

Review of compliance

Barnsley Metropolitan Borough Council
Barnsley MBC Learning Disabilities - Domiciliary
Care Team

Region:	Yorkshire & Humberside
Location address:	Compass House Castlereagh Street Barnsley South Yorkshire S70 1BA
Type of service:	Domiciliary care service Supported living service
Date of Publication:	October 2012
Overview of the service:	This is a supported living service registered to provide personal care for people with learning disabilities living in their own homes via tenancy arrangements. At the time of the inspection the service was supporting approximately 76 people. There were

	<p>approximately 150 members of staff working for the service, some were office based but the majority were care staff that supported people in their own homes.</p>
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Summary of our findings for the essential standards of quality and safety

Our current overall judgement

Barnsley MBC Learning Disabilities - Domiciliary Care Team was meeting all the essential standards of quality and safety inspected.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 1 October 2012, checked the provider's records, talked to staff, reviewed information from stakeholders and talked to people who use services.

What people told us

We talked with three people who used the service including by telephone during our inspection visit. People told us they were happy with the personal care they received, liked all the staff that looked after them and were supported to access health services when this was required. Some comments captured included, "yes, all the staff help me" and "I'm happy, I can't think of any improvements needed to the service".

We talked with two relatives of people who used the service who explained how they were happy with their family member's care. Both relatives provided positive examples of how their family member's care was provided by members of staff. Some comments captured included, "brilliant (regarding overall care)", "care is very good", "[staff] couldn't do any better" and "they (staff) are always friendly and helpful".

What we found about the standards we reviewed and how well Barnsley MBC Learning Disabilities - Domiciliary Care Team was meeting them

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

People's privacy, dignity and independence were respected. The provider was meeting this standard.

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

People experienced care, treatment and support that met their needs and protected their rights. The provider was meeting this standard.

Outcome 07: People should be protected from abuse and staff should respect their human rights

People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. The provider was meeting this standard.

Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard. The provider was meeting this standard.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

The provider had an effective system to regularly assess and monitor the quality of service that people receive. The provider was meeting this standard.

Other information

Please see previous reports for more information about previous reviews.

**What we found
for each essential standard of quality
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

Where we judge that a provider is non-compliant with a standard, we make a judgement about whether the impact on people who use the service (or others) is minor, moderate or major:

A minor impact means that people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

A moderate impact means that people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

A major impact means that people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary changes are made.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 01: Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

- * Understand the care, treatment and support choices available to them.
- * Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- * Have their privacy, dignity and independence respected.
- * Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us

We talked with three people who used the service by telephone during our inspection visit who told us they thought their privacy and dignity was respected by members of staff. The people we talked with also confirmed they had been involved in the planning of their care.

We talked with two relatives who said they were always kept informed where changes in their family member's care had occurred. For example, one relative said "they (staff) always keep me up to date on what activities they have been doing. I always get a courtesy call to let me know if they needed to see a doctor". The relatives also confirmed their views were taken into account and these would lead to changes in care where this was necessary.

Other evidence

We found people who used services and their relatives were able to influence and be involved in aspects of their care and welfare. The registered manager talked through the process of people's involvement in the planning of their personal care from referral through to the support package being agreed and commenced. We checked a sample of five sets of care records which showed people's personal needs and preferences had been recorded and taken into account as part of the assessment process. We found

annual review meetings to discuss support plans had been held with the person who used the service, a family member and/or an advocate along with other interested parties. This showed that people's views were taken into account when people's support needs were reviewed.

We found people were provided with a 'service user guide' that contained a range of information for people who used the service about their support, how to complain and various contact details. The registered manager showed us a recently updated service user guide that had been written in a clear accessible format with colour pictures to improve the quality of information made available for people who used the service.

We found that 'tenants meetings' were held around every two weeks at the various localities where the service provides support to people who used the service. We talked to six members of staff who explained how people who used the service found these meetings valuable. The registered manager explained that there was also a 'service user forum' though this had recently ceased. We reviewed a range of easy read accessible information leaflets written by people who used the service who had been members of the forum. These leaflets focused on specific topics about staying safe in the home. The registered manager explained the service was identifying ways of utilising people's tenants meetings to allow similar work to continue now the forum had been disbanded.

We saw that the service formally sought the views of people via an annual survey, and these included questions relating to people's privacy, dignity and respect. We reviewed the last summary report and one example of feedback stated "respect and dignity are given at all times".

We talked to six members of care staff who confirmed respecting people's dignity was central to their approach of providing care. Two members of staff gave examples of how they respected and maintained people's privacy and dignity. We checked training records which showed members of staff received training appropriate to this standard such as 'equality and diversity' training.

Our judgement

People's privacy, dignity and independence were respected. The provider was meeting this standard.

Outcome 04: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

We talked with three people who used the service including by telephone during our inspection visit. People told us they were happy with the personal care they received, liked all the staff that looked after them and were supported to access health services when this was required. People also recalled that they were involved in annual reviews of their support plans. Some comments captured included, "yes, all the staff help me" and "I'm happy, I can't think of any improvements needed to the service".

We talked with two relatives of people who used the service who explained how they were happy with their family member's care. Both relatives provided positive examples of how their family member's care was provided by members of staff. One relative explained how they had been allowed to attend staff training sessions relating to specific aspects of their family members care. They explained this had allowed them to continue having their family member visit their own home. Some comments captured included, "brilliant (regarding overall care)", "care is very good", "[staff] couldn't do any better" and "they (staff) are always friendly and helpful".

Other evidence

During our inspection we reviewed a sample of five sets of care records. We found care records included a detailed assessment of needs following referral which informed the development of individualised support plans. We found each support plan was personalised and focused on a broad range of areas such as awareness and capacity, staying healthy along with activities of daily living. It was clear within each support plan

the amount of support each individual required.

A detailed '13 step' risk assessment had been completed for each person who used the service which focused on people's behaviours. Where identified through assessment people had a range of additional risk assessments which covered areas such as nutrition and environmental risks. Each person who used the service also had easy read accessible health action plans. People also had an "all about me" hospital passport which summarised people's personal needs should they require admission to hospital.

Members of staff completed a daily journal booklet which covered a three month period. This record captured people's daily morning and afternoon activities along with the types of support they had required. The journal also included a detailed financial management log. The registered manager explained the journal was about to be replaced by a new streamlined booklet.

We found the records were checked at least monthly by members of the management team. A full documented assessment review of people's personal support plans and risk assessments was completed annually in partnership with people who used the service, family members or other advocate to ensure people continued to receive appropriate support. The registered manager explained reviews also took place during the year where people's need had changed.

We talked to six members of care staff who explained how they were supported to meet people's needs and felt they were able to give good care to people. The group of staff explained how they worked flexibly to ensure they could meet people's needs and preferences. For example, they gave examples of how they regularly adjusted their shift pattern so that people could take part in particular activities.

Our judgement

People experienced care, treatment and support that met their needs and protected their rights. The provider was meeting this standard.

Outcome 07: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us

People who used the service told us they felt safe with the care staff who visited their homes. One person who used the service explained how they would complain should they have any concerns about their care. We talked with two relatives who explained they would not hesitate to raise a concern with the manager should the need arise.

People who used the service who attended the service user forum had developed their own easy read accessible "protection from abuse" leaflet. This leaflet outlined the types of abuse and told people who used the service how they should report their concerns. The registered manager explained this leaflet was available in people's own homes.

Other evidence

We have no information relating to any reported safeguarding concerns for this location. We contacted the local authority safeguarding team prior to the inspection who confirmed there were no outstanding safeguarding matters of concern.

The registered manager confirmed the service adhered to the "Safeguarding Adults Procedures for South Yorkshire". The registered manager talked through examples of where they had raised safeguarding alerts with the local authority. One referral was made following routine monthly auditing of people's finances. This showed the service was aware of how to identify and report concerns where this had been necessary.

We found members of staff had undertaken safeguarding training. We talked to six members of staff who confirmed they had undertaken safeguarding training and

showed awareness of what they should do should a concern arise. The registered manager demonstrated awareness of the procedures that should be followed should a person require review via the 'deprivation of liberty safeguards' (DoLS) procedures. The registered manager explained how people's personal finances were managed in their own homes and we reviewed a sample of financial records which were maintained in people's daily records.

Our judgement

People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. The provider was meeting this standard.

Outcome 14: Supporting workers

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by competent staff.

What we found

Our judgement

The provider is compliant with Outcome 14: Supporting workers

Our findings

What people who use the service experienced and told us

We spoke to people using the services but their feedback did not relate to this standard.

Other evidence

We found staff had undertaken various forms of training over the last 12 months, including, people moving people, health and safety, infection control, record keeping and safeguarding training. Additional service specific mandatory training was also being undertaken by members of staff such as a 'focus on dignity toolkit', epilepsy awareness and 'positive approaches to challenging behavior'. Members of staff confirmed they had undertaken various training sessions and explained how they found the training valuable. For example, one member of staff explained how they had gained understanding from the 'positive approaches to challenging behavior' training.

We found members of staff received regular individual and group supervision sessions and reviewed a sample of completed records. We talked to six members of staff who all confirmed they had received supervision recently. Members of staff explained how personal training and development needs were also identified and facilitated. We found all members of staff had received an annual appraisal (performance development review), which was also reviewed at six monthly intervals.

All six members of staff explained how they enjoyed their job and liked working for the provider. They all emphasised how they felt very well supported by their respective managers, including the registered manager. Two members of staff explained how they had been well supported during times of personal difficulty.

Our judgement

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard. The provider was meeting this standard.

Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:

* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us

We reviewed the last 'service user' survey report completed in June 2011. The report showed there was generally a good level of satisfaction with the care and support provided by members of staff. Some comments captured from surveys included, "excellent and speedy healthcare is given even when I struggle to communicate what is wrong", "staff and wonderful and well trained", "I am happy that I have regular appointments at the dentist and optician" and "I would like to do more basic activities in the home like bed making and baking".

Other evidence

During our inspection visit we reviewed how quality of care is monitored and safety maintained. The registered manager was supported by two locality managers, two customer relations managers and two team coordinators who carried responsibility for ensuring a range of regular quality monitoring checks were completed. A three monthly 'work place inspection' audit was completed. We reviewed a number of these audits and found they covered a range of checks regarding environmental risk assessments and similar areas.

One of the management team visited each person who used the service to complete a 'monthly quality audit'. This audit covered a range of areas such as financial, medications and care records. We reviewed a number of completed audits. Within each audit we found the manager who had identified actions for members of staff to complete, for example, adjustment of a care record. The following month's audit showed this outstanding action had been checked to ensure completion. This approach

showed the audit mechanism was effective at identifying and addressing areas of practice to ensure quality was maintained.

We found other audit had been undertaken. For example, an 'essence of care eating and drinking' audit had been completed by a local NHS organisation in November 2011. This audit was completed to assist the management team in identifying if members of staff had the necessary skills to support people with healthy eating plans. The audit has resulted in some recommendations and an action plan has been developed to support staff in developing skills in this area.

The registered manager explained and showed documentation regarding a new system of quality checks that will be introduced in the near future. A small group of people who used the service have volunteered to become "quality checkers". These people will visit all the localities every 12 months and review the service against a set of recognised standards (known as 'reach') used for assessing supported living services.

We found monthly staff team meetings had been held. We talked to six members of staff who explained that they found the team meetings valuable as they received information and were able to talk to team colleagues. The management team had also met every two weeks. The registered manager attended meetings at the 'joint learning disability services quality meeting and the risk management meeting.

The provider had incident reporting processes in place and we were able to review a sample of completed incident reports which showed members of staff felt able to regularly report incidents and accidents. The registered manager explained incidents were regularly discussed at the joint learning disabilities risk management meetings so that trends or themes could be identified to ensure action and learning took place.

Our judgement

The provider had an effective system to regularly assess and monitor the quality of service that people receive. The provider was meeting this standard.

What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

Where we judge that providers are not meeting essential standards, we may set compliance actions or take enforcement action:

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. We ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

Document purpose	Review of compliance report
Author	Care Quality Commission
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