

People who use the service, their relatives and staff were encouraged to give feedback about the service and their feedback was acted on.

There was a clear management structure in place.

There were quality-monitoring systems in place which were used to drive improvement at the service.

Nottingham DCA

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 17 and 18 November 2016 and was announced. We gave the service 48 hours' notice because the location was a domiciliary care agency and we wanted to ensure there was someone available in the office.

The inspection was carried out by one Inspector. Prior to the inspection, we reviewed information we held about the provider including reports from commissioners (who fund the care for some people) and notifications we had received. A notification is information about important events which the provider is required to send us by law.

Before the inspection, the provider completed a 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.

During the inspection, we spoke with seven people who used the service. We spoke to a support worker, a senior support worker, three team managers, a recruitment coordinator, training coordinator and the registered manager. We reviewed five care records, quality audits, records of meetings and looked at the recruitment files of four members of staff.

Good

Is the service safe?

Our findings

People told us they felt safe receiving care and support in their home from staff at Nottingham DCA and did not have any concerns about the care they received. One person told us, "I'm safe here. I've got two double doors so no one can get in and the staff all keep me safe". A second person said, "Yeah I'm safe here, I just feel safe, it's good." Staff we spoke with told us that maintaining people's safety was a priority for them. One staff member said, "Ah yes definitely, we make sure of that. We do a secure check on each tenant each night. We always ask the tenants on the monthly review if they feel safe and they always say yes. I'm sure they'd tell us if they felt differently."

The staff we spoke with demonstrated a good understanding of safeguarding procedures including signs and types of abuse and their role in raising a concern. Staff that had raised concerns in the past told us that the registered manager had acted appropriately in response. Training records showed that all staff had completed safeguarding training and staff told us they found this useful. One staff member said, "We've had the training and we make the referrals when we need to." A second staff member said, "We've had (training) twice this year. I found it OK, I've done it a lot but it's important to renew it. The managers make sure we all attend." All of the staff we spoke with were aware of the services' whistleblowing policy and told us they could raise an issue without fear of reprimand.

Information about how to reduce risk of injury and harm was available in people's care plans. We saw that the provider had completed assessments to identify and manage risk for a number of areas including trips and falls, and the environment. The assessments include information for staff on how to manage risk and were reviewed monthly or when a person's needs changed. For example, we saw a risk assessment for a person whose ability to mobilise independently had decreased. The person was allocated a ground floor flat to help them maintain as much independence as possible and staff were given guidance on how to support the person with their mobility. Care staff we spoke with were aware of people's needs and the support they required to reduce risk. They told us that, although people were generally independent, they had enough equipment and resources to meet their needs.

Records of accidents and incidents were kept in a central file which enabled the provider to identify any trends or concerns to help manage future risks.

People we spoke with said they felt enough staff were employed to meet their needs. One person told us, "There's always enough people looking after me." A second person told us, "There's always enough people here." This opinion was echoed by staff members. One member of staff told us, "We are fully staffed. That's definitely enough to meet people's needs. We always make sure there is extra staff on if anything happens or things are planned." The provider used a system to assess the number of staff required to meet people's needs safely based on the number of hours of care the person was allocated and the level of assistance they required. A second member of staff said, "For our service we definitely have enough staff to meet people's needs. Based on the person allocated hours if we need extra staff and the hours are there we always get the staff we need." A third staff member added, "We are continually recruiting but we generally have enough (staff). If we are short we have agency workers who are known to our service users who we can call on." We

looked at the staffing rota for the three months preceding our inspection and saw that the staffing levels identified by the provider were achieved for every shift.

The provider had processes in place to ensure staff employed were of good character and had the necessary skills and experience to meet people's needs. We looked at staff recruitment files and saw that all contained evidence that the provider had carried out appropriate pre-employment checks including references from previous employers, proof of identity and a current DBS Check. A Disclosure and Barring Service (DBS) check allows employers to make safer recruitment choices.

People told us they received their medicines when required and had not experienced any difficulty with this. The majority of people managed their own medicines, with minimal support from staff. One person told us, "They (care staff) help me with that, I get them ok", a second person said, "I've no problem with those, the workers get them for me." People's wishes for managing their own medicines were recorded in their care plans, including signed consent forms, risk assessment and competency assessment. Members of staff and the registered manager told us they received regular training on the management and administration of medicines. We saw weekly audits of Medicines Administration Record (MAR) charts were carried out by staff and checked by the registered manager along with monthly audits by the pharmacy. A member of staff told us, "All staff are trained to do that. The manager checks the competency and we have to fill out a test and have an assessment. You can't start meds until you've done that and the manager has observed you doing that".

Good

Is the service effective?

Our findings

People told us they felt care staff had the skills and competency to meet their needs and that they appeared well supported. One person told us, "I think they are trained well." A second person said, "He (care worker) definitely knows what he's doing yeah."

We found that people were cared for effectively as staff were supported to undertake training that helped them meet people's needs. Records showed that all staff had either completed or were in the process of completing the care certificate. The care certificate is a set of standards that social care and health workers adhere to in their daily working life. It is the new minimum standard that should be covered as part of induction training of new care workers. Staff we spoke with told us they welcomed the training they received and felt it helped them to support people and understand their requirements.

Records showed that staff had access to a range training sessions beyond that identified as mandatory by the provider to help them meet people's needs. Staff told us, "We have loads of training here. We had an (corporate) induction, a two week training on e – learning in the office before you can start at the service and then you get a (unit specific) induction at the service and then you are on shadow shifts." A further staff member said, "If there is anything I am struggling with, I can go to [service manager] and they will identify the training that I need and arrange it for me. I might not even know what training I need but the options are always there." A third staff member said, "Training is really good here, we are all up to date." Staff training files we reviewed showed that if staff did not successfully complete their induction training satisfactorily during their probationary period of employment, this was extended until staff had demonstrated they had the necessary skills and competence to meet people's needs safely.

Staff told us they felt supported by the registered manager and management team and were able to talk with them and discuss any issues. A staff member said, "I could go to her with anything. The really good thing is I can go to her with mistakes and she'll look at what we've done and how we can make it right without blame. It's great because then we feel we can be open and honest ." A second staff member said, "(Service manager) is fantastic, the support network is really good. She won't just tell me how to do things, she'll coach me through them to the point that I feel comfortable to take the lead in things." A support worker told us, "My manager is really good. I can ring her anytime and she will reply, even if it is her day off and she is at home. She always pops in to check we are alright." We saw that all staff received a regular face-to-face supervision meeting with their manager. Staff told us they valued these meetings and felt able to be open and honest.

People we spoke with told us and care plans we saw confirmed that people had signed to indicate their consent to any changes and reviews and their wishes were respected. Each care plan included a decision making guidance document which recorded the persons capacity to make a decision for the activity and who ultimately had the right to make that decision. We saw evidence in care records that this was put in to practice. For example one person's care plan indicated they had a severe physical disability and challenging communication problems. Their support plan stated that if they refused their medication staff must respect this. The plan included guidance for staff on how and when to offer the medication again and to inform their

GP for advice if they still refused.

Where people lacked the capacity to make a decision the provider followed the principles of the Mental Capacity Act (2005) (MCA). The 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. Staff we spoke with displayed a very good understanding of the MCA and had received training in its application. A staff member told us, "We've had training on MCA. Any training you have makes you more informed." We saw that the service worked with other healthcare providers and support agencies to ensure that decisions were made in people's best interests in the event they lacked capacity. The service had very good established links with the local community psychiatric team and the Nottinghamshire Intensive Community Assessment and Treatment Team (ICAT).

People were supported by staff to maintain healthy nutrition and hydration. This included making people regular drinks and supporting them to make meals. One person told us, "The food is good, we do cooking and it's alright. We get to choose it. We sometimes do it ourselves but the staff are fantastic", a second person said, "I cook myself, I go shopping on my own, but if I want anything different the staff can come with me." We saw that although staff encouraged a healthy diet, they respected people's wishes to make their own decisions and choose their own meals. One person had gained weight and asked staff to support them to attend a weight management class. The person was very proud of their achievement in managing their weight and indicated they would not have attended the classes without staff support.

People had access to health professionals when required and the service was proactive in making referrals and requesting input when required. Staff told us, "If someone is ill we get them an appointment or more often encourage them to make it themselves". Peoples care records showed regular appointments with the optician, dentist, chiropodist and district nurse. Staff told us, "We have really good relationships with Community Psychiatric Nurse (CPN), Community Learning Disability Team (CLDT) and Speech and Language Therapy (SALT). We've had some really good feedback from them."

Care records showed that staff followed the guidance of health professionals where possible if the person gave consent. For example, one person informed staff they had sore feet due to the positioning of their wheelchair footplates. Staff made a referral to the Occupational therapy team for the footplates to be altered and the person's feet were more comfortable.

Good

Is the service caring?

Our findings

People told us they had a good relationship with care staff and felt they treated them with care, respect and compassion. One person told us, "I get on well with them, they are friendly." A second person said, "They definitely are friendly. They are helpful and they've helped me answering questions and using the computer." A staff member told us how much they enjoyed working at the service and how it gave them tremendous job satisfaction. They said, "Oh I love it, I do. Just making sure the tenants are happy and well looked after. Just seeing the smile on their faces makes it a rewarding job." A second staff member said, "I like working for (the provider). What sets us apart is that we are still person centred and that is at the heart of everything we do."

People received a comprehensive assessment when they first started using the service including recording of their preferences for male or female carer, support needs, treatment plans, capacity and dietary requirements. Staff we spoke with demonstrated a good understanding of people's characters and treated everyone as individuals. They were aware of people's likes and dislikes and how this would affect the care they provided. People's religious and cultural needs were identified and staff endeavoured to respect and meet these were possible. For example by supporting people to attend religious services.

Care plans we viewed were person centred and focused on giving staff an understanding of the person as well as their care and support needs. Staff told us they found these useful and we found that they gave a very good understanding of the person, their needs and personality. A staff member told us, "They are useful, we can go off and read them anytime and we have to read them before we start here. We do a monthly change (review/update) of them if something's changed or needs updated." A second staff member said, "We all love the new care plans, they have a lot better guidance and explain how to support people better. They've helped in reducing incidents of challenging behaviour and aggression because staff know what to do straight away".

Care records we reviewed showed that where possible, people and their relatives were involved in the design of their care plans and had signed these to indicate they agreed with them. The service had robust systems to ensure people were involved in the design planning and review of their care and recording peoples consent to treatment. One person told us, "I've got an idea, I know what's in it. Somebody told me about it. It definitely meets my needs, definitely I've no problem with the support at all." A second person said, "I understand what they do. They let me know about it."

During our visit we saw evidence in care records that staff encouraged people to be as involved as possible in making choices and decisions. A staff member said, "We always ask people if they want to be involved but even if they don't we always show them what we've done and make sure they are happy with it." A second staff member said, "I sit with people with their support plan and read it to them or go through it with them to make sure they understand." A further staff member said, "We try and get people involved as much as they can. Generally, people we support have capacity so they can say what they want in their plan like photographs or life histories."

The service manager informed us that a number of people using the service had access to an advocate. People were offered the use of an advocacy and befriending service when they first started at the service and again at care plan reviews. A record of the conversation and people's decision was included in each care plan. An advocate is an independent person who can provide a voice to people who otherwise may find it difficult to speak up.

People told us they were treated with dignity and respect and their privacy was protected. One person told us, "They press the doorbell and don't come in until I say so". People told us that staff were polite and respectful when speaking with them and always called them by their preferred name. Staff told us they always ensured people's privacy and dignity were protected when delivering personal care. One staff member said, "People have keys to their rooms. We'll encourage people with personal hygiene, just be regular prompting rather than telling them or helping them." A further staff member told us, "Most people are independent for personal care, but people's doors are closed at all times. Everyone has their own flat and it's their space. We always knock on the doors and respect that". Another staff member said, "We knock on doors and wait for them to invite us in. We'd never go in if they weren't there. If someone needs personal care we'd make sure they were covered and shut the door."

Peoples confidentiality was protected as staff never discussed care and support in public areas and ensured telephone calls to or meetings with, health professionals were conducted behind closed doors.

Good

Is the service responsive?

Our findings

People told us they received personalised care that was responsive to their needs. One person told us, "Its ok, they look after me, if I want anything I ask them they'll sort it out or whatever."

People were cared for by staff who had a good understanding of their care needs and ensured that the care was provided at the right time. We saw that staff were allocated sufficient time for their call and travel between calls. A staff member told us, "I always have enough time for my outreach. In fact I'll often have more time there; my manager is really good and understanding with that." People told us staff generally arrived on time and stayed for the allotted duration. They told us they knew which member of staff would be calling and were informed if the staff member was going to be late or a different person was calling. One person told us, "It's always the same staff who press my doorbell. I know all the workers and they make sure I'm alright and tell me not to forget appointments and that". A second person said, "He always turns up on time, it's mostly (support worker) if he's off they let me know definitely." A third person said, "I always know who will be here. It's right that they tell me if there is a change, they are pretty good."

Staff we spoke with had a good understanding of people's needs. There was an effective system in place to ensure that staff were informed of changes to people's planned care; this included a handover of information between shifts and regular team meetings.

Staff we spoke with told us they aimed to provide person centred care and they respected the choices people made. For example, one person who required assistance with personal hygiene requested that male carers should not be present. The provider had worked with them to produce a support plan and guidance which enabled their wishes to be respected. A staff member told us staff received training on person centred care. They said, "We have a lot of tools we use to promote person centred thinking and the training helps to bring these to life for staff." A further staff member said, "We match the support we offer to what people's needs are. The people using the service helped choose the staff working here. We look at what a person likes and support them with that."

Staff offered people support where required but encouraged people to be independent when they could. The outreach team and job coach for the service had worked with people to support them into paid work or to take part in activities they were previously unable to do. A staff member told us, "One person …was desperate to work. They'd never worked before due to anxiety. We supported them to get part time work matching their skills. They were supported by our job coach at the interview and now they have two part time jobs. The job coach accompanied them for the first few days to get them settled. Now they are so happy they tell everyone, they are so proud and confident." They continued, "It makes you proud of what you are doing. You have to remember to celebrate these successes." We saw a record of an assessment of this work which stated, '(Persons) job has also fostered the development of a large network of work colleagues and friends – creating and maintaining positive relationships is something (they) have struggled with in the past. This has contributed to their ability to connect with their local and wider communities as they continue to meet with friends and colleagues outside the workplace on a regular basis'.

Another staff member gave us a further example of the support they gave people to maintain and increase their independence. They told us, "We have one person who is moving into their own flat after being with us. They have gone form requiring 84 hours per week of support to living independently with just 13 hours of support. They have been living with less and less support so they've got used to living without staff around." We saw that a further person was supported by staff to give a talk about the care they received known as 'active support' to a conference. Staff made the event into a trip out by going shopping and for a meal after the talk.

People told us they would be happy to raise an issue or complaint at the service and were confident they would be listened to. One person said, "I could speak to the manager or any of the staff. I know they would look after me." A second person said, "Everything's alright but if I wasn't happy I'd speak to the staff. They would sort it out."

People received a copy of the complaints procedure when they began using the service. Staff were aware of the complaints procedure and knew how to advise complainants. A staff member told us, "Everyone knows to have a chat with a team leader. If they wanted to complain about someone in particular they have good relationships with all the staff so they know who to talk to." We saw that where complaints were received they were dealt with in line with the providers policy and to the satisfaction of the complainant.

Good

Is the service well-led?

Our findings

There was an open and transparent culture within Nottingham DCA and people felt able to have their say on the running and development of the service. People we spoke with told us they felt they were encouraged to give their feedback about the service they received. Throughout our visit, people told us they were comfortable speaking with support staff, the registered manager and each other.

Staff we spoke with felt there was an open culture at the service and would feel comfortable in raising an issue with or asking for support from, their line manager or the service manager. One staff member said, "It's a very open service. You are supported by everyone. I always see my service manager, they are always around. If I don't see them they are on the end of the phone".

We saw records of staff meetings for the months preceding our visit. These showed that issues including training, rotas and support for people were discussed. Records showed that staff had the opportunity to contribute to the meeting and raise issues and that these were followed up by the registered manager. Staff told us they found these meetings useful and they were able to have their say. One member of staff told us, "Staff have a team meeting. We have a monthly questionnaire, everything is up for discussion, if people want a change we try and arrange it. If staff need more people (staff) we can always request that."

People, their relatives and health care professionals had the opportunity to give feedback about the quality of the service they encountered. The provider had a number of ways of gathering feedback including an annual satisfaction survey as well as regular questionnaires and tenants meetings. Records of the meetings we saw showed that issues discussed included, holidays, housekeeping and activities. Feedback from the surveys showed that people were happy with the service they received. People we spoke with told us they found the residents meeting useful and were happy to make suggestions and felt they were listened to. One person said, "We do get a survey, I get help to fill it in, (my support worker) gives me feedback on it. Nothing needs to change, I like keeping everything the same." A second person said, "There's been quite a few of them (meetings) yeah, they listen to what you say."

We saw that where people made comments or suggestions these were acted on. For example, tenants of one service requested a trip to Blackpool and this was arranged. Following discussion at a staff meeting the provider changed rotas to help staff have a better work / life balance. A staff member told us, "Staff are much happier with this now."

The service had a registered manager who understood her responsibilities. Everyone we spoke with knew who the manager was and felt she was always visible and available. A staff member said, "They (people who use the service) all know who she is and know what she does". Clear decision-making processes were in place and all staff were aware of their roles and responsibilities. Records we looked at showed that CQC had received all the required notifications in a timely way. Providers are required by law to notify us of certain events in the service.

The quality of service people received was assessed by the management team through regular auditing of

areas such as medication and care planning. Where issues were identified, staff took action to address this. For example a care plan audit identified that some consent forms had not been signed. Staff were instructed to support people to review this and sign if they were happy to do so. A further audit identified that daily record sheets had not always been signed. A meeting was held for all staff to discuss the importance of this and ensure they were signed. A further review showed that these interventions had addressed the issues. Any incidents and accidents were reviewed in people's care plans and a central record of accidents was kept at the area office and used to identify any patterns and learning for the service.

The registered manager carried out regular audits and observation of staff practice. These checks identified any areas where improvements needed to be made. All audits were reviewed by two team leaders or managers to ensure consistency and quality.