

Advocacy 2 Engagement Limited

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Inspection report

Edwinstowe House
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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 was carried out on 1 February 2016. The office is situated in the village of Edwinstowe in Nottinghamshire and the service provides personal care to adults living in their own home.

The service had a registered manager in place at the time of our inspection. 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 were supported by staff who knew the risks people could face and how to make people feel safe. People were encouraged and supported to live as independently as possible with the risks that entailed reduced through effective risk assessment.

People were supported by a consistent group of staff who had the skills they needed to meet people's needs and individual circumstances. People received any support they required to take their prescribed medicines safely when they needed to.

People were provided with the care and support they wanted by staff who were trained and supported to do so. People's human right to make decisions for themselves was respected and they provided their consent when needed.

People were supported to eat and drink to promote their wellbeing, and staff supported their healthcare needs where needed.

People were treated with respect and individuality by staff who demonstrated compassion and understanding. People were able to express their views on their care and were treated as they wished to be in a respectful manner.

People were able to influence the way their care and support was delivered and they could rely on this being provided in the way they wished it to be. People were encouraged to express any issues or concerns they had so these could be acted upon.

People who used the service and staff were able to express their views about the service. There was a motivated staff team who felt supported by the management of the service.

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.

People felt safe using the service because staff looked for any potential risk of abuse or harm and acted so they reduced this.

People were supported by a sufficient number of staff who worked together well and were flexible in order to meet people's needs.

People received the support they required to manage their medicines as independently as they were able to.

Is the service effective?

Good ●

The service was effective.

People were supported by a staff team who were suitably trained and supported to meet their varying needs.

People's rights to give consent and make decisions for themselves were encouraged.

People were supported to maintain their health and have sufficient to eat and drink.

Is the service caring?

Good ●

The service was caring.

People were supported by staff who respected them as individuals and involved them in how their care and support was planned.

People were shown respect and courtesy by staff who visited them in their home in a way that suited them.

Is the service responsive?

Good ●

The service was responsive.

People were involved in planning their care and support which they were able to continue to influence whilst they used the service.

Any worries or concerns people had were listened to and acted upon.

Is the service well-led?

Good ●

The service was well led.

People used a service which was well managed and provided staff with encouragement and support to carry out their duties

People were able to comment on their experiences using the service and there were systems in place to monitor the quality of the service they received.

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Detailed findings

Background to this inspection

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

This inspection took place on 1 February 2016 and was announced. The provider was given 24 hours' notice because the location was a domiciliary care agency and we wanted to ensure there was someone free to assist us with the inspection. The inspection was carried out by one inspector.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received and statutory notifications. A notification is information about important events which the provider is required to send us by law.

During the inspection we spoke with three staff, the training and development manager and the quality assurance manager.

We spoke with people who used the service and viewed their care records. We considered information contained in some of the other records held at the service. These included staff training records, staff recruitment files as well as other records kept by the registered manager as part of their management and auditing of the service.

Is the service safe?

Our findings

People felt safe and protected by the service they received. A person who used the service told us, "I feel very safe." Staff understood the different types of abuse and harm people could face, and how these could occur. They were aware of their role in protecting people from harm and described how they did this when supporting people. Staff felt confident that managers of the service would act promptly if they reported any suspicion or allegation of abuse to them. One staff member said, "If nothing happened (if I reported an allegation of abuse) I would whistleblow."

One of the managers told us they had not needed to make any referrals about people's safety to the local authority. They described how they provided safeguarding training focussed on the people who used the service and how to protect them. They also told us that safeguarding was a standard item on the staff meeting agenda to ensure this was regularly discussed.

People received their care and support in a way that had been assessed for them to receive this safely. A person who used the service told us, "They know how to use the equipment, definitely they do."

A staff member told us people could choose to do anything they wanted, but if this was a new activity they would risk assess this to ensure it was done safely. A staff member gave an example that they had taken part in a risk assessment for one person so they could go carriage riding. Another staff member said, "We are not allowed to do any new activity without completing a risk assessment and getting it checked." Staff said part of their role was to ensure any equipment used by them, or people who used the service, was done so safely.

One of the managers told us they assessed any property they were going to provide care in to ensure this could be done safely. They told us how they had helped one person arrange to have some aids fitted into the bathroom to help with their mobility and promote their independence.

There were sufficient staff to provide people with consistent care and support which met their needs. A person who used the service told us, "I know who I see, there are enough staff." Staff told us there were enough staff available to provide the service at all times, including when there was any unplanned change to the rota at short notice. A staff member said, "There is always cover if needed."

One of the managers told us there were enough staff employed to provide the care and support they were required to each week. They told us there was a system in place to cover any planned and unexpected absences from work. They also said staffing levels were reviewed daily and adjusted when needed.

People were supported by staff who had been through the required recruitment checks to preclude anyone who had previously been found to be unfit to provide care and support. These included acquiring references to show the applicants suitability for this type of work, and whether they had been deemed unsuitable by the Disclosure and Barring Service (DBS). The DBS provides information about an individual's suitability to work with people to assist employers in making safer recruitment decisions. Staff recruitment files showed

the required recruitment checks had been carried out.

People received the support they needed to ensure they took their medicines as required. A person who used the service told us, "They tell me when it is time to take them (medicines)."

People were enabled to be responsible for taking their medicines. Staff knew what support people needed to manage their medicines as independently as possible. A staff member told us about one person who was able to take their own medicines. They said, "I do the ordering, my job is to ensure there is stock available." Another staff member said, "I may help get the tablet out of the packet if they found this difficult."

One of the managers told us they supported people to take their medicines for themselves and they made a record each time they had prompted a person to do so. We saw a sample of the medicine administration records (MAR) which had been completed to show when a person had been supported with their medicines, and these did not have any omissions on. One of the managers also said there were systems in place to order medicines to ensure these were available when needed.

Is the service effective?

Our findings

People were cared for and supported by staff who had the skills and knowledge to meet their needs. Staff said they had regular training opportunities and that there was a training session included in every staff meeting. Staff also spoke of feeling well supported. They said there was always someone they could contact for help or advice if they needed to. One staff member said, "I am enabled and encouraged to seek support. There is no doubt about it the support I get is invaluable."

One of the managers told us new staff completed some on line training as part of their induction but this was then, "Refreshed and embedded in the development days." We saw the staff training matrix and this showed staff had a progression of training over the time they worked for the service.

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 had their rights to give their consent and make decisions for themselves promoted and respected. We saw assessments had been completed to determine if people could make some specific decisions. Some of these identified that the person was able to do so. However when the assessment showed the person could not do so a best interest meeting was held to make the decision in the person's best interest. These assessments and best interest decisions were clearly documented to show how the decisions had been made and who had been involved in making them. A person who used the service told us, "I do make decisions, and they (staff) explain to me when I can't make them." The person said this meant, "I understand why (if I can't make a decision)."

Staff understood the principles of the MCA and spoke of enabling people to make decisions themselves when they were able to. One staff member said, "We don't want to limit people, we support people to do, rather than to do for." Another staff member said what people were able to decide and do for themselves could vary from day to day and they would adjust their support accordingly.

People received support to eat healthily and drink sufficient to promote their health and wellbeing. A person who used the service told us, "My [relative] does the shopping and I choose what to eat. Sometimes it is healthy."

Staff told us they provided whatever support a person needed to have a healthy and nutritious diet. This included discussing healthy eating with people and preparing food the person chose as healthily as they could. Staff were trained in basic food hygiene and they told us they followed these practices when preparing food.

One of the managers told us people were able to choose what they wanted to eat. Where people had been

assessed as not having the capacity to make a decision to eat well, there had been a best interest decision made regarding their diet. The manager said where someone was unable to manage going food shopping this was done for them. They said where people were able to do so they would receive the support they needed to purchase their own food.

People received help and support to have their healthcare needs met. A person who used the service told us, "When I go for appointments someone comes with me." Staff told us they were aware of people's healthcare conditions and knew what support people needed with these. They told us people's health issues were regularly discussed in team meetings.

One of the managers told us staff would accompany people to any healthcare appointments. They said staff brought back the information needed about how they should be supporting the person with their healthcare needs and made sure all the other staff were aware of this.

Is the service caring?

Our findings

People had relationships with staff who recognised their individuality and treated them with kindness and compassion. A person who used the service told us, "They are very caring people, they enjoy being with me." Staff spoke of getting on well with people who used the service and gaining their trust. A staff member said, "It can take a long time to build up trust."

One of the managers told us all of the staff built relationships with people who used the service. They told us staff were supported to reflect on how their day had been and how this had impacted on the people they supported. The manager said this was helpful because sometimes staff may think they had not achieved much, but this had been what the person had wanted at the time.

People were involved in planning their care and support and making decisions about this. A person who used the service told us, "I was involved with my care plan. I can make changes." One of the managers told us people who used the service decided how each day was spent.

People were able to make changes to the care and support they received because staff were flexible and responded to people's requests. Staff told us they followed any requests or suggestions people made about what they wanted to do and when.

People were treated in the way they preferred and they found staff respectful. A person who used the service told us, "They respect my flat." They also told us, "We have chats and a laugh and jokes. They have got a good sense of humour." A staff member said, "We are there when we are wanted, but if someone wants to be alone we can withdraw for a while."

One of the managers told us staff were provided with the policies and procedures that were in place to guide them on how they should conduct themselves when in people's property. They also talked about the values and vision of the service respecting people and their right to have their privacy and dignity respected.

Is the service responsive?

Our findings

People were provided with care and support in a way that suited them. A person who used the service told us, "They (staff) are here when they are meant to be here." Staff said they were able to provide the support people needed to fit in with their routines. We saw records detailed what support people had been given and these showed this had been provided in the way and time that suited the person.

People had their needs assessed so plans could be made on how to provide them with the care and support they needed. Staff said that people's care plans contained the guidance they needed to support them as they wished to be. One of the managers told us as much detail as possible was found out about the person at the initial assessment. This information was then used to develop the care plan.

People were given opportunities to raise any concerns and told how they could make a complaint. A person who used the service told us, "I know what to do if I am not happy. I made a complaint years ago." The person told us this was sorted to their satisfaction. Staff told us if anyone mentioned anything had not been right for them or they were not happy about something they documented this and passed it on to one of the managers.

One of the managers told us they took note if people had any comments or grumbles about anything to do with the service they provided and acted upon these. They said they treated these as they would any complaint by recording them and acting upon them. The manager said people who used the service had a number of routes where they could raise things which over time they had used. These included telling staff who were supporting them, phoning one of the managers directly or passing information to a relative.

Is the service well-led?

Our findings

People who used the service were confident that any suggestions they made would be acted upon. A person who used the service told us, "I can make suggestions about what to do."

Staff described the service as well led and said they were encouraged to express their views. They said they involved people in discussions about what was done and any future plans. Staff also said they did not feel isolated when with people as they had regular telephone contact with and visits from managers of the service.

One of the managers told us people made some suggestions to them directly and any suggestions people made to staff were fed back directly to the management team. They said all suggestions were considered and responded to whether they were acted upon or not. The manager told us one person had recently made a suggestion to change the laundry arrangements and these were currently being considered. The manager also told us people were involved in the recruitment process when appointing new staff to work with them. They said they had a final say as to whether they wanted a new staff member to support them.

People were confident in the way the service was managed and had confidence in the management team. A person who used the service told us, "I can call [manager] or [relative] if I want to."

Staff told us the registered manager regularly visited and spoke with people who used the service. People were provided with the telephone numbers they needed to contact members of the management team who were involved in their care package. We heard one of the managers speaking with a person who used the service on the telephone, and they had a relaxed and friendly conversation.

The provider complied with the condition of their registration to have a registered manager in post to manage the service. We had not received any recent notifications from the service and the training and development manager said there had not been any recent event they needed to notify us of.

There were systems in place to identify where improvements could be made to the service. A person described the service they received as, "Excellent." They said, "I am happy with it, I wouldn't have things any other way."

Staff told us there was oversight of the service by managers to ensure this was provided in the way it was intended. One of the managers told us people could review the service they received at any time. This could be on daily if the person wanted to.

We saw a person who used the service had completed a questionnaire about the service they received and had been asked whether they thought the service was safe, effective, caring, responsive and well led. The person had indicated they did to each of the questions.

The manager said all of the paperwork completed in people's property was returned to the office and

reviewed for accuracy. Checks were also made to see if there were any issues that needed addressing.