

Diverse Abilities Plus Ltd

# Shapes Domiciliary 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

### About the service

Shapes Domiciliary Service is a care service providing personal care to children and young people aged between 0 and 25 with disabilities and complex health needs. There were 15 children and young people using the service at the time of the inspection, all of whom were aged under 18.

Not everyone who uses the service receives personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

Parents and carers spoke highly of staff, describing their caring approach and saying they treated the whole family respectfully. They felt listened to and included in the care planning process. The service respected their wishes in terms of well-matched staff who worked with them.

Families trusted the small teams of staff who supported their child or young person and had confidence in their abilities. Risks to children and young people were assessed and managed in consultation with their parents. Medicines were managed safely. Staff followed infection prevention and control precautions.

Children's and young people's needs were assessed holistically before they started to receive care and were kept under review. The service worked closely with children's and young people's healthcare teams to plan and provide care that was tailored to their individual needs. Staff were supported through training and supervision to work safely and effectively, including providing specialised care if a child or young person needed this.

Parents and carers were positive about their child's or young person's care. They were involved in care planning and felt staff had a good understanding of the care and support their child needed. Parents and carers told us they knew who to speak with if they had a complaint or concern about the service. They said these were dealt with properly.

Parents, carers and staff said the service was well managed. There was good communication with families. The registered manager was experienced in their role, had a good understanding of their responsibilities and worked in an open and honest way. They oversaw a programme of quality assurance audits, monitoring accidents and incidents, and addressed any areas for improvement.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

#### Right support:

- Whilst children and young people using the service were not all able to consent to their care, their wishes and preferences were central to decisions about their care. Care was designed and delivered to promote their independence.
- 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.

#### Right care:

- Care was highly individualised according to the child or young person's needs. Parents and, as far as possible, children and young people, were meaningfully involved in care planning. Care promoted children's and young people's dignity, privacy and human rights.

#### Right culture:

- The ethos, values, attitudes and behaviours of leaders and staff ensured people using the service led confident, included and empowered lives. The registered manager and leadership team led by example, reflecting a person-centred, inclusive approach.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Rating at last inspection

The last rating for this service was good (published 1 October 2019).

#### Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Shapes Domiciliary Service on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### 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.

# Shapes Domiciliary Service

## 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 was undertaken by an inspector, a medicines inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

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

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

We gave the service a day's notice of the inspection. This was because it is a small service and we needed to be sure the registered manager would be in the office to support the inspection.

Inspection activity started on 15 December 2021 and ended on 13 January 2022. We visited the office location on 21 and 22 December 2021.

#### What we did before 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 used all of this information to plan our inspection.

During the inspection

We spoke with four parents and carers of children and young people who used the service about their experience of the care provided and received feedback from a further two family members. We spoke with the registered manager and had email contact with two further staff, with additional feedback from a further member of staff.

We reviewed a range of records. These included two people's care records, three people's daily care notes, three people's medication records, two staff files and a variety of records relating to the management of the service.

# 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

- Every parent we spoke with expressed trust and confidence in the staff involved in their child's care and support.
- Staff had training about safeguarding children and young people from abuse. They understood their responsibilities for recognising and reporting signs of abuse.
- Staff were observant for bruises and other skin marks, which they drew and described on clear and detailed body map forms. These included a record of how staff had become aware of the bruising and that they had reported it to the management team.

Assessing risk, safety monitoring and management

- Risks to children and young people were assessed and managed in consultation with their parents. Risk assessments were focussed on children's and young people's individual needs. They covered topics such as moving and handling, choking, infection and the effects of health conditions.
- Risk assessments also addressed environmental factors, such as fire risks and risks to lone workers.

Staffing and recruitment

- Parents and carers expressed confidence in the abilities of the staff who supported their child, including with complex needs. Comments included: "Training is good", "They know what they are doing" and "They use a hoist. [Person] is fed through a gastrostomy tube and fed orally. They have a high risk of choking. All are trained. They will spend at least two sessions shadowing before working on their own. We watch as well."
- Children and young people had a small team of regular staff who visited them. When asked how well they knew the staff and how many staff visited, parents commented: "Yes I know them well. Three regular care staff", "Pretty well. Small team. No one comes out without shadowing existing staff", and "I don't know them all, a few new ones. A small team."
- Families received a rota saying which staff would be coming and at what time. The service stuck to rotas unless there was staff sickness, in which case parents and carers often opted to provide the care themselves rather than having a member of staff who did not know the family. Comments included: "Yes, rota. I get it once a month and updates are added. Yes, 100% stick to it. Regular updates via email. Extremely punctual", "Yes, rota. Yes mostly [stick to rota]. Yes punctual", and "Yes, I get a rota. Yes, they stick to it but not if sick - they don't cover. Staffing issues, only so many staff that can look after my child. Can be frustrating. Yes, they are punctual, excellent."

Using medicines safely

- Medicines support was clearly identified and recorded, and risk assessments were in place to make sure

people's medicines were managed safely.

- When staff administered medicines, they recorded this on medicines administration charts. These charts were produced and checked by the service and confirmed with parents/carers to make sure the details were accurate.
- The records we checked showed that medicines were given correctly in the way prescribed.
- Protocols were available for any medicines prescribed 'when required' to make sure these were given when appropriate.
- Staff had training in safe medicines handling and were assessed to make sure they gave medicines safely.
- Audits took place each month to make sure staff were managing medicines correctly. Any incidents were recorded and followed up appropriately.

#### Preventing and controlling infection

- Parents and carers told us staff wore personal protective equipment (PPE) and washed their hands. Comments included: "Yes, PPE and wash hands. I ask that they take their temperature and they do" and "Yes, they wear PPE and wash their hands. All guidelines are followed."
- There were ample supplies of PPE for staff. Enhanced PPE, including specially fitted filter masks, was available for staff who supported children and young people with aerosol-generating procedures that posed a higher risk of infection with coronavirus. The service was sourcing training for mask fitting, as this was no longer available locally.
- Staff had regular coronavirus testing, in the form of weekly PCR tests and lateral flow tests twice a week.
- The service had up to date policies for infection prevention and control and for COVID-19.

#### Learning lessons when things go wrong

- Parents and carers told us the service responded well if something went wrong. A parent commented, "Recently I forgot to clip the wheelchair harness and [person] went to school. It was presumed that a care worker had done it. There was a team briefing and all care workers were told to clip harnesses. Very responsive. They never sweep things under the carpet."
- Staff reported accidents and incidents. The management team followed up each accident and incident to ensure everything necessary had been done for people's health and safety.
- The registered manager had oversight of accidents and incidents, and any trends that might be developing. Learning was shared with staff through team meetings or individual supervision.



# 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

- There was a thorough, holistic assessment of children's and young people's needs before they first started to receive care and support from Shapes Domiciliary Service. This was based on information from children and young people, their families and their healthcare professionals. A family member commented, "Comprehensive risk assessment and care plan produced."
- Assessments and the care plans based on those assessments were reviewed annually or if the child or young person's needs changed.

Staff support: induction, training, skills and experience

- Staff had the training and supervision they needed to work safely and effectively. When they first started working for Diverse Abilities services including Shapes Domiciliary Service, they had induction training that covered key topics including moving and assisting people, safeguarding children and young people, safeguarding adults, food safety, data protection and health and safety. This was refreshed periodically, one to three yearly depending on the topic. A member of staff commented, "When joining Diverse Abilities, every member of staff has a number of training courses to attend and these are updated regularly."
- This core training continued during the pandemic, although for a while was all online. Face to face training was being reintroduced for clinical skills, such as feeding and digestion, respiratory care and epilepsy.
- Where children and young people needed specialist care, such as using machinery to assist with breathing, staff had the necessary additional training. A healthcare professional assessed that staff were competent to provide this care. A member of staff explained: "We attend child specific training for example child specific suction etc. Once the training is done, we are all then competency assessed as to whether we feel confident and comfortable in performing the task before we are able to do it on our own. I feel this really helps in gaining confidence and having another opportunity to ask any more questions that we may have thought of since the training."

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

- Where staff supported children and young people with eating and drinking, the person's preferences and the support they needed was set out clearly in their care plan.
- Some children and young people had complex needs in relation to eating and drinking, such as being tube fed. Staff had training in feeding and digestion, which included administering food and drink using specialist techniques and a healthcare professional assessing they were competent with these.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service worked closely with children's and young people's healthcare teams to plan and provide care that was tailored to their individual needs. Parents and carers confirmed that staff followed the advice from healthcare professionals.
- Care plans set out clearly the support children and young people needed to manage their health. This included information about health conditions and details of the professionals involved. A parent explained that the support their child needed was "incorporated in the general care plan".

#### 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 aged 16 or above 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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- Care was only provided with the appropriate consent.
- Although the MCA did not apply to every child and young person using the service, in view of their age, the registered manager and staff understood their responsibility to abide by young people's decisions where they fully understood and appreciated what was involved in their care and treatment.
- Where children and young people did not have this level of understanding, consent was obtained from their parents.
- Even where children and young people could not fully understand their care and treatment, their preferences were considered.
- Training about the MCA was compulsory for managers and staff.

# 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; Respecting and promoting people's privacy, dignity and independence

- Parents and carers spoke highly of staff, describing their caring approach. They told us: "They are kind and very good", "They are wonderful, lovely people", "[Staff are] kind and caring" and "Positive people... sociable".
- Parents and carers also reported that staff treated their family respectfully. We asked if staff always treated their child with dignity and respect and respected the family's privacy. Responses included: "Always", "Yes, they treat us with dignity and respect. Yes, they respect our privacy", and "Yes, they treat us with dignity and respect. They are 100% mature enough. They respect our privacy. Balancing act."
- Parents and carers told us care was not rushed and that staff stayed for their allotted time. For example, a parent commented, ""Never rush. They love looking after my child."
- Parents and carers described how staff got to know their child and family. For example, parents commented, "They know us very well. They understand [person]" and "[Staff] understand their needs."
- Staff had undertaken training in equality, diversity and inclusion, which was compulsory for them. Throughout the inspection visits and subsequent telephone calls and emails, the registered manager and staff spoke respectfully about people and reflected the provider's inclusive ethos.
- Children's and young people's care was designed to help develop their skills and independence.

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

- Parents and carers felt included in the care planning process and that their views were listened to. A parent commented on how they found the service "very easy to deal with" and said, "I am always consulted about my child's care."
- Parents and carers told us the service respected their wishes in terms of staffing their child's care package. Comments included: "They are very good at trying to match right staff", "Very much so [respect wishes regarding staffing]. I asked for fewer people and they did accommodate" and "They respect my wishes."
- Parents and carers also said they felt staff listened to them generally. Comments included: "They listen and act on what I say. They listened to me moaning today about not getting much sleep" and "Always listen and act on what I say. Never a battle. If [child] is in an uncomfortable position, we point it out to them. They are grateful we have told them."

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. 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

- Parents and carers were positive about their child's or young person's care from the service. In answer to "How do you feel about your child's care and support from Shapes Domiciliary Service?", they told us, "Generally very good", "Excellent", "All fine" and "Very happy".
- Parents and carers were involved in planning their child's or young person's care. Their comments included: "I was involved in creating their care plan", "I was involved in designing their care plan" and "Totally involved in care plan".
- Parents and carers told us staff understood their child's or young person's needs. A parent said, "They do understand my child's needs." Another parent, who was pleased with the service provided to their child and who had reported there had been some new staff visiting, said, "They understand my child's needs most of the time. Sometimes minor errors."
- Care plans were individualised to the child or young person. They were complete, up to date and gave clear direction to staff.

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.

- Children's and young people's communication needs were specifically considered at assessment and were set out clearly in their care plans. These included visual, hearing and speech impairments and their preferred communication methods.
- Children and young people used a range of communication methods other than speech, such as eye-gaze technology, lip reading and different forms of sign language. Staff working with particular people had training in any communication aids they used and were able to communicate in the way they preferred.
- The service provided information in a range of formats to suit the child or young person and their parent or carer.

End of life care and support

- During the inspection, the service was not supporting anyone who was at the end of their life. However, the registered manager and staff were sensitive to children and young people having potentially life limiting conditions. Where appropriate, care plans for life limiting conditions had been devised in consultation with children's and young people's healthcare professionals.

#### Improving care quality in response to complaints or concerns

- Parents and carers told us they knew who to speak with if they had a complaint or concern about the service. They said these were dealt with properly: "Swiftly and promptly rectified to my satisfaction" and "I know who to speak to. Always very good with any issues."
- The service had a complaints process, which was shared with families.
- There had been no formal complaints in the past year.

# 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

- Parents and carers said the service was well managed. For example, a parent told us the service was "very well managed" with "responsive management". Parents and carers told us they felt listened to when they contacted managers.
- Staff were also positive about their work and the way the service was led, telling us they felt well supported. Comments included "I am so happy in my job role and always feel supported in my role", "The manager's door is always open and there is always someone to listen if you need a chat" and "I have always felt supported when working for Diverse Abilities and in particular Shapes. I think the benefit of our management team is that they have all worked on the floor with the young people... They all started as child support workers... they understand the job roles and pressure this has on staff emotionally and physically and can support everyone in the various jobs."
- There was a sense of teamwork at the service, between staff and families, and between members of staff. A member of staff commented, "Even though I work alone at times I always feel like part of the team." A parent told us, "They [staff] fit in as part of the family. Not like an outside service, coming in."
- Parents and carers reported they usually found it easy to contact the service, including out of hours. Comments included: "Very easy to contact. They do pass messages on", "I have a number. On-calls are easy to contact. Quick response from a named person, maybe not on-call" and "On-call are easy to contact. WhatsApp messages, that get passed on."

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 registered manager understood the duty of candour. They were open and honest with children, young people and parents when things went wrong. There had been no incidents that carried a formal duty of candour requirement.
- Parents and carers told us the service was open and honest with them if something went wrong. For example, a parent commented, "Yes, they tell me what they are doing to put things right."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager was experienced in their role and had a good understanding of their responsibilities. This included the legal requirement to notify CQC of significant incidents, although there had been no notifiable incidents since the last inspection.

- Staff had monthly one-to-one meetings with their supervisor, to discuss their work and receive feedback. New staff had regular meetings to discuss their performance, as part of their induction.
- The registered manager oversaw a programme of quality assurance audits and addressed any areas for improvement that were found. These audits covered such matters as record keeping, care planning, medication and staff training. Observations of care staff had paused due to the pandemic and had recently been resumed, to provide further assurance that staff were following care plans.
- The registered manager monitored accidents, incidents and complaints and compliments, to identify any trends. Learning was shared with staff appropriately, through team meetings or one-to-one supervision meetings.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- There was an emphasis on engaging with children, young people and their families and involving them meaningfully in decisions about their care. This happened through the assessment and care planning process, as well as informal communication with families and staff observing how children and young people responded to their support. Staff knew children and young people well and were sensitive to changes in their presentation that might indicate how they felt about their care and support.
- Parents and carers said they were kept informed about their family member's care.
- There was an annual survey of parents and carers; results from the most recent survey in the spring of 2021 were broadly positive. Where issues had been raised, mostly in relation to COVID-19-related protocols, the registered manager had taken action to address these, including appointing a member of staff responsible for completing rotas well in advance. A parent commented, "Yes, questionnaires. Any suggestions they change things."
- There were regular staff meetings, at which staff were informed of current developments and had an opportunity to give their views.
- There was ongoing regular communication with children and young people's healthcare, social care and education professionals. This was fundamental to ensuring each child and young person received the care they needed.