

PLUS (Providence Linc United Services)

Domiciliary Services

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

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 this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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 comprehensive took place on 27 February 2018 and was announced. The inspection site visit started and ended on 27 February 2018. Telephone calls to people using the service and their relatives were carried out on 27 and 28 February 2018.

We gave the service 72 hours' notice of the inspection visit because the location provides a domiciliary care service. We needed to be sure that they would be in.

Two inspectors and two experts by experience undertook the inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection, we reviewed the information we held about the service including notifications. Statutory notifications include information about important events, which the provider is required to send us by law. We reviewed the Provider Information Return (PIR) form sent to us. A PIR is a document that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to plan the inspection.

During our inspection, we spoke with 11 people using the service and six of their relatives. We spoke with two members of care staff, a deputy head of service, a human resources manager, two service managers, and a chief executive officer. The registered manager was not available on the day of the inspection due to adverse weather.

We looked at 10 people's care records, including their risk assessments and five medicine administration records. We reviewed information about the management of the service including safeguarding reports, incident records and policies and procedures. We looked at 15 staff records that included recruitment, induction, training, supervisions and appraisals.

After the inspection, we received feedback from two health and social care professionals.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Aspects of the service were not safe

The provider's staff recruitment practices were not sufficiently robust to ensure that people were protected from unsuitable staff.

Risks to people's health and well-being were assessed and managed.

People received the support they required to take medicines.

There were sufficient numbers of staff to provide care that met people's needs.

Staff knew how to minimise the risk of infection.

Requires Improvement ●

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 ●

Domiciliary Services

Detailed findings

Background to this inspection

We carried out an announced inspection of this service on 27 February 2018.

Domiciliary Services is a domiciliary care agency and provides personal care and support to people living in their own homes. People using the service lived in leased accommodation owned by a housing association and shared facilities such as lounges and a kitchen.

There were 26 people using the service at the time of our inspection.

At the last inspection on 27 August 2015, the service was rated Good.

At this inspection, we found the service remained Good.

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

Recruitment processes were not always robustly followed to ensure the suitability of staff who provided care. People received care in a safe manner from a sufficient number of suitably qualified staff.

People were happy with the support they received. Staff knew how to identify and report abuse. Appropriate systems were followed to monitor and report safeguarding concerns to the local authority. Staff assessed, reviewed and managed risks to people's health and well-being.

People received the support they required to take their medicines. Staff learnt from mistakes and incidents and accidents. Staff knew how to minimise the risk of infection when providing care.

People received care in line with best practice guidance. Staff were effective in their roles because they received support from their managers, regular training and supervision. People consented to care and

support.

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 followed the legal requirements of the Mental Capacity Act 2005 (MCA) when delivering care. People received the support they required to eat and drink and to have their health needs met.

People were treated with dignity and respect. Staff maintained people's privacy and confidentiality. People had developed positive relationships with the staff who delivered their care. Staff provided people's care with kindness and compassion.

People had a review of their health and well-being. Staff provided care as planned in line with people's changing needs. People knew how to make a complaint. Appropriate systems on how to resolve complaints remained in place.

People and staff were happy in the manner in which the service was managed. Staff were supported by their managers and worked well as a team. Checks were carried out on the quality of the service. A person centred approach and an open culture put people at the centre of the service.

We have made a recommendation regarding safe recruitment practices.

Is the service safe?

Our findings

The provider did not ensure that they sufficiently followed safe recruitment and selection processes. Applicants completed an application form which detailed their employment history. The provider had sought and received references from employers who were not highlighted on the application forms of two members of staff. In addition, one member of staff had an unfavourable reference from their previous job. There was no evidence on file about how the registered manager planned to monitor the issue that had been identified by the referee. However, the member of staff had undertaken a detailed induction and had their performance monitored. The provider verified each applicant's right to work in the UK, although the system used for verification was not robust. We discussed the matter with the human resources manager and deputy head of service who said they would improve their verification system. All members of care staff had a satisfactory Disclosure and Barring Service (DBS) check which enabled the provider to make safer recruitment decisions.

We recommend that the registered manager and provider seek advice from a reputable source about safe recruitment practices.

People received care from staff who knew how to protect them from abuse. One person told us, "I like all the staff. They never hurt me." One member of staff told us, "Safeguarding is about protecting people in our care from harmful practices." Staff attended safeguarding training and refresher courses to keep their knowledge up to date. They understood their responsibility to identify and report any concerns about people's health and well-being. The provider ensured safeguarding procedures were up to date and accessible to staff. The registered manager investigated concerns and reported to the local safeguarding team to ensure people's safety. The managers raised safeguarding issues in supervision to ensure staff learnt from incidents to maintain people's safety.

People continued to receive safe care and support. The registered manager assessed risks to people's health and well-being and developed guidance for staff about how to deliver safe care. Staff reviewed and updated risk assessments to ensure these reflected people's changing needs. Health and social care professionals were involved when needed to identify and provide information to staff on how to manage complex risks to people, for example a swallowing difficulty.

People had their needs met in a safe manner by a sufficient number of staff deployed to provide care. One relative told us, "Yes; they make sure [person] has all the help needed." The service managers determined staffing levels by reviewing each person's needs and the support they required. Service managers provided additional staff to support people to attend appointments, access the community and undertake activities. Staff told us and records confirmed that service managers planned duty rotas and covered absences. People were happy they received care from a regular team and had not experienced any missed calls.

People received support to take their medicines. People had an assessment of their ability to manage their medicines and received the support they required. Managers carried out checks on medicines administration records (MARs) to ensure people received their prescribed medicines. Staff were aware of

their responsibility to report a medicine administration error. We saw the registered manager had discussed with a member of staff when there was a medicine administration error to minimise the risk of this happening again. Staff told us and records confirmed they had received medicines management training. Staff were aware of how people preferred to take their medicines and had completed relevant medicine training.

People received support in a manner which minimised risk of infection. Staff had received training in infection control and food hygiene. They were able to describe how they used protective clothing such as gloves and aprons when delivering personal care and when preparing food. The managers carried out spot checks to ensure staff prevented and controlled the spread of infection in their practice. Staff told us they had access to gloves and aprons.

Staff followed incident and accident reporting procedures. There was a log and analysis of incidents and accidents to monitor trends and any patterns. The registered manager discussed with staff incidents and put plans in place to minimise the risk of a recurrence.

Is the service effective?

Our findings

People continued to receive care in line with best practice guidance. One relative told us, "We read the care plan and signed a contract." People using the service and their relatives when appropriate and health and social care professionals were involved in assessing their needs before they started receiving care. Care plans were developed and support plans put in place to enable staff to meet people's needs. People's care was planned and reviewed regularly to ensure staff continued to deliver care in line with current legislation.

People constantly received care from staff who were skilled and knowledgeable to undertake their work. One person explained, "Yes, they're all trained." One relative said, "[Staff] know what to do." Staff were happy with the training provided. The registered manager maintained a training matrix to ensure staff had opportunities to keep their knowledge and skills up to date. Staff attended the provider's mandatory and refresher training required to deliver effective care and their records were up to date. The training included first aid, medicines management, moving and handling, health and safety and safeguarding. In addition, staff received training specific to people's conditions such as epilepsy and behaviours that challenged.

Staff received guidance and advice, supervision and appraisal to review and develop their practice. A learning and development plan for each member of staff detailed the support they required and the training they had to complete to become competent in their role. Issues raised in supervisions included staff's practice and teamwork.

People received support to eat and drink healthily and to have sufficient amounts. Staff had information about people's food preferences, dietary needs and risks related to their eating and drinking. Staff followed guidance provided by healthcare professionals to support people to maintain a healthy weight and to eat in a safe manner.

People continued to receive support to access healthcare services and to maintain their health. Staff told us they monitored people's health and informed service managers when they had concerns. People had the support they required to attend GP and hospital appointments for checks ups, reviews of their health needs and specialist treatment.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). We checked whether the service was working within the principles of the MCA and found this to be the case. The registered manager had applied for a Court Of Protection order to enable staff to provide support when a person who showed behaviours that challenged accessed the community.

Staff understood their responsibility in relation to the MCA. People told us staff obtained their consent to care and treatment. Best interests meetings showed the support provided to people who were unable to make decisions about their care. This included areas they required support with such as managing their personal care, finances and medicines.

Is the service caring?

Our findings

People continued to enjoy positive relationships with the staff who provided their care. One person told us, "Yes; they're caring and they have a big interest in what's going on in my life." One relative told us, "[Member of staff] walked here today in the snow so that [person] wasn't let down. I wasn't expecting to see her because of the snow." Staff knew people well and how they liked to receive care and support. Care records showed staff asked people about their preferences and life histories.

People told us staff were kind and caring. Staff understood their responsibility to treat people with kindness and compassion. Staff told us they had received training in equality and diversity, which made them aware of their obligations in relation to respecting people's culture, religion and ethnicity. Staff told us they treated people with kindness, compassion and respect. Daily observation records showed staff had caring relationships with the people they supported and that this enabled them to meet each person's individual needs.

People remained involved in planning and making decisions about their care and support. One person told us, "[Staff] ask about how I want things done" Another person said, "We have a chat before [staff] help me with anything" Staff told us they asked people how they wanted to spend their time, what they wanted to eat and whether they wanted a bath or a shower. Each person had a member of staff who acted as a keyworker to coordinate their care and arrange health and social care appointments. This ensured people were involved in decision making about their care.

People's care delivery was respectful and dignified. One person told us, "[Staff] are polite." One relative said, "Yes; personal care is in own room. Door is closed and they ask if she/he wants them to come in." Staff were able to describe how they provided care that respected people's privacy and dignity. Comments included, "We close doors and curtains when providing care", "I explain everything and ask if they are happy for me to continue" and "I have a chat to put [person] at ease. I also cover them up and not expose them unnecessarily." Staff told us they respected people's decisions about how they wanted their care provided such as their choices and routines.

Staff were aware of the provider's values to "accept and respect that service users are individuals, so they are treated as such rather than as a group." Daily observation records showed staff referred to people, their conditions and the support they required in a respectful manner. Staff told us they provided people with emotional support when needed. Records were stored securely at the service and accessible to authorised staff.

The provider ensured people had access to advocacy services to access information and services to enable them to make decisions about their lives. People had information from external agencies, local authorities and community based organisations which championed their rights and provided opportunities to explore choices and options about their care. Staff told us they sought information for people to support them with their decision-making, for example where there were facilities for people living with a disability.

Is the service responsive?

Our findings

People continued to receive care that responded to their individual needs. Regular reviews of people's needs enabled the service managers to review and adopt support plans that met people's changing needs. Staff told us they had sufficient guidance on how to meet people's needs for example, when a person's health declined or when using equipment to transfer a person. Care records had information with the title, "Brief history about me" and "How I communicate" which enabled staff to understand people and the support they required. Care and support plans were detailed and showed that staff understood people's needs. Care records confirmed staff involved people and health and social care professionals in reviews. Staff followed the information provided in support plans to deliver person centred care that met people's needs.

People received support to attend activities of their choosing. Staff supported people to attend a day centre, bowling and church. People using the service attended Pretty Little Cupcakes which is a coffee and cake business offering voluntary and part time employment to people living with a disability. Staff supported people to be independent. One relative told us, "Yes, [person] is fairly independent and does most things herself/himself, but has to be prompted to eat and wash her/his clothes."

People using the service and their relatives were able to make a complaint about the service. Comments included, "We will complain to the staff. Complained once, and the complaint was dealt with", "I would contact the manager" and "We have number in the care book. I think they would help if we had concerns." The provider ensured people using the service and their relatives had access to the complaints procedure in a format they understood. Staff spoke with people when they provided care and asked them if they were happy with the service. Service managers visited people in their homes, talked to them about the quality of the service, and addressed any concerns they had. The provider's complaints system remained appropriate to resolve any concerns raised about the service.

The provider engaged an external team of people with a learning disability in December 2016 to carry out surveys of people using the service with a learning disability "who want to make life better for people who live in their own home with support." Their findings showed that they found staff respectful and that people were happy with the service.

The provider complied with the requirements of the Accessible Information Standard (AIS) whereby they ensured people with a disability or sensory loss could access and understand information they needed for their care.

People had opportunities to share their views about the service through questionnaires and surveys some of which were in an easy read format because some people had autism and a learning disability.

Staff asked people about the support they required for their end of life care when needed. Care records showed people's preferences and when appropriate family members and health and social care professionals who they wished to be involved in their end of life care. The provider ensured staff received

end of life care training.

Is the service well-led?

Our findings

The registered manager submitted notifications to the Care Quality Commission (CQC) as required. This enabled the CQC to determine the safety of people using the service. Staff told us there was an open and honest culture at the service where they placed people at the heart of decision-making. The registered manager encouraged staff to take responsibility and learn from their mistakes.

People were placed at the centre of the service. A shadow board comprised of people using the service and members of staff who contributed to the management of the service. They raised issues that were important to them and these were discussed at board level in the provider's charitable organisation. People felt they were listened to and their ideas valued. One example was a business proposal from the shadow board to buy a minibus for use by people using the service and this had been purchased.

People and staff were happy about the care provided. One person said, "Overall, I'd say quite good." Another person said, "The service is good." People said they were happy that they received care from regular staff and had not experienced any missed calls. The registered manager ensured staff understood the provider's ethos to "enable personal growth now and for the future, giving each person the strongest voice with regards to decision making and lifestyle choices." This was shown in care records where staff supported people to make their views known.

People and staff knew the registered manager and described her as approachable and supportive. Comments included, "She is good and approachable" and "She's very professional." Staff told us the registered manager and service managers were available to discuss concerns about people and their welfare. They had access to out of hours guidance when needed. The provider valued the work of the team and had staff recognition awards to acknowledge their contributions to the service.

Staff received information about people and the operations of the service in a timely manner, which promoted a transparent, and person centred culture at the service. Daily observation records were accurate which ensured staff understood the support a person had received and changes in their health. Team meetings were used to discuss staff concerns, people's needs, updates on policies and procedures and their well-being. Staff told us and we observed they visited the office and had opportunities to raise any concerns with the managers.

People continued to receive care that underwent regular monitoring. The registered manager followed the systems in place to carry out checks on the quality of care provided to people. This included audits on medicines management, care planning and reviews, record keeping and infection control to ensure people's care complied with legislation and best practice guidance. Provision of staff supervision and appraisal was reviewed to ensure training needs were identified and addressed and additional support provided when needed. The provider reviewed and updated policies and procedures to provide up to date guidance to staff on how to deliver effective care.

People benefitted from the continued positive relationships between the registered manager and other

agencies. The provider had training planned with a university that conducted research on health needs such as autism and positive behavioural management. This would enable people to receive care that was based on published research. The managers attended external training and meetings on developments and changes in health and social care and implemented the necessary changes to improve the quality of care. Health and social care professionals told us and care records showed a close working partnership that enhanced the quality of people's lives.

A contract monitoring review meeting held on November 2017 with the local authority that commissioned people's care showed that Domiciliary Services continued to deliver good quality services.

There was a service plan, which highlighted actions to develop the service, for example making accessible policies in line with the AIS and supporting people without families to access befriender services to reduce isolation and loneliness.