

Self Direct Support Limited

Self Direct Support Limited

Inspection report

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Date of inspection visit: 2, 3 and 8 December 2015

Date of publication: 28/01/2016

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 

Overall summary

The inspection took place on 2, 3 and 8 December 2015 and was announced. The provider was given 48 hours' notice because the location was a domiciliary care agency and we needed to be sure that someone would be present in the office.

Self Direct Support Limited provides a personal care service to people living in their own home. On the day of the inspection 127 people were supported by Self Direct Support Limited with their personal care needs.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Summary of findings

On the day of the inspection staff within the office were relaxed, there was a calm and friendly atmosphere. Everybody had a clear role within the service. Information we requested was supplied promptly, records were clear, easy to follow and comprehensive.

People and their loved ones spoke well of the care and support they received, comments included, “Absolutely the staff are caring, I’m very impressed with them” and “I’m happy with the care [...] receives, they have a very caring nature”. Care records were personalised and gave people control over all aspects of their lives. People’s preferences were identified and respected. Staff responded quickly to people’s change in needs. People or where appropriate those who mattered to them, were involved in reviewing their needs and expressed how they would like to be supported and by whom.

People were supported by staff who put them at the heart of their work. Staff showed a kind and compassionate attitude towards people. Relationships had been developed and staff had an appreciation of how to respect people’s individual needs around their privacy and dignity.

People’s risks were managed well and monitored. People were promoted to live full and active lives. Staff gave people information about risks and actively supported them in the choices they had made, so that people had as much control and independence as possible.

People had their medicines managed safely. People received their medicines as prescribed, received them on time and understood what they were for. People were supported to maintain good health through regular access to health and social care professionals, such as GPs, social workers, occupational therapists and district nurses.

People told us they felt safe. Comments included, “I feel safe because the people I see are so nice and check how I am” and “I absolutely feel safe. They’re a very professional organisation”. All staff had undertaken training on safeguarding vulnerable adults from abuse, they displayed good knowledge on how to report any

concerns and described what action they would take to protect people against harm. Staff told us they felt confident any incidents or allegations would be fully investigated.

People were supported by staff who confidently made use of their knowledge of the Mental Capacity Act (2005), to make sure people were involved in decisions about their care and their human and legal rights were respected.

People were supported by staff who had received a thorough induction programme and on-going training to develop their knowledge and skills. A health care professional commented, staff liaised well with them to ensure they kept up to date with current best practice, and followed their advice to meet people’s needs.

People were protected by the service’s safe recruitment practices. Staff underwent the necessary checks which determined they were suitable to work with vulnerable adults, before they started their employment.

The service had a policy and procedure in place for dealing with any concerns or complaints. Complaints had been responded to in a timely manner and thoroughly investigated in line with Self Direct Support Limited’s own policy and procedure. Appropriate action had been taken and the outcome had been recorded and fed back to people.

Staff described the management to be supportive and approachable. Staff talked positively about their jobs. Comments included, “We are asked to do things not told to. We are respected, we get thanked and the manager is hot on showing their appreciation. I feel like I matter”, “I love it here, it is completely different every day. It’s a reason to get out of bed in the morning and so rewarding” and “I just love my job, I really do love it. You have to have a certain desire and passion, and I have. I wish I had started caring a long time ago”.

There were effective quality assurance systems in place. Incidents were appropriately recorded and analysed. Learning from incidents and concerns raised was used to help drive improvements and ensure positive progress was made in the delivery of care and support provided by the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. Safe recruitment practices were followed and there were sufficient numbers of skilled and experienced staff to meet people's needs.

People were supported by staff who had a good understanding of how to recognise and report any signs of abuse. Staff acted appropriately to protect people.

People's risks were managed well and monitored.

People were supported by staff who managed their medicines consistently and safely.

Good



Is the service effective?

The service was effective. People received care and support that met their needs and reflected their individual choices and preferences.

People were supported by staff who had the right competencies, knowledge and skills relevant to their role.

Staff had received training in the Mental Capacity Act. Staff displayed a good understanding of the requirements of the act, which had been followed in practice.

People were supported to maintain a healthy balanced diet.

Good



Is the service caring?

The service was caring. People were supported by staff that promoted independence, respected their dignity and maintained their privacy.

People were supported by staff who showed kindness and compassion towards them.

People were supported by staff who enabled them to express their views.

People were actively involved in decisions about their care and support.

Good



Is the service responsive?

The service was responsive. Care records were personalised and so met people's individual needs. Staff knew how people wanted to be supported.

People were supported to have as much control and independence as possible.

Concerns and complaints were taken seriously, explored thoroughly and responded to promptly. The service proactively used complaints as an opportunity for learning to take place.

Good



Is the service well-led?

The service was well-led. There was an open culture. The management team were approachable and defined by a clear structure.

Staff were motivated and inspired to develop and provide quality care.

Quality assurance systems drove improvements and raised standards of care.

Good



Summary of findings

Communication was encouraged. People and staff were enabled to make suggestions about what mattered to them.

Self Direct Support Limited

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.

The inspection was undertaken by one inspector, took place on 2, 3 and 8 December 2015 and was announced. The provider was given 48 hours' notice because the location was a domiciliary care agency and we needed to be sure that someone would be present in the office.

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. We also reviewed information we held about the

service. This included previous inspection reports and notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with the registered manager and eight members of staff. We visited one person in their own home, and spoke with a further six people who used the service. We spoke with three relatives of people who were supported by Self Direct Support Limited. We also spoke with an occupational therapist, a Huntington's nurse and a social worker who had all supported people who had received personal care from the service.

We looked at thirteen records related to people's individual care needs. These included support plans, risk assessments and daily monitoring records. We also looked at eight staff recruitment files, records related to the administration of medicines and records associated with the management of the service, including quality audits.

Is the service safe?

Our findings

People told us they felt safe. Comments included, “I feel safe because the people I see are so nice and check how I am” and “I absolutely feel safe. They’re a very professional organisation”. A relative added, “I do feel my mum is safe, because the carers do everything with safety in mind”.

People were protected by staff who had an awareness and understanding of signs of possible abuse. Staff were able to describe different forms of abuse and felt reported signs of suspected abuse would be taken seriously and investigated thoroughly. Staff comments included, “I have raised safeguarding concerns in the past, I informed the office and the alerts were made instantly. I’m being kept involved in the whole process” and “I am very confident that anything I report would be listened to and acted upon”. Staff were up to date with their safeguarding training and knew who to contact externally should they feel that their concerns had not been dealt with appropriately.

People were supported by suitable staff. Robust recruitment practices were in place and records showed appropriate checks were undertaken to help ensure the right staff were employed to keep people safe. Staff confirmed these checks had been applied for and obtained prior to commencing their employment with the service.

People told us they felt there were enough competent staff employed by the service to meet their needs and keep them safe. Staff told us they felt there were sufficient numbers of staff to support people. The registered manager confirmed and records evidenced they reviewed staffing numbers regularly based on people’s needs, and ensured adequate staff were in place with the right skills before they began supporting new people.

Before Self Direct Support Limited provided support to people, a comprehensive initial risk assessment took place. This confirmed the service would be able to safely meet the needs of the person concerned and took account of risks associated with lone working, ensuring staff would be protected. Environmental risk assessments indicated where risk could occur and measures were put in place to minimise the likelihood of incidents occurring. For example, one assessment highlighted that there were no smoke detectors located in a person’s home. Staff

highlighted the benefit of having a fire safety check undertaken by the local fire service. The matter was discussed by all parties involved, and the person was supported to refer themselves for a check to take place.

People were supported by staff who understood and managed risk effectively. Risk assessments recorded concerns and identified actions required to minimise risk and maintain people’s independence. Staff confirmed they highlighted any issue they felt could have a negative impact on people’s ability to remain safe and as independent as possible. Each concern was reported to the office staff, who acted promptly and appropriately to address the identified risk. For example, daily notes recorded where one person’s control which operated their hoist was not working. Staff had arranged promptly for the piece of equipment to be repaired, so it did not have a negative impact on the person’s wellbeing and safety.

People were supported to take risks by staff who gave them the information they needed to make informed choices. Strategies were put in place when risks were identified, so they could be anticipated and managed. For example, staff were concerned that one person was at risk of falling asleep whilst smoking and this could impact on their safety. Staff spoke with the person and informed them of the risks associated with smoking and potentially falling asleep. The person still chose to continue to smoke. With consent staff spoke with the fire service, who conducted a fire safety check and fitted smoke detectors to the person’s home. Another person who had been assessed as a high risk of falls was supported to have a personal alarm. Staff had been requested to make sure the person was wearing their alarm upon completion of each visit. The person confirmed staff did this and said, “The carers remind me to wear my pendant, I fell and broke my hip before when I didn’t have one, It is important I wear it at all times for my safety”.

Some people required assistance from staff to take their medicines. People told us staff managed their medicines consistently and safely. Staff had received training and confirmed they understood the importance of safe administration and management of medicines. We looked at medicines administration records (MARs); we noted all had been correctly completed. The service had a clear medicines policy, which stated what staff could and could not do in relation to administering medicines. People’s individual support plans described in detail the medicines

Is the service safe?

they had prescribed and the level of assistance required from staff. One relative said, “I was doing this for my mum and it was getting a bit confusing. The carers took this role on for me, and manage her medication well”.

Is the service effective?

Our findings

People felt supported by well trained staff who effectively met their needs. Comments included: “They all seem to know exactly what to do and do it very well” and “In my opinion staff are well trained and very professional” A relative said, “All the carers I have had contact with have been fully trained and able to meet my mum’s needs”.

Staff confirmed they received a thorough induction programme and on-going training to develop their knowledge and skills. Newly appointed staff shadowed other experienced members of staff until they and the service felt they were competent in their role. A staff member commented, “I had a full week long induction and felt ready to support people”.

Staff were supported to achieve nationally recognised vocational qualifications. The service sourced support from and had established links with external agencies that provided funding on behalf of their staff. This enabled and encouraged staff to take part in training designed to help them improve their knowledge and help provide a higher level of care to people. It also helped staff to develop a clear understanding of their specific roles and responsibilities and have their achievements acknowledged. Staff confirmed they had been supported by the management to increase their skills and obtain qualifications. Comments included, “I’ve done my level two and I’m just finishing my level three, I always wanna take the opportunity to work my way up” and “I’m doing my level five in management, I wanted to do it and felt it would enhance my role”.

Supervision was up to date for all staff. The registered manager and staff confirmed supervision was a two way process of driving improvements raising standards of care. Open discussion provided opportunity to highlight areas of good practice, identify where support was needed and raise ideas on how the service could develop and move forward. Staff confirmed they felt motivated to develop their practice. Comments included, “I definitely find supervision beneficial, it’s a good opportunity to question how I work and think about what I could do better” and “I had supervision yesterday, had a chance to discuss additional training I need, and it has already been booked for next week”.

Staff understood and had knowledge of the main 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 were confident to put this into practice on a daily basis to help ensure people’s human and legal rights were respected. Staff considered people’s capacity to make particular decisions and where appropriate knew what to do and who to involve, in order to make decisions in people’s best interests. Care records evidenced where the service had been involved in and supported best interests decisions that had been made. The decisions had been clearly recorded to inform staff. A health care professional confirmed, staff attended best interests meetings, had positive involvement in discussions, and had made changes in practice to ensure people’s human rights were sustained.

People where appropriate were supported to have sufficient amounts to eat and drink. Staff commented how they monitored people’s food and fluid intake and communicated with each other to help ensure people maintained a healthy balanced diet. For example, one staff member told us the importance of knowing when a person they supported with diabetes had eaten, and what they ate. They explained communicating this information to other members of the staff team, along with the person’s blood sugar level readings, helped them to support the person safely with their nutritional needs and helped keep them safe by normalising their sugar levels. Care records detailed where people were at risk of poor nutrition, and detailed action staff needed to take to protect people. People’s needs were regularly monitored and reviewed and records evidenced where relevant professionals, such as dieticians, had been actively involved to improve people’s well-being.

Records showed how staff either gained consent and made referrals on behalf of people, or advised and supported people to seek relevant healthcare services themselves, when changes to their health or wellbeing had been identified. Diary sheets evidenced where professional advice had been sought following staff having identified a change in a person’s needs or their physical appearance. For example, a district nurse had been contacted when

Is the service effective?

staff had noticed a change in colour to a person's urine output. A staff member said, "I see the same people regularly, it's essential. You notice small changes, and know when someone is not feeling well, then you talk with them, and support them to get the help they need, like a doctor".

One person told us, "I'm diabetic and my foot care is really important to me. Staff look out for the smallest of changes when they support me with my personal care. If they notice anything they tell me, and I get the help I need".

Is the service caring?

Our findings

People and those who mattered to them felt positive about the caring nature of the staff. They spoke well of the quality of the care they received. Comments included, “Absolutely the staff are caring, I’m very impressed with them”, “I’m happy with the care [...] receives, they are have a very caring nature” and “Such nice people, they are certainly very caring”. A healthcare professional commented they had always found staff to be pleasant, compassionate and kind.

People were supported by staff who knew their individual communication needs well, and were skilled at responding to people appropriately. Staff gave people information and explanations about their support, so they could be involved in making decisions about their care, no matter how complex their communication needs were. For example, one staff member told us the various techniques they had learnt, to help enable a person who had Huntington’s disease express their needs, have a voice, and advise staff how they wished to be supported. For example, establishing eye contact, being an active participant, speak at a reduced rate, and allowing time for the person to process the information. A Huntington’s nurse commented that staff used their communication skills well, gave people a voice, and worked alongside their team to produce positive results for people.

People were supported by staff who showed concern for their wellbeing in a meaningful way. Staff told us how they interacted with people in a caring, supportive manner and took practical action to relieve people’s distress. For example, one person told us how they liked to shower whilst carers were present. They explained they were fully independent with this daily task, but felt very anxious about carrying it out whilst alone in their house. They added, having support immediately available should it be needed reassured them, they said, “The girls are very kind; they tap on the door and make sure I’m ok, they know this stops me worrying”.

People were supported by staff to maintain their independence. Comments included, “I remain in control of how I want to be supported, my independence is extremely important to me and staff not only respect that but promote it too” and “Staff support me and help me where I need them to, but I continue to do the things I can for myself. For example, brushing my hair or cleaning my teeth”. A relative commented how staff helped their loved one to remain as independent as possible following a stroke. They said, “Mum does not have a lot of use of her left arm, but staff understand what maintaining her independence means to her, so they encourage her to use her arm, little bits at a time, in the hope she will eventually regain full use of it”. Staff gave us examples of how they supported people to be as independent as they could be. This included, allowing people enough time to fulfil tasks for themselves and not just doing things for people but asking people if they wanted or could do things independently. One member of staff said “It is so important to encourage independence, even if it is the smallest of tasks, it can mean so much to them”.

People told us their privacy and dignity needs were respected by staff who understood and responded to their individual needs. Comments included, “I’m very reassured by the lengths staff go to in order to protect my privacy” and “Staff always talk with me whilst carrying out certain personal issues, and that makes me feel comfortable”. One relative told us, “Staff are very respectful towards my mum, they know how she likes things to be done and they do it without question”. Staff informed us of various ways people were supported to maintain their dignity. For example, one staff member commented how they would support people to gain access to a toilet, but would then leave the room so they had privacy, returning only when called upon to do so. Another member of staff explained how they maintained eye contact with people, whilst providing personal care, and covered people with towels to respect their dignity, and kept curtains and doors closed.

Is the service responsive?

Our findings

People were involved in planning their own care and making decisions about how their needs were met. Comments included, “I’m in contact with them on a regular basis, I decide how I am supported and when. They are very good and work around me”, “It is quite true that I am in control, I may be 90, but the brain is working perfectly fine” and “The carers always ask what I want and how I want things done and I tell them”.

Staff were skilled in supporting people to express their views and helping people to assess their own needs. Staff told us how they adapted their approach with people on a daily basis, based on how the person felt on any given day. For example, daily notes evidenced where one person requested their morning visit was cut short as they were not feeling well. They asked if the time could be added to a day later that week. Staff accommodated this need. They left the property and ensured plans were put in place to extend a future visit. A staff member said, “It is about what a person wants and needs that is important. We listen to people and if they want something done a certain way, that’s what they get”. Another member of staff commented, “Although I know the routines of the people I support, I still ask them if that is still how they want things done, things change and so do people”. A relative commented, “Staff keep up to date with changes, recently my mum moved her bedroom downstairs and so her needs were different, staff were very quick to adapt to how she now wants things done”.

People’s care records contained detailed information about their health and social care needs. They were written using the person’s preferred name and reflected how people wished to receive their care. For example, one care plan stated they liked staff to place a shower stall in a particular area for them to wash independently, and only wanted staff support upon request. We spoke with the person concerned who confirmed all staff respected their wishes.

People’s needs were reviewed and updated regularly. The registered manager confirmed people had face to face reviews on a previously agreed set date or if a change in need had occurred. For example, following a stroke, one person’s mobility needs had changed. As a result they could no longer use the stairs safely, which impacted on how they were supported to maintain their personal hygiene. A review took place to establish exactly what the

person’s new needs were. Staff said they regularly discussed people’s support arrangements and were kept updated about any changes. Comments included, “We are always told to read the care plans on arrival in people’s homes” and “The first thing we do when we go into somebody’s home is read the daily notes, this tells us any important changes we need to be aware of”.

People were encouraged and supported to maintain links with the community to help ensure they were not socially isolated or restricted due to their disabilities. Staff told us how they supported people to go out to various places of their choice within the local community. One person’s care record detailed the importance of ensuring their electric wheelchair batteries were always fully charged. A staff member commented that without adhering to this, the person would be left immobile and socially isolated.

The service had a policy and procedure in place for dealing with any concerns or complaints. A copy of the complaints policy was included in people’s care records, within their homes. People told us they knew who to contact if they needed to raise a concern or make a complaint. Comments included, “I did make a complaint about a member of staff once, they respected what I had to say and they haven’t been sent to me again”, “I have no complaints whatsoever, when I get little niggles, we talk about them and they are sorted right away” and “I have nothing no complain about”. Relatives, who had raised concerns, had their issues dealt with straight away. One relative said, “I raised a concern over a training issue once. A carer came to support mum who was unable to give her the medication she needed. Since raising the issue everybody who has visited has been fully trained to meet all her needs”.

We looked at the written complaints made to the service in the last 12 months. Each complaint had been responded to in a timely manner and thoroughly investigated in line with Self Direct Support Limited’s own policy and procedure. Appropriate action had been taken and the outcome had been recorded and fed back. For example, one complaint was made regarding a member of staff who had been shadowing, during a visit to support a person with their personal care needs. It reported the staff member had not worn the correct personal protective equipment. The service had acknowledged the complaint and thanked the person for raising it. They carried out a full investigation. All

Is the service responsive?

staff were spoken with and infection control refresher training was carried out. The service gave a full and open account of their actions and offered an apology to the person involved.

Is the service well-led?

Our findings

The registered manager took an active role within the running of the service and had good knowledge of the staff and the people who were supported by Self Direct Support Limited. There were clear lines of responsibility and accountability within the management structure. The service had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations.

People, friends, family and staff all described the management of the service to be approachable, open and supportive. One person said, "The manager is absolutely brilliant, I had an issue once, which was all of my own doing. I was very impressed with how quickly they sorted everything out, a highly professional service". A relative told us, "Communication is really good, you can raise anything with them, they listen and take action". Staff comments included, "[...] is brilliant, she works day and night and always makes herself available when you need to speak with her" and "The management are very good here. You have a problem, you can talk to them. You need advice, you can talk to them. They are very approachable".

The manager told us staff were challenged to find creative ways to enhance the service they provided. Staff told us, team meetings and supervision were used to encourage them to share their opinions and suggest ideas they had. Staff comments included, "I'm always being asked my views on things, and what I think can be done to improve things, they really welcome positive change" and "I'm always encouraged to come up with ideas. When I do, they get tried out, you have to give things a go don't you? Improvements can always be made". One staff member told us how, during a meeting, they were asked for their thoughts on ways the service could improve. They did have an idea, which the manager agreed to trial. They added, "It was something we used to do at the previous place I worked and I thought it could work here. It worked well and so the manager asked if I would explain the new process to staff at the next team meeting, which of course I agreed". The registered manager talked us through other changes to practice that had been implemented following ideas from staff. They explained change not only benefitted the people they supported, but also the staff in their roles. For

example, stamped addressed envelopes were provided for staff so they could post their time sheet into the office. This saved their time and expenses of having to hand deliver them into the office.

The service had a clear policy on the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment. The manager told us one of their core values was to have an open and transparent service. The provider sought feedback from people and those who mattered to them in order to enhance their service. Questionnaires were sent annually, and were included in people's care records so they could complete them at any time. Spot checks were conducted that encouraged people to share their views and raise ideas about improvements that could be made. For example, one spot check highlighted that communication from the office could be improved. The person stated they found difficulty in speaking to somebody when they needed to, or were not being correctly notified when staff would be late. The registered manager said, "Following this feedback, I sent a whole batch of questionnaires to people to see the extent of the issue I was dealing with. I made immediate changes in practice, and all staff were spoken with. I have had no further concerns raised about communication since".

The service worked in partnership with key organisations to support care provision. Health and social care professionals who had involvement with the service confirmed to us, communication was good. They told us the staff worked alongside them, were open and honest about what they could and could not do, followed advice and provided good support.

The manager inspired staff to provide a quality service. Staff told us they were happy in their work, understood what was expected of them and were motivated to provide and maintain a high standard of care. Comments included, "We are asked to do things not told to. We are respected, we get thanked and the manager is hot on showing their appreciation. I feel like I matter", "I love it here, it is completely different every day. It's a reason to get out of bed in the morning and so rewarding" and "I just love my job, I really do love it. You have to have a certain desire and passion, and I have. I wish I had started caring a long time ago".

The service had an up to date whistle-blowers policy which supported staff to question practice. It clearly defined how

Is the service well-led?

staff who raised concerns would be protected. Staff confirmed they felt protected, would not hesitate to raise concerns to the manager, and were confident they would act on them appropriately.

There was an effective quality assurance system in place to drive continuous improvement within the service. Audits were carried out in line with policies and procedures.

Where shortfalls in the service had been highlighted, we saw action had been taken to resolve the issues and help

ensure quality of care was not compromised. Self Direct Support Limited also assessed the quality of their service against the five key questions, as set out in the Care Quality Commission's new inspection methodology. A report was produced and the findings discussed with staff. Success was celebrated and areas where further improvements could be made were highlighted, to help ensure people received high quality care.