

Leonard Cheshire Disability Derbyshire Individual Support Service

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 inspection was announced and took place on 3 November 2016. The registered provider was given 48 hours' notice because the location provides a domiciliary care service and we wanted to make sure they were available.

Derbyshire Individual Support Service provides personal care for people in their own homes. At the time of our inspection, there were twelve people receiving personal care from the service, including seven older adults. People were living with a range of health conditions and disabilities, such as physical or learning disabilities. There is a named person for the registered provider who is also the manager for the service. This person has a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our last inspection in April 2014, the service was meeting the requirements of the Health and Social Care Act 2008 and related care standards.

At this inspection people received care that was safely planned and delivered by staff who were safely recruited and deployed. People and staff were confident, knew how and supported to report any safety concerns they may have relating to people's care, if they needed to. This helped to protect people from the risk of harm or abuse.

Known risks to people's safety associated with their health condition, medicines or environment were assessed before they received care. Care plans detailed actions that staff needed to follow to help mitigate risks from this, which staff understood and followed. The provider's emergency planning, communication and reporting procedures helped to ensure people's safety in care.

Staff understood and followed the Mental Capacity Act 2005 (MCA) to obtain people's consent or appropriate authorisation for their care. People felt that staff supported them in a way that helped to inform, respect and follow their decisions about their care. This showed staff ensured and protected people's rights and best interests.

People received care from staff who were trained and supported to perform their roles and responsibilities for people's care. Staff liaised with external health professionals and followed their instructions for people's care when required. Staff understood and followed people's personal care plans relating to their health conditions, to help people maintain and improve their health.

People were happy with their care and appropriately informed and involved in agreeing this. Staff were kind, caring and knew what was important to people for their care. Staff understood and followed the provider's stated principles of care, which helped to ensure people's rights, choices, independence and social inclusion.

People's care was individualised, timely and responsive to their assessed care needs, daily living choices and lifestyle preferences. Staff knew how communicate and engage with people in a way that was meaningful to them.

People and relatives were informed and supported to make a complaint about care provided. The provider regularly sought people's views about their care and staff's views in relation to working for the service. Findings from this were checked to inform any care or service improvements that may be needed. People and relatives were overall satisfied with their care and staff were happy working at the service. All confirmed they would recommend the service to family and friends.

People, relatives and staff were confident about the management of the service. There were clear and suitable arrangements for the management, day to day running of the service and for related record keeping. The provider had met their legal obligations to tell us about important events when they occurred at the service. Staff were appropriately informed and supported to carry out their role and responsibilities for people's care, which they understood and followed.

The provider carried out regular checks of the quality and safety of people's care. This was done in a way that demonstrated they continuously sought to improve the service and people's related care experience.

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 ●

People were supported safely by staff who were effectively recruited and deployed. People and staff were confident to raise concerns about people's care and safety. People's care was assessed, planned and delivered to help mitigate known risks associated with their health condition, medicines and environment.

Is the service effective?

Good ●

Staff understood and followed the Mental Capacity Act 2005 to obtain people's consent or appropriate authorisation for their care, which helped to ensure their rights and best interests. People's care was informed through staff training and consultation with external health professionals. Staff understood people's personal care requirements and supported them to maintain and improve their health.

Is the service caring?

Good ●

People received care from staff who were kind and caring. People were informed and involved in agreeing their care by staff who understood what was important to people. Staff followed the provider's aims for people's care, which helped to ensure their rights, choices, independence and social inclusion.

Is the service responsive?

Good ●

People received individualised, timely care that met their assessed needs, daily living choices and lifestyle preferences. Staff were mindful of and promoted people's autonomy and independence. Staff communicated, engaged and supported people in way that was meaningful to them. People's views were regularly sought and they were informed to make a complaint about their care if they needed to. Findings from this were used to inform and improve people's care when required.

Is the service well-led?

Good ●

The service was well managed and led. Management checks and regular monitoring of the quality and safety of people's care, helped to ensure continuous service improvement. Staff understood and followed their roles and responsibilities for

people's care. Records relating to the management and operation of the service were accurately maintained and safely stored. The provider met their legal obligations to notify us about any important events that happened at the service.

Derbyshire Individual Support Service

Detailed findings

Background to this inspection

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

This inspection was carried out by a single inspector who visited the provider's office on 3 November 2016. The provider was given 48 hours' notice because the location provides a domiciliary care service and we wanted to make sure the manager was available.

Before this 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. We spoke with local authority and health care commissioners and looked at all of the key information we held about the service. This included written notifications about changes, events or incidents that providers must tell us about.

During our inspection we spoke with three people who received personal care from the service and a relative. We spoke with the registered manager and five care staff, including a team leader and senior care staff member. We also looked at three people's care records and other records relating to how the service was managed. For example, medicines, staff training and recruitment records, meeting minutes and the provider's checks of quality and safety.

Is the service safe?

Our findings

People told us they felt safe when staff provided their care. People were confident their homes and personal possessions were safe when staff were present. One person said, "I feel very safe; staff know me well; I have confidence in them." Another person told us, "I am safe; I can contact managers if I need to, but I have no concerns about my safety; I get good care."

People, a relative and staff knew how to report any concerns they may have about people's safety and were all confident to do so if they needed to. One person said, "We have information about what to do and who to contact." A staff member told us, "We have clear procedures to follow for reporting any safety concerns." Staff knew how to recognise and respond to any person's witnessed, alleged or suspected abuse. The provider's procedures and related training supported them to do so.

Before our inspection, the provider told us about their action in response to a potential safeguarding incident in respect of one person who received personal care from their staff at the service. Related records we looked at during this inspection showed the provider had taken the action required to ensure the person's safety. This helped to protect people from the risk of harm or abuse.

People received care at the times agreed with them. People said they usually received care from the same staff, who arrived on time and stayed for the agreed duration of their care calls. One person said, "They are very reliable and have sometimes stayed longer if there have been problems." Another person told us, "I have the same care staff; any staff are gradually introduced and checked by senior staff to make sure they understand how to move me safely." People confirmed that management notified them of any changes to staff rotas for their care call. For example, in the event of bad weather or staff sickness or absence. The provider's related records and operational procedures supported this.

Staff told us they were given sufficient time to complete their care calls and for travel between. One staff member said, "Time allocated to provide people's care is usually sufficient and for travel between calls; if there is a problem, we raise this with the office; they always listen and adjust times if required." This showed staff were effectively planned and deployed to provide people's care.

Discussions with staff and recruitment records we looked at showed safe recruitment procedures were followed for staff employment. The provider's related policy and procedural guidance also supported this. For example, checks of staff work experience, education and training were made. Character, previous employment references and checks from the national vetting and barring scheme were also obtained. All of the checks were made, recorded and considered before staff were offered employment. This helped to make sure staff were safe and suitable to provide people's care.

People told us that staff supported them safely when they provided their care. One person said, "Staff know how to help me to move safely." Another told us, "Staff help me to take my medicines safely." Known risks to people's safety associated with their health conditions or environment were assessed before they received care. People's care plans showed the actions staff needed to follow to help mitigate those risks, which staff

understood. For example, supporting people to move, eat and drink and take their medicines safely.

Staff said they received bespoke training in relation to people's individual safety needs before they provided their care. For example, staff told us about one person who was at risk of choking because of swallowing difficulties relating to their health condition. Staff explained the measures they took when they supported the person to eat and drink, which helped to ensure their safety. Staff also understood emergency procedures they needed to follow in the event of the person choking. The provider's records showed staff received related training and instruction before they provided the person's care, along with regular training updates and competency checks. This helped to ensure people's safety in care.

People's medicines were safely managed. Staff were able to describe the provider's policy and related individual arrangements for people's medicines, which included their safe handling and administration when required. Staff responsible for giving people's medicines told us they received regular training and competency checks of their related practice by senior staff. The registered manager told us about some improvements they were making from their regular checks of people's medicines arrangements. This included record keeping improvements, additional staff training, instruction and competency checks, which related records supported. This helped to ensure people's medicines were safely managed.

Staff were provided with instruction and policy guidance to follow in relation to confidentiality and record keeping and to ensure safe systems of work, such as equipment use and communication, emergency and accident procedures. Staff told us they were provided with the personal protective clothing they needed to provide people's personal care. For example, disposable gloves and aprons. Staff were able to describe emergency procedures to follow in the event of a fire or accident. This included arrangements for reporting and communication with management out of normal working hours. The registered manager told us about improvements planned to staff fire training to provide bespoke fire training relevant to people's individual circumstances and home environment. This helped to ensure people's safety.

Is the service effective?

Our findings

People were happy with their care, which was provided in a way that met with their needs and expectations. For example, one person said, "Staff are good; they understand my care needs." Another person told us, "I am completely happy with my care; staff care for me properly; they know what they are doing." Another person's relative said, "Staff know how to give the right care: I don't know what we'd do without them."

Local care partners told us the service communicated and liaised well with them when required, which helped to inform people's timely health care. An external health professional described people's personal care and support as, '100%' and said the service communicated well with them about the person's health needs. Staff we spoke with understood people's health conditions and their related personal care needs, which were detailed in people's written care plans. For example, in relation to people's nutritional and skin care requirements or specific health symptom or condition monitoring, such as for diabetes. This showed people received the personal care they needed to help maintain and improve their health.

Staff were trained, supported and supervised to perform their role and responsibilities for people's care. People we spoke with were confident staff understood their care requirements. One person said, "Staff are fully trained; I'm confident they know what they are doing." Staff told us they received the training and supervision they needed to provide people's care. They made many positive comments about this, such as, 'very good' or 'comprehensive and relevant.' Staff training records and plans showed staff received the training they needed to provide people's care. This included support to achieve a recognised vocational care qualification. Staff training was also specific to people's individual safety, personal care needs and to help staff to understand people's health conditions. This helped to ensure that staff understood and followed people's individual personal care requirements.

The Care Certificate was introduced for new staff to undertake. This identifies a set of care standards and introductory skills that non regulated health and social care workers should consistently adhere to. They aim to provide those staff with the same skills, knowledge and behaviours to support the consistent provision of compassionate, safe and high quality care.

People were provided with personal care in line with legislation and guidance in relation to consent. 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.

We checked whether the service was working within the principles of the MCA. Staff received training, understood and followed the principles of the MCA. The provider told us most of the people receiving care had the capacity to make day to day decisions for them self. This included decisions about their medicines and the care they received. Staff we spoke with were able to describe how they offered choices and also how

people made or were supported by them to make day to day decisions about their care. People's care plans also reflected this. For example, one person's care plan showed instruction for staff to follow to prompt and enable the person's decision making. Another person told us how they wanted to be active and as independent as possible, but sometimes forgot important things they needed to do to ensure their wellbeing because of their health condition. They said staff supported them in a way that helped to inform, respect and follow their decisions.

People's care plans showed how their consent to their care was obtained. For example, in relation to their care plan agreement or for sharing important information about their care with other care providers when required. Some people had others who were legally appointed to act or make important decisions on their behalf; such as decisions about their health, welfare or finances. Staff understood and followed this when required. This helped to ensure and protect people's rights and best interests in their care.

Is the service caring?

Our findings

People received care from staff who were kind, caring and ensured their dignity and rights in care. We received many positive comments from people about this. One person said, "Staff are brilliant; lovely, kind and helpful." Another told us, "They treat me properly; listen and always with respect; they know me well." Another person told us, "It runs right through from management to my carers; they care about me and they care for me." All of the people we spoke with were happy and felt they had good relationships with staff who provided their care.

People were appropriately informed, consulted and involved in their care. One person said, "Right from the start they told me about the service, what I could expect and helped me to decide my care." People's care plans were individualised and showed staff what was important to people for their care. This included people's preferences, choices, agreed care arrangements and any involvements of family or chosen representatives. People and staff told us that people held copies of their agreed personal care plans in their own home, which were regularly reviewed with them or their representative if required.

People were provided with a range of key service and care information to help inform their care and related security and safety. For example, information about what they could expect their care to look like, how to pay, agreeing and checking care options, raising concerns and what to do if they were unhappy about any aspect of their care. People were also informed and supported to self-advocate or access independent advocacy services if they needed someone to speak up on their behalf about their care. Management involved people in choosing staff to provide their care. For example, by asking people about the skills and interests they would like their care staff to have or any other preferences that were important to them; such as male or female care staff for their intimate personal care. Where possible people met their prospective care staff beforehand to help decide if they were happy for the staff member to provide their care.

Service information was provided in accessible formats to enable people's understanding when required. For example, large print, easy read pictorial or braille. One person with sight difficulties was provided with key service information by email following their request, which enabled them to enlarge the type print to suit their personal visual requirements. The registered manager told us information could also be provided in different languages if required.

The provider's published aims of care included ensuring people's choice, rights and independence. Staff we spoke with consistently understood this was a fundamental aspect of people's care. For example, they told us about the importance of ensuring people's dignity when they provided intimate personal care and treating people with respect. One staff member said, "We treat people as our own family or as we would want to be treated in the same situation – with kindness and respect." One person and their care staff member told us how they were supported by staff to understand and become familiar with local public transport, to enable their choice and independence.

Care staff told us how they promoted some people's social inclusion by supporting them to access social events and engagements of their choice. Examples, included sourcing arrangements through a local church

group to enable two people who lived alone to attend a Christmas carol service and share a Christmas day meal with others. Plans to further opportunities for people's independence, social and community engagement were being considered through the use of befriending and volunteer schemes. This aimed to increase social opportunities for people who were isolated because of their health condition.

Is the service responsive?

Our findings

People received care that was individualised, timely and responsive to their assessed care needs and choices. We received many positive comments from people about the timeliness and flexibility of the service. For example, "Calls are at the right time on the right days" and "Staff provide a very efficient, flexible service. Another person told us the provider listened and followed their wishes about the sort of staff they wanted to provide their care. They said, "They considered my views and listened to me; it's brilliant – works well for me."

Management and staff engaged with external health providers in a way that helped to ensure people received timely care and support. Staff described how they supported one person who had previously experienced mental ill health through close liaison with the community mental health team, to help support the person's mental health. The person's care plan records showed staff specific observations and actions they needed to follow to help them recognise if the person experienced further mental ill health, which staff understood and followed. Staff explained this had recently enabled them to recognise and respond in a timely manner to secure the person's medical referral when required. This helped to prevent the person's unnecessary admission to hospital.

People and a relative we spoke with felt staff took account of their views and wishes for their care. Staff we spoke understood people's wishes, known daily living routines and lifestyles preferences relating to their personal and health care requirements, which people's care plans also showed. For example, one person told us staff supported them to get up early, which was important to them. They also told us staff regularly supported them to access the local and extended community in relation to their hobbies and interests, which they were particularly pleased about. All of the people we spoke with said staff regularly discussed and reviewed their care with them, which related care plan records showed. This showed staff promoted people's independence and inclusion.

People's care plans showed that people's care was planned and delivered in response to their wishes and assessed needs. Staff gave us many examples of how they helped to ensure this. For example, staff provided stepped written instructions for one person to follow if they were alone and experienced physical distress from sudden changes in their health condition, which could sometimes occur. This supported the person in a way that was meaningful and helpful to them, which enabled their control in their care.

Staff regularly supported another person's relative to have regular personal time or to attend social engagements from their on-going care of the person. Care plans and related daily care records showed staff provided agreed individualised care to the person in a planned and also flexible manner to accommodate any short notice requests from their relative. This showed people received personal care that was individualised, flexible and took account of their individual needs.

Staff supported people to communicate and engage in a way that was meaningful to them. For example, staff used lip reading and specified sign language to help them communicate with one person who was deaf. Staff knew the person well and followed their lead to ensure they communicated with the person in

their preferred way. Laminated picture signs were provided for one person to use in their home to enable their orientation there. Staff told us about another person living with dementia, who could easily forget matters or events that were important to them. Staff explained how they helped the person to use a large white board in their kitchen to record important reminders such as health appointments. This helped the person to orientate and engage in their daily life in a way that was meaningful to them.

The provider regularly sought people's views about their care and people were informed and supported to make a complaint if they needed about their care if they needed to. People confirmed they were informed how to make a complaint, but felt their views were regularly sought, listened to and acted without the need to make a formal complaint. Records showed managers and senior care staff periodically met with people to review their care and any related complaints or concerns. The service had received one formal written complaint during the previous 12 months. Records showed this was investigated and acted on.

Satisfaction questionnaire type surveys were periodically conducted with people or their named representatives and staff. Findings from this, together with any complaints received, concerns raised were used to inform service improvements. Related records from this showed that people were generally satisfied with care provided by Derbyshire Individual Support Services and staff were happy working there.

Is the service well-led?

Our findings

People, relatives and staff were confident about the management of the service. One person said, "It's brilliant; regular contact to check how things are going." Another person told us, "Yes they are certainly on the ball; I can contact them any time, if I need to."

Staff said they received the on-going management support they needed, which included outside normal working hours and lone working arrangements. One staff member said, "Really well managed, I am so impressed; this is how services should be run." Another staff member told us, "They are always there if you need them; they listen; they're approachable; there is really good support here from management."

The registered manager led a team of care staff, which included a team leader, senior care and with administrative staff support. Records showed the provider used a range of operational measures to inform and support staff to carry out their role and responsibilities. This included stated aims and objectives for people's care, staff performance and development measures, communication and reporting procedures and a range of personnel policies and procedures for staff to follow. For example, in relation to staff conduct and procedures for reporting accidents, care concerns or serious incidents. Staff we spoke with understood their roles responsibilities for people's care and they were confident and knew how to raise any related concerns. This included reporting any related changes or incidents when required.

Records related to people's care and the management and running of the service were accurately maintained and safely stored. The provider met their legal obligations to send us notifications about important events which occurred at the service when they needed to. For example, notification of any suspected abuse of a person receiving care. This meant there were clear arrangements in the place for the management and day to day running of the service.

Managers told us they carried out regular checks of the quality and safety of people's care. This included checks relating to people's health status, medicines and safety needs. Checks of accidents, incidents and complaints were used to identify any trends or patterns and to help determine any changes that may be needed to improve people's care experience. When any changes or improvements were needed, staff confirmed the reasons for this were always explained and checked by management to ensure that they understood and followed this. One staff member told us, "We always seek to improve what we do – it's the best company I've ever worked for; I love my job."

Since our last inspection a number of service improvements were either made, planned or in progress. Development plans included management and team restructuring, related training and on-going staff recruitment, to help meet the demands of the growing service and ensure a flexible workforce. This showed the provider sought to continuously review and improve their service and people's care experience.