

Watford And District Mencap Society

Community Support Service (Dom Care)

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

We carried out an unannounced inspection of the Community Support Service (Domiciliary Care) on 18 and 19 April 2016. We made telephone calls to people who used the service and members of staff on 21 April 2016.

Community Support Service (Domiciliary Care) is a community based service providing care and support to people living in their own homes and in three supported living settings. At the time of our inspection, there were eleven people using the service. Eight People lived in three different houses; some houses had been converted into flats where they received around the clock support from staff, and three people lived in their own homes and were supported for no less than two hours every week.

The service has two registered managers in place. 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 safe using this service. There were risk assessments in place that gave staff guidance on how risks to people could be minimised and how to safeguard people from the risk of possible harm.

People's care needs had been assessed, and care plans put into place. These care plans were personalised to each individual and took into consideration people's preferences and choices. Staff supported people to attend health care visits such as GP appointments and hospital visits when required.

Staff were caring and respectful of the people they supported. They had built positive relationships with people and were clearly knowledgeable about people's needs.

The provider had an effective recruitment processes in place and there were sufficient numbers of staff to safely support people. Staff understood their roles and responsibilities within the service and were trained in meeting people's needs. They received supervision and support, and gained people's consent before they provided care or support.

The provider had a formal process for handling complaints and concerns. They encouraged feedback from people and acted on the comments received to continually improve the quality of the service. The provider also had effective quality monitoring processes in place to ensure that they were meeting the required standards of care.

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.

The provider had systems in place to safeguard people from the risk of harm.

There were robust recruitment systems in place There was sufficient staff to safely meet people's individual needs.

People were supported to manage their medicines safely.

Is the service effective?

Good ●

The service was effective.

The requirements of the Mental Capacity Act 2005 were met and people's consent was sought before any care or support was provided.

People were supported by staff that had been trained to meet their individual needs.

People had access to other health and social care services when required.

Is the service caring?

Good ●

The service was caring.

People were cared for by staff that were kind, caring and supportive.

Staff understood people's individual needs and they respected their choices.

Staff respected and protected people's privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

People's needs had been assessed and appropriate care plans developed to meet their needs.

People were supported to follow their interests and hobbies.

Is the service well-led?

The service was well-led.

There were two registered managers in post. They were approachable and supportive to people.

Quality monitoring audits were completed regularly to drive continual improvements.

People who used the service and their relatives were enabled to routinely share their experiences of the service and their comments were acted on.

Good ●

Community Support Service (Dom Care)

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 over a three day period and was unannounced. It was carried out by one inspector from the Care Quality Commission (CQC). We visited the provider's offices on 18 and 19 April 2016. We also visited people in their homes, where we spoke with them and the staff who supported them, on 19 April 2016. On 21 April 2016, we carried out telephone interviews with people and members of staff.

Before the inspection we reviewed information that had been provided to us by the service in the Provider Information Return (PIR) form. 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 available to us about the service, such as the notifications that they had sent us. A notification is information about important events which the provider is required to send us by law.

During the inspection, we spoke with three people who used the service, three support workers, the two registered managers and the provider's operations managers. We reviewed the care records of six people who used the service, the recruitment and training records of six members of staff employed by the service. We also looked at information on how the provider managed complaints and how they assessed and monitored the quality of the service.

Is the service safe?

Our findings

People told us they felt safe using the service because they had support from a staff team that they knew and were familiar with. They also knew to whom they would raise concerns with if they felt unsafe. One person said, "Yes, I feel safe because I have [the staff], they help you tremendously. I have lived on my own before in other places but I prefer living here." Another person told us, "Yes I feel safe because the staff look after me. They come round and we go to the club around the corner. If I was not safe I will speak to the staff and [manager] about it."

The provider had an up to date safeguarding policy in place. The staff we spoke with were aware of this and demonstrated a clear understanding of their role and responsibilities in supporting people to remain safe. They confidently explained the processes and procedures that were in place to support people who used the service stay safe. They were able to tell us the types of risks that could affect the people they supported, the measures that were in place to reduce these risks and the actions they would take if people were unsafe. They were also aware of external agencies they could report concerns about people's safety. One member of staff said, "I have done my safeguarding training. If I suspected [that a person was not safe], I will report it to my manager immediately. They will undoubtedly deal with it, but I know I can also speak with [the operations manager], the safeguarding team or the CQC about any safeguarding concerns I had." Furthermore, staff told us they were encouraged by the provider to raise any concerns they had about the people they supported. They said the required actions would be taken by the management team and the provider to keep people safe. A member of staff told us, "The communication is very good, it is all very open. You can talk to them about any concerns relating to safety and something will be done about it." The service's managers told us they carried out weekly visits to people at their homes where possible, to check on their safety and well being.

In addition, the provider had an up to date whistleblowing policy. This gave staff a way in which they could report concerns within their workplace without fear of consequences of doing so. Staff told us they had read and understood this policy and would use it if there was a need to do so. One member of staff said, "Yes, I will not hesitate in whistleblowing if I had concerns that were not being dealt with."

The provider had carried out risk assessments and had put into place risk management plans in relation to people's support needs. The risk assessments were completed with people or their relatives, where possible, and were aimed to keep people as safe as possible. Staff told us they were made aware of these, and had access to them as part of their work role. Staff also told us they monitored these risk assessments and informed the management team as well as their colleagues of any changes that were required so that the appropriate steps were taken. One member of staff said, "We have risk assessments in all the areas we need to; for example, walking, finances and going out. If any changes occurred, we recorded and reported them to the managers and staff. The managers then make sure new methods of working are put in place."

Where significant incidents or accidents occurred, we found that these were recorded and reported through the provider's accidents and incidents reporting system called the 'Notable Event Tracking System' (NETS). A member of staff we spoke with told us, "If an incidents or accident happened, we complete the 'NETS'

online form and it goes straight out to the managers and we also record it in the clients' logs." The provider's operations manager told us that data from accident and incident reports was used by the provider to identify trends and possible causes in order to put in place the correct level of support to reduce the chances of reoccurrence. The operations manager produced a report from the 'NETS' system that showed a reduction in a particular type of incident that involved one person who used the service. This reduction, the operations manager explained, was because the provider had captured previous incidents, analysed them appropriately and put into place the right level of support for this person.

Staff employed by the service had been through a thorough recruitment process before they started work, to ensure they were suitable and safe to work with people who used the service. Records showed that all the necessary checks were in place before each member of staff began work. These included reference checks, Disclosure and Barring Service (DBS) checks and a full employment history check. This enabled the managers to confirm that staff were suitable for the role to which they were being appointed.

People told us that there was enough staff to support them safely. For example, where a person required two people to support them, there was always two staff available to support them. People told us that staff generally arrived at the allocated time, but a review of the provider's call logs indicated that there had been 158.5 hours of care that had not been covered between January 2016 and the 19 April 2016. It was unclear from the call monitoring system in place which care visits were cancelled because people did not require care and the ones that were as a result of the provider not being able to provide the care call. However, the provider was in the process of updating this system which we were told would be operational by July 2016. People were complimentary about the staff that provided care to them and said they were supported by a consistent group of staff which meant they were able to get to know them well. Staff also confirmed this and said that this meant people felt safe around them and they knew what to do to help people feel safe.

Staff received training in medicines awareness, and a review of people's Medicines Administration Records (MARs) showed that people were supported with their medicines appropriately. Medicines records gave staff guidance on how to support people with their prescribed medicines. Staff were aware of people's routines and did not rush them to take their medicines, if people refused to take their medicine, then correct actions were taken to inform the GP and people's relatives where appropriate.

Is the service effective?

Our findings

People felt their care and support was effective because the staff were trained, skilled, experienced and understood their roles. Staff had received the required training to effectively carry out their job roles. A person who used the service told us, "[Staff] know what they are doing, they are very experienced, which is 'handy'. They get trained and if you are trained to do things it makes you better and more experienced so I believe in all this training they do." Staff told us their training was in areas that the provider felt were mandatory in order for them to undertake their job roles effectively. A review of the training records showed that staff were trained in subjects such as; emergency first aid, fire safety, safe administration of medicines, safeguarding people, health and safety including infection control and person centred support.

Staff had completed the 'skills for care common induction programme', at the start of their employment with the service. They told us that their induction gave them the opportunity to understand their new role, the needs, preferences and history of the people who used the service, and to familiarise themselves with facilities available to them. One member of staff told us, "Yes I have done my induction, it is very good. It gave me the understanding of what was expected of me." One of the registered managers told us, "The inductions process has moved forward and has been made more robust than it used to be. Staff complete their induction within the first twelve weeks of their employment and the training covered as part of the induction consist of; role of the health and social care worker, effective communication, equality and diversity, principles of safeguarding people and the principles of implementing duty of care." They further explained that new members of the staff team were given the opportunity to complete the care certificate. A review of staff induction records confirmed this.

Staff told us they received regular supervision and a review of the spread sheet held by the managers to monitor when staffs' supervision was due confirmed this. One member of staff said that supervisions gave them an opportunity to discuss issues and concerns they had with their supervisor and they felt listened to. Another member of staff said, "In supervision we discuss my training and any support I needed. [Manager] always makes sure supervisions are done, it's effective yes." Annual appraisals of staff and their performance within the work place was also being completed. This showed that staff were supported to maintain their effectiveness in their roles.

The requirements of the Mental Capacity Act 2005 (MCA) were met. 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 understood the requirements and principles of MCA, particularly in relation to their roles and responsibilities in ensuring that people consented to their care and support. Staff told us that they would always ask people for their consent before providing support. People who used the service confirmed that this was the case. One person said, "Yes [staff] ask my permission. They ask me if it is all right before helping me or before they come into my flat." A review of people's care records showed that they had signed

consent forms that agreed for staff to provide them with care and support.

People were supported to make decisions about their care and support, and encouraged to maintain their independence. One person told us "Oh yes, I choose what I want to do. Social Services wanted me to move out of here because of cost. I told them 'No!' I would not because I like it here." This person further explained that they were supported through this by the staff and their decision was respected.

People were encouraged to maintain their health and wellbeing through regular appointments with health care professionals. Where required staff arranged and attended healthcare appointments with people. Records of people's interactions with healthcare professionals were maintained by the provider together with contact details of the regular healthcare agencies involved in people's care and support. This enabled staff to call on them when the need arose.

Is the service caring?

Our findings

People commented positively about the staff that supported them. They told us staff were kind, caring and supportive of them. One person said, "[Staff] are lovely. They are kind and help me go out." Another person told us, "Yes, [staff] are well mannered, they speak to you well. They are kind and caring."

From our observations of staffs' interactions with people who used the service, we found that they were patient, caring and encouraging toward people. They were respectful and they communicated with people appropriately, taking the time to listen to people and addressed them with their preferred names. One person said about the staff, "They know how to talk to me. They listen and they understand what I say. I also understand when they talk to me."

Staff demonstrated a clear understanding of how to meet people's needs and how they worked to support people in way that was personalised to them. People's views were acted upon where possible. We saw that in one of the supported living settings the provider had lowered the work surface in the kitchen which enabled a person who enjoyed hosting dinner parties, to bake and cook for their guests on a regular basis. This person told us how important this was to them whilst showing us photographs of cakes they had baked and dinner parties they held in the setting. They further explained that they were supported by the provider in getting a car of their own. They felt that this had greatly improved their independence and freedom.

People told us their dignity and privacy were respected by staff. One person said, "They are very respectful. If I am getting changed I just tell them I'm going to be a few minutes and they shut the door. I have no complaints about that." We observed that staff asked people's permission before they showed us people's records and where people wanted to be in the privacy of the bedrooms this was respected. We saw that people were also involved in making decisions about their care through regular reviews and discussions. The care records we looked at showed that people were involved and supported in their own care and decisions. People told us staff supported them in accordance with what had been agreed with them during the planning of their care.

A 'Client User Guide' that contained information about the provider and the services they offered people was given to those who used the service. This leaflet gave people information on who to contact if they were unsatisfied with the service provided, how people will know who staff were when they started using the service and the costs of using the service. It also contained useful contact details of other agencies, such as the social services and the National Health Service (NHS) in Hertfordshire.

Is the service responsive?

Our findings

People told us they were supported in a way that was personalised to them and met their needs. The provider had carried out assessments that identified people's care needs, the type and level of support they required from staff before they started using the service.

We found that care plans had been developed following the initial assessments carried out by the provider, so that people received appropriate care and support that met their individual needs. People had been involved in planning their care and in the regular reviews of the care plans. There was a system put into place by the provider to review the care plans annually, but where necessary, these were done sooner, so that the care plans reflected changes in people's care needs. A person using the service told us, "Yes, I have a care plan, I [wrote] it with [support] from [manager], and I go through it often with staff." Another person said, "Yes, I have a care plan. It is a folder that tells you all about me. It is reviewed every year in my whole life review."

People's care plans captured and detailed their history, their medical diagnosis and medicines details, their dietary needs, daily routines, hobbies, interests and future plans. The things that people liked to do were listed in the 'special times' sections of their care plans together with the level of support required for each of these activities.

People were encouraged to live as active a life as they wanted to and were supported to choose the activities they wanted to take part in. There was a sense that people were in charge of what they wanted to do and the way in which they were supported. When we visited people in their homes, where it was possible, they welcomed us at the door and directed us to where they wanted to meet with us. One person took delight in offering us and the staff that accompanied us hot drinks. Another person talked us through their weekly routine and told us the names of staff who supported them for each activity. The activities people took part in included, baking, attending a local pensioners' club which they called 'the lunch club', on a weekly basis and going to day centres.

The provider had a robust complaints policy and procedure in place. People were made aware of this when they started using the service and through regular questionnaires and feedback requests. People we spoke with knew who they needed to talk to if they were unsatisfied with their care. They told us they were comfortable raising concerns they might have about the support provided and knew their concerns would be addressed. One person said, "I have no complaints but I will speak to the staff or [manager] if I wasn't happy." We saw that the complaints received by the provider had been resolved in accordance with the complaints policy.

Is the service well-led?

Our findings

The service had two registered managers in place. People who used the service spoke highly of the registered managers, and the provider as a whole. One person told us about one of the registered managers, "[Manager] is lovely, [they] come to see me every week, if [they] can't come this week [they] say I will be down next week." Another person told us about the other registered manager, "[Manager] is friendly, really sweet. [They] are very hard working."

The staff we spoke with told us that the registered managers were approachable and supportive of them. They explained that the management team were flexible and listened to theirs and people's feedback and opinions. One member of staff said, "They are very open and encouraging."

The organisation demonstrated an open and transparent culture through out. Staff told us that it was a 'good' organisation to work for and that they placed the people they supported at the forefront of everything they did. A member of staff told us, "As an organisation they are pretty good. They try and do a good job and they always put people first. There is a culture of openness." The registered managers told us about their open door policy which meant that staff were able to raise any concerns they had openly without having to wait for a supervision session. Staff told us this made them feel empowered. One member of staff said, "You can ring up or go to the office anytime. We work very much as a team."

People told us that the care and support provided to them was very good and that they had regular visits from the managers to keep in touch. They said that if there was to be a change in their carers then they would be notified in advance and that there would also be a handover period.

Staff told us that the registered managers provided stable leadership, and the support they needed to provide good quality care to people they supported. They said that the managers were visible and approachable if they needed support. The managers were clearly knowledgeable about their roles and responsibilities in facilitating the provision of a high quality safe, effective and compassionate care, to the people who used the service. We observed their interactions with the people who used the service and the staff, and found these to be positive.

We found that the staff also knew their roles and what was expected of them. They told us they felt they were involved in the development of the service and were given opportunities to suggest changes in the way things were done. Staff told us that the provider was supportive and kept them up to date with everything that was taking place during team meeting which took place every three months. We reviewed the minutes of the last staff meeting held in March 2016 and found that the areas of discussion included; people's care plans, staff training, people's finances and a reflection on effective communication.

There was evidence that the provider engaged with people and their relatives in gaining feedback about the service they provided in order for them to identify areas for improvement. Annual survey questionnaires were sent to people and their relatives and the results of the most recent survey showed that people who responded, were happy with the quality of care provided.

The registered managers regularly carried out audits to assess the quality of the service they provided. These included checking people's care records, medicines and finances where required to ensure everything was correct and up to date. We found that they had kept robust, up to date records that reflected the service provided at the time of our inspection. The registered managers also understood their responsibility to notify to the CQC of any relevant events or issues, as part of their registration conditions. We noted that this had been done in a timely manner. Records were stored securely and were made readily available when needed.