

Derbyshire County Council

High Peak Community Support

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

About the service

High Peak Community Support provides care and support for people with a learning disability in their own homes. At the time of our inspection the service was supporting four adults who lived together in one house and two adults who lived alone in their own houses. These six people were assisted with their personal care and support needs.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found

People felt safe with the support being provided to them and felt the staff were kind and compassionate. People knew who to contact if they were unhappy with the support they received and believed their concerns would be listened to and dealt with.

Healthcare professionals involved with the service told us they had no concerns about the commissioning of the service or how it was managed. The same support workers supported people most of the time. The provider recognised this was important to people. The provider employed enough support workers, so people's needs could be met in a timely way.

Staff felt they had the right training for their role and all staff went through pre-employment checks. Staff also completed an induction as well as shadowing other staff to get to know people. Staff felt supported by the management team and felt they were available whenever the staff needed guidance.

Support workers had training about how to manage medicines safely and in line with agreed policies and protocols. Support workers followed safe practice for infection control and supported people to keep their homes clean and tidy.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People supported spoke with the highest praise and regard of the staff that provided support and the management team. People told us staff treated them with dignity and respect and were kind, caring and considerate to them. Staff had built positive relationships with the people they cared for and supported. Staff supported people to retain their independence and to remain involved in planning and reviewing their

care. This helped to ensure care was provided in accordance with people's preferences.

The management team provided staff with effective leadership and were approachable. Audits and checks were used to drive improvements to the service people received. People's feedback was used to make changes to the service. People, relatives and staff were happy with how the service was being managed.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection: The last rating for this service was good (published 2 November 2016).

Why we inspected: This was a planned inspection based on the previous rating.

Follow up: We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

High Peak Community Support

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information

helps support our inspections. We obtained the views of professionals who may have visited the service, such as service commissioners and Healthwatch (Derbyshire). Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

We visited two people who used the service and spoke with three relatives about their experience of the care provided. We also spoke with eight members of staff including the registered manager, the unit manager, the deputy unit manager, a senior support worker and four support workers.

We reviewed a range of records. This included two people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe when staff provided their care and support. One person said, "The staff are very good to me and I feel safe when I'm with them."
- Relatives spoke very positively about the service. One relative told us, "[Name] is very safe in their care. They know how to keep [name] safe and well."
- Policies and procedures in place were in line with the safeguarding protocols set by the local authority. Staff had completed training in safeguarding adults.

Assessing risk, safety monitoring and management

- Risks to people's safety were assessed and information was recorded in people's support plans detailing the support they required from staff to manage the identified risks.
- Staff spoken with were aware of any risk assessments in place and told us these helped to keep people safe from harm.
- Accidents and incidents were monitored monthly by the management team to ensure any triggers or trends were identified. Where necessary, appropriate referrals were made to healthcare professionals.

Staffing and recruitment

- There were enough staff employed to ensure people received care and support at the agreed times. People were supported by regular staff that they knew well.
- A process was in place for other staff to cover any annual leave or sickness. These staff had been introduced to people and worked with them, so people were never cared for by staff they did not know. This was very important to people.
- People were supported by staff who had been through a robust recruitment selection process. This included all pre-employment checks, such as references and a criminal record check.

Using medicines safely

- People received their medicines when they needed them.
- Staff received training to safely administer medicines for people.
- The management team ensured regular audits and spot checks of the staff's working practices were completed when administering medication.

Preventing and controlling infection

- Infection control measures were in place to stop the spread of infection. Staff were aware of and following the infection control policy and procedure.

- We observed staff using personal protective equipment, such as, gloves and aprons, when providing personal care to people and during meal preparation.

Learning lessons when things go wrong

- There was regular management monitoring and analysis of any health or safety incidents involving people. This was used to check for any trends or patterns that may help to inform or improve people's care when needed.
- Staff said they felt comfortable speaking up when things may have gone wrong and this would be discussed with how they could learn from it.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Prior to people using the service, the management team undertook a needs assessment. This was done in consultation with people, advocates and family members. This assessment was used to determine if the service could meet the person's needs and to inform their care plan.
- Assessments identified people's care needs and provided staff with guidance on how to meet these needs in line with best practice guidance and people's preferences. For example, where people required specialised diets or alternative methods of communication. Good communication between management and care staff meant people's needs were well known and understood within the team.

Staff support: induction, training, skills and experience

- People were supported by staff who had ongoing training in areas which the provider had identified as relevant to their role. For example, food hygiene, health and safety and person centred care.
- Relatives told us they had no concerns about the staff's skills and experience when supporting their family member.
- Staff received regular supervisions to enable them to fulfil their role. There was no formalised appraisal process in place. The registered manager said the providers appraisal format was not suited to this service and they were therefore looking for a more suitable arrangement to provide staff with a meaningful appraisal.

Supporting people to eat and drink enough to maintain a balanced diet

- People who received support with meals told us the staff always asked what they wanted. People were able to tell the staff how they wanted the meal to be prepared and the staff listened to this.
- We saw speech and language therapy (SALT) assessments in place for people who were at risk of choking. A support worker told us, "This information is in support plans and would travel to hospital with the person, so that other staff are aware of the person's needs. We are supported by the SALT team and can go to them for guidance or a re-assessment if we think this is needed."

Staff working with other agencies to provide consistent, effective, timely care

- People were supported by staff who knew them well. Where people needed additional support from other agencies the staff helped coordinate this.
- The unit manager told us staff worked in partnership with other healthcare professionals. This helped to ensure they captured as much information as possible to develop personalised support plans for the people they supported. This was seen in care records.

Supporting people to live healthier lives, access healthcare services and support.

- Staff were vigilant to changes in people's health and sought advice from healthcare professionals when required
- Support plans provided staff and healthcare professionals with the necessary information about people's medical conditions, their communication needs and how best to support the person.
- The feedback we received from healthcare professionals confirmed staff followed their advice to enable people to maintain good health.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty

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 had the appropriate legal authority and were being met.

- Staff had received Mental Capacity Act 2005 (MCA) training and were able to demonstrate an understanding of the requirements of the MCA and what this meant for people using the service.
- We saw one person had an authorised deprivation of liberty in place, which had been authorised by the court of protection. The person, staff and a social worker had all been involved in making this decision and agreed this was in the person's best interest.
- People's capacity to make decisions was recorded in their support plans. We saw staff sought their consent prior to providing support and enabled people to make their own decisions and choices.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives, we spoke with were all very positive about the care and support provided. One person said, "I am happy with things just as they are."
- One relative told us, "The staff are so good, they are real carers, [name] is wonderfully looked after." Another relative said, "[Name] is very happy and this is the real measurement of the care they receive. I have found the carers to be very friendly and supportive. The management are approachable and proactive whenever I have to contact them. I feel lucky that [name] is looked after by carers we can trust."
- Staff were passionate about the care they provided and said they were able to get to know people as individuals and what was important to them.
- Protected characteristics under the Equality Act were considered. For example, people were asked about any religious or cultural needs so these could be met. The provider had policies in place to ensure they protected people's, and staff's rights, regarding equality and diversity.

Supporting people to express their views and be involved in making decisions about their care

- People felt they had control of their support and were able to make decision about their care.
- Staff regularly met with people to ask their views of the service and if they wanted any changes made. We saw discussions were recorded in support plans and saw where changes were made to care and support when people had made suggestions.
- One person we spoke with was very keen for us to confirm we would not be changing anything in relation to their care and support. They told us, "Everything is just as I want it. I'm very happy with things just as they are and do not want anything to change." We explained to the person what our role was and how it was not our remit to change their care package.

Respecting and promoting people's privacy, dignity and independence

- People's independence was promoted and encouraged according to their capabilities and abilities. For example, some people were able to undertake some tasks relating to their personal care and preparation of food.
- We saw where appropriate, safeguards had been put in place to allow people to go out into the local community with the support of staff.
- We found staff spoke to people with warmth and respect, and staff considered people's privacy and dignity. One person told us, "The staff are all lovely."
- A staff member was the 'dignity champion.' Their role was to cascade their knowledge of the latest best practice and guidance to all other staff.

- The service had recently renewed their 'Dignity Campaign Award.' They had to answer questions and provide evidence, to the campaign award committee, with examples showing how they promoted peoples' dignity. The unit manager told us they had completed the first level and had been encouraged to complete the higher award, which they were considering.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People told us they received personalised care that was responsive to their needs. People, and their relatives had been involved in compiling their support plan and agreeing the support they needed. One relative told us, "We're involved and kept up to date with everything, there's no problems at all."
- Each person had their support plan in their home. Care records contained information about people's daily routines and an assessment of people's needs that included how any identified risks were to be managed.
- Plans provided guidance for staff about everything they needed to do and how people liked their care provided. Plans were written in a person-centred way, meaning that people's wishes were central to the support they received. For example, we saw when a person had problems eating or swallowing they were referred to the speech and language therapy team (SALT) for input and support.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified, recorded and highlighted in support plans.
- Where people had specific disabilities that affected their communication, the provider used a range of techniques to communicate with people such as large print, white boards and pictures.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to be involved in a range of activities that they enjoyed.
- One person told us, "I'm going out to the café for lunch today. I've been on holiday with staff and we've recently been to Blackpool." This person also told us they liked art work and proudly showed us their work and what they had planned to do next.
- Another person had routines in place to promote their independence and keep them involved in the local community. They told us, "I'm going to the shops today to get some food and then to the pub for a drink."

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure which people had a copy of. This was available in an easy to read format, with large font and colourful pictures.
- The unit manager told us they had received no formal complaints since our last inspection but had dealt

with some minor concerns that had been resolved.

- People and relatives, we spoke with had no complaints or concerns about the service. One relative said, "I couldn't complain about anything, the service is excellent."

End of life care and support

- At the time of our inspection, no one being supported was living at the final stages of their life. The unit manager explained that if they were asked to support people who required end life care staff would be suitably trained in this specialist area.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The management and staff promoted a positive culture within the service. Staff knew people well and supported them to communicate and express their needs. This led to an inclusive approach which empowered people to achieve a good quality of life.
- The unit manager was visible and available to speak with staff when they needed additional support or advice. Comments from staff included; "Most staff have worked here a long time and that's because it's a great place to work," and "We work well together as a team and support everyone, including families."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had met the regulatory obligations for their registration and in relation to their duty of candour responsibility. The duty of candour places legal responsibilities on organisations to be open and honest when things go wrong. The provider was aware of their responsibility to send us written notifications about any important events when they happened at the service to help us check the safety of people's care when needed.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There were systems in place for monitoring quality which were effective. Where improvements were needed, these were addressed and followed up to ensure continuous improvement.
- The registered manager understood their legal responsibilities. They were well supported by a unit manager.
- The management team were open and transparent during the inspection process. They shared areas where they wanted to improve and their vision for the future.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives were supported to provide feedback through informal discussions, meetings and surveys. These had been analysed to look at where improvements could be made.
- Staff meetings were held to ensure good communication and sharing of information. The meetings also gave staff opportunity to raise any issues.

Continuous learning and improving care: Working in partnership with others

- The provider's representatives, registered manager, unit manager and staff team carried out checks and audits of all areas of the service. They identified areas to develop and improve.
- The unit manager was able to tell us about incidents that had required them to reflect upon their practices and make improvements.
- The management and staff team worked positively with key organisations such as, the local authority and GP practices to benefit people using the service and improve service development.