

One Call Care Solutions Limited

247 Community Support

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection took place on 13 December 2018 and was announced. The registered provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be at the office to assist with the inspection.

The service was last inspected in June 2016. At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

This service is a domiciliary care agency. It provides personal care to people with physical disabilities, learning disabilities and autism who live in their own home or supported living. Not everyone using 247 Community Support receives regulated activity. CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of our inspection eight people were receiving personal care from the service.

There was a registered manager 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. The registered manager was registered at this location in 2015.

People and their relatives said staff at the service kept people safe. Medicines were managed safely. Risks to people were assessed and steps taken to reduce them. Plans were in place to support people in emergency situations. The provider had policies and procedures in place to promote effective infection control measures. People were safeguarded from abuse. The provider and registered manager monitored staffing levels to ensure enough staff were deployed to provide safe support. The provider's recruitment processes minimised the risk of unsuitable staff being employed.

People's health and social needs were assessed before they started using the service to ensure the correct support was made available to them. Staff worked closely with a range of external healthcare professionals to maintain and promote people's health and wellbeing. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. Staff were supported with regular training, supervision and appraisal. People received support to manage their food and nutrition.

People and relatives spoke positively about the staff at the service. Staff were very knowledgeable about people's families, backgrounds, hobbies and interests and this led to interesting and fulfilling conversations

that people clearly enjoyed. Staff worked to promote people's independence and enable them to live as full and free a life as possible. Policies and procedures were in place to support people to access advocacy services.

People received person-centred support based on their assessed support needs and preferences. Staff were knowledgeable about people's communication support needs. People were supported to source, organise and participate in a wide range of activities they enjoyed. Policies and procedures were in place to investigate and respond to complaints.

The registered manager had informed CQC of significant events in a timely way by submitting the required notifications. People, relatives and staff spoke positively about the culture and values of the service, and about the leadership provided by the registered manager. The provider and registered manager carried out a range of quality assurance checks to monitor and improve standards at the service. Feedback was sought from people, relatives and staff. The service had links with a wide range of community agencies and organisation that benefited people receiving support.

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 remains good.

Good ●

Is the service effective?

The service remains good.

Good ●

Is the service caring?

The service remains good.

Good ●

Is the service responsive?

The service remains good.

Good ●

Is the service well-led?

The service remains good.

Good ●

247 Community Support

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 13 December 2018 and was announced. The registered provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be at the office to assist with the inspection.

We visited the office location on 13 December 2018 to see the registered manager and office staff, and to review care records and policies and procedures. We spoke with people, relatives and staff at the office location. We also spoke with relatives on the telephone on 13 December 2018.

The inspection team consisted of one adult social care inspector.

We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We contacted the commissioners of the relevant local authorities, the local authority safeguarding team and other professionals who worked with the service to gain their views of the care provided by 247 Community Support.

We spoke with three people who used the service and three relatives of people using the service. We looked at two care plans, two medicine administration records (MARs) and handover sheets. We spoke with six members of staff, including the registered manager, deputy manager and support staff. We looked at three

staff files, which included recruitment records. We also looked at records involved with the day to day running of the service.

Is the service safe?

Our findings

People and their relatives said staff at the service kept people safe. One relative said, "He's safe, and that gives us great peace of mind."

Medicines were managed safely. People's medicine support needs were clearly recorded in their support plans, and staff received training in how to administer them. Medicine administration records we reviewed had been completed without errors or unexplained gaps.

Risks to people were assessed and steps taken to reduce them. For example, one person was at risk of self-neglect and a detailed assessment and plan was in place to address this. Positive risk taking was encouraged, with risk assessments in place to help people safely try things and live independently. Accidents and incidents were monitored to see if lessons could be learned to keep people safe. Though the service was not responsible for people's accommodation staff also carried out visual checks of their surroundings to see if any risks were present that needed addressing.

Plans were in place to support people in emergency situations. The provider had a contingency plan to help provide a continuity of care in situations that disrupted the service. We saw the registered manager and deputy manager discussing this in relation to a possible bus strike that could disrupt people's transport, and deciding on actions to overcome this.

The provider had policies and procedures in place to promote effective infection control measures. Staff received infection control training, and guidance was available on safe hand washing and the use of personal protective equipment.

People were safeguarded from abuse. Staff received safeguarding training and had access to the provider's safeguarding policy. The policy provided guidance on the type of abuse that can occur in care settings and how to report it. Staff told us they would not hesitate to report any concerns they had. One member of staff said, "I'd straightaway report anything I was concerned with." Records showed that where issues had been raised they were appropriately investigated and reported to local safeguarding authorities.

The provider and registered manager monitored staffing levels to ensure enough staff were deployed to provide safe support. People's support was commissioned and funded by the local authority, which set out how many hours of support were needed. The registered manager and staff then created an individual staffing rota for each person. People were involved in deciding which staff would support them. For example, one person liked to meet lots of different staff so by choice their staff were changed regularly. People and relatives said they were supported by stable staffing teams. One person said, "The staff are good" and nodded when we asked if they were supported by staff they knew. A relative told us, "[Named person] has excellent staff, great continuity. The staff know her well." A member of staff said, "I think there are enough staff."

The provider's recruitment processes minimised the risk of unsuitable staff being employed. Employment

histories were checked, written references sought and Disclosure and Barring Service (DBS) checks carried out. The DBS carry out a criminal record and barring check on individuals who intend to work with children and adults to help employers make safe recruitment decisions.

Is the service effective?

Our findings

People's health and social needs were assessed before they started using the service to ensure the correct support was made available to them. These assessments involved people, their relatives and staff to ensure support plans were as effective as possible.

Staff worked closely with a range of external healthcare professionals to maintain and promote people's health and wellbeing. Support plans contained records of multi-disciplinary meetings involving professionals such as community nurses, psychologists and psychiatrists to review and plan people's care.

Staff received a range of mandatory training to equip them with the knowledge and skills needed to provide effective support. Mandatory training is the training and updates the provider deems necessary to support people safely and effectively. This included training in health and safety, food safety and the Mental Capacity Act 2005 (MCA). Training was also provided to staff supporting people with particular support needs, such as autism. One member of staff said, "We get a lot of training. If you want more you can always ask for it. Generally, classroom training, like first aid and moving and assisting. We also get specialist training from professionals, like nurses doing epilepsy training." A relative said, "I definitely think they know what they're doing. [Named person has a specific health condition] and they all did training on that when they started." Training was regularly refreshed to ensure it reflected latest best practice. Records showed that training was either up-to-date or planned.

Staff were supported with regular supervision and appraisal. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. Records of these meetings showed they were used to discuss staff knowledge and any issues they wished to raise. Staff told us they found supervisions and appraisals supportive. One member of staff said, "It's an opportunity to air off any issues rather than just stewing on things. Good to look at whether you need any extra support."

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA), whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. Records contained clear information on any restrictions on people's ability to make decisions for themselves, for example through Court of Protection orders, and support was planned which took these into account.

Some people received help with managing food and nutrition as part of their support. Details of people's dietary support needs and preferences were recorded in their support plans, and their nutritional health was monitored. People were involved in shopping for and cooking their own meals. One person we spoke with told us they had helped prepare pasta for their dinner later in the day.

Is the service caring?

Our findings

People spoke positively about the staff supporting them, saying they were kind and helped them to live the lives they wanted to. One person we spoke with said, "The staff are nice." Another person said, "They are all very nice. We can do what we like to do."

Relatives also spoke positively about staff, describing them as kind and caring. One relative told us, "The staff appear very kind and committed. [Named person] has a positive, caring relationship with them. I've never seen him look nervous. He enjoys their company" and, "When he leaves us now he says, 'I'm going home'. That means everything to us." Another relative said, "The care staff are brilliant. They know [named person] really well and she's very happy with them."

Though people received support in their own homes they regularly visited the office location to chat with staff and use it as a base from which to plan group activities. This meant we could observe them interacting with staff. We saw that people had very close and friendly relationships with the staff supporting them. People were treated with dignity and respect. We saw staff maintaining professional boundaries with people when we were talking with them at the office location.

Staff were very knowledgeable about people's families, backgrounds, hobbies and interests and this led to interesting and fulfilling conversations that people clearly enjoyed. For example, one person was very excited about preparing for Christmas and told us what they had been doing to decorate their home. They involved the member of staff who was with them in this conversation, and the person and staff member could finish each other's sentences as they had both been involved in the decorating. Every person we spoke with was laughing and joking with staff, including office staff who they clearly knew well. One person told us, "The staff are good. It's going good."

Staff worked to promote people's independence and enable them to live as full and free a life as possible. We saw people visiting the office deciding with staff what they would like to do for the rest of their day, including going for lunch and shopping. Support plans contained records of people deciding that they wanted their daily routine to change, and action being taken to do this. People were supported to apply for jobs and work and to attend local colleges. We spoke with some people who were supported with jobs, and they were obviously happy and proud to tell us what they did. A relative said, "[Named person] does all sorts with them. They help her have the life she wants."

At the time of our inspection nobody at the service was using an advocate, but the registered manager could explain how this would be arranged should it be needed. Advocates help to ensure that people's views and preferences are heard.

Is the service responsive?

Our findings

People received person-centred support based on their assessed support needs and preferences. Person-centred planning is a way of helping someone to plan their life and support, focusing on what is important to the person. People and relatives said staff provided the support people wanted. One person said, "They do what we want."

Support plans contained lots of information on how people wanted to be supported. There was an emphasis on what they would like to do for themselves and how they would like their support to strengthen and expand their independent living skills. For example, one person received support with managing their food and nutrition as they had sometimes neglected this themselves. Their support plan contained guidance on steps staff should take to help the person develop their own nutritional routines and begin to manage this themselves. This included helping the person to develop their own meal plans, shop for the required food and guide them on cooking it.

People's support plans also contained lots of information on their family background, relationships of importance to them and their hobbies and interests. This helped to ensure their voice was embedded and clearly heard by staff reading their plans.

Regular reviews of support plans took place to ensure they reflected people's current needs and preferences. These reviews included people, relatives and other professionals involved in people's care. One relative said, "We went to a meeting last week. We're always specifically asked if there's anything we think would be helpful for [named person]." People and relatives said communication with and from the service was good. One relative said, "They were really good at communicating with us and letting us know. They do anything for you."

Staff were knowledgeable about people's communication support needs. People received information in ways they could access easily in line with the Accessible Information Standard (AIS). The AIS was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand.

People were supported to source, organise and participate in a wide range of activities they enjoyed. Activities were based on people's individual interests and changed regularly depending on what people wanted to do. Recent activities had included trips to local theme parks and amenities, swimming, cooking and meals out. Every week there was a coffee morning at the office location that had been started by a person using the service. This was well attended by people using the service, and was used to socialise and plan any group activities people might be interested in. The people we spoke with said they enjoyed attending the group. Parties were being planned for Christmas, and staff said they alternated the venue of parties regularly to ensure as many people as possible could take part. One person told us, "I'm getting excited about Christmas."

Policies and procedures were in place to investigate and respond to complaints. The provider's complaints

policy set out how issues could be raised and would be investigated. There had not been any complaints since our last inspection, but people and relatives said they would be confident to raise any concerns they had.

Is the service well-led?

Our findings

The service had a registered manager 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. The registered manager was registered at this location in 2015.

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service in the form of a 'notification'. The registered manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.

People, relatives and staff spoke positively about the culture and values of the service, and about the leadership provided by the registered manager. We asked one person what the registered manager was like and they said (referring to all the office-based staff), "I like them all in here." A relative told us, "I can just knock on the office door and they're there." A member of staff we spoke with said, "Management is approachable. You can come to them with any issues at all."

The provider and registered manager carried out a range of quality assurance checks to monitor and improve standards at the service. These included audits of medicine records, support plans and training. Where issues were identified action was taken to address them. For example, one person's support plan changes had been sent to their social worker for comment but no response had been received so this was chased up with them.

Feedback was sought from people, relatives and staff using questionnaires and meetings. As staff were with people regularly feedback was also sought informally, with people and relatives encouraged to raise any issues they had at any time. We looked at a sample of questionnaires and saw the feedback was positive. One person had responded, 'Nothing could be better.' Where issues were raised, the registered manager could explain how they would be addressed. Staff said they felt supported by staff meetings and could raise any issues they had. One member of staff told us, "Staff meetings happen and can be useful. Good to see other staff as you don't always get to do that with being in different houses."

The service had links with a wide range of community agencies and organisation that benefited the people receiving support. Some people had been supported into jobs with local businesses the service had links with. Others attended local colleges, and were supported in their studies by staff. Some people volunteered for local charities with whom the service had good links. The service also worked with local day services and groups that people accessed.