

Assist Teignbridge

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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

Assist Teignbridge is a charity which provides care and support to people who live in their own homes.

Not everyone using Assist Teignbridge was receiving a regulated activity; CQC only inspects the service being received by people provided with 'personal care'. This includes help with tasks related to personal hygiene, eating and in the case of Assist Teignbridge, cutting nails. At the time of this inspection, 254 people were using the nail cutting service. These visits were carried out every six to eight weeks, on average. Six people were receiving support with other personal care.

At our last inspection in July 2016, 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.

At this inspection we found the service remained Good.

Why the service is rated Good

People who used the service felt safe. People knew the staff who supported them and arranged their care and support directly with them. There were effective recruitment and selection processes for new staff. This included carrying out checks to make sure new staff were safe to work with the people in the community. Staff carried out a new risk assessment at each visit. They checked whether the person's medical condition had changed to ensure they were still able to meet the person's needs.

People received effective care because staff had the skills and knowledge required to support them. In addition to home visits, the service held a nail cutting clinic at the location every other month. Staff monitored people's healthcare needs and advice and support was sought from healthcare professionals when needed. 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 provided a caring service to people. People spoke very highly of the care and support they received. Comments included "Staff are lovely, we talk laugh and joke" and "I don't know what I'd do without them." Staff signposted people to other organisations for external support, if this was beyond the support the agency could provide.

Staff were responsive to people's individual needs. Care needs were assessed and planned with each person to ensure they were able to make choices. People were offered the opportunity to attend events in the local community and benefited from social contact. People knew they could raise any concerns with staff or the registered manager. Each person we spoke with told us they were happy with everything and didn't need to

complain.

The service was well led. People and staff told us the management team were open and approachable. The registered manager sought people's views. Comments included "I'm very happy with the way things are" and "5 stars, full marks". The registered manager and provider had monitoring systems which enabled them to identify good practice and areas of improvement.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Assist Teignbridge

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 21 and 26 June 2018 and was announced. We gave the service 48 hours' notice of the inspection of the inspection visit to ensure we were able to speak with the registered manager. Inspection site visit included phone calls to people who used the service.

One social care inspector undertook the inspection. Before the inspection, we reviewed the information we held about the service.

During the inspection we spoke with seven people who used the service and received feedback from one relative. We spoke with the registered manager, two staff and one healthcare professional.

We looked at four care plans; three staff files; staff training and supervision records; quality audits and records relating to the management of the service.

Is the service safe?

Our findings

The service continued to provide safe care. People told us they felt safe and comfortable when staff visited them in their home.

There were enough staff to meet people's needs. People knew the staff who supported them and arranged their care and support directly with them. Staff told us they had enough time at visits and between visits.

People were protected from the risks of abuse because staff received training on how to recognise and report any suspicions of abuse. Staff told us they felt able to report any concerns and were confident that if they raised concerns, action would be taken to make sure people were safe. There were effective recruitment and selection processes for new staff. This included carrying out checks to make sure new staff were safe to work with the people in the community.

Staff carried out a new risk assessment at each visit. They checked whether the person's medical condition had changed to ensure they were still able to meet the person's needs. Staff knew how to protect people from risks. For example, one staff member told us how they supported one person to mobilise safely and at their pace. This minimised the risk of falls and injuries.

Risk assessments relating to each person's home environment had been carried out. Where staff identified risks, these had been discussed with the person and action taken. For example, staff had supported people to arrange a free home fire safety check with the local fire and rescue service. Smoke alarms had been fitted as a result.

Staff did not administer any medicines but some people asked them to regularly check they had taken them. Staff who carried out nail cutting checked the person's medicines at each visit for any changes. This meant staff were aware of any effect this may have on their nails.

When people started to use the service, they purchased their own set of nail clippers and files. These were kept at the person's home for their use only. This reduced the risk of cross infection.

Is the service effective?

Our findings

The service continued to provide effective care. Staff had the skills and knowledge required to support people.

Staff told us they were happy with the training they received. Staff told us they had completed training which was up-to-date in areas relating to care practice, people's needs, and health and safety. Training that related to people's specific needs had also been completed. For example, staff carried out lower limb care for one person. The district nurse had trained staff so they knew how to meet this person's needs. Staff who carried out nail cutting were trained and updated annually by the NHS.

All the staff we spoke with told us they felt supported. Comments included "We have good support" and "It's just brilliant." The registered manager carried out observations of staff working practice. This helped to ensure staff were providing appropriate care and were respectful with people.

Some people who used the service were living with dementia. The registered manager had a good knowledge of the Mental Capacity Act 2005 (MCA). At the time of our inspection each person was able to make decisions relating to their care. Staff told us they gained consent from people before carrying out personal care and respected people's choices. People confirmed this and one person commented "They always ask before they do anything."

In addition to home visits, the service held a nail cutting clinic at the location every other month. The Manor House is located centrally and is wheelchair accessible. Most people who used the service were able to contact healthcare professionals independently. Where staff had identified concerns about people's nails, they had been referred to the NHS podiatry service for treatment.

Staff supported one person with their meal preparation. They told us the person chose what they would like for their lunch and then they would cook together. Staff knew to contact the office if they had any concerns in relation to eating.

Is the service caring?

Our findings

Staff continued to provide a caring service to people. The provider's annual report stated "We support people to live independent and fulfilling lives, treating them with dignity, compassion and respect."

People spoke very highly of the care and support they received. Comments included "Staff are lovely, we talk laugh and joke" and "I don't know what I'd do without them." Staff spoke passionately about people. A number of the staff had worked at the service for a long time and staff knew people really well. Staff commented "My clients are brilliant" and "We have empathy."

People were involved in decisions about their care and support. People said they were able to make choices. One person said "They do what you want. We agreed the service and my goals."

People's privacy and dignity were respected. Staff had a good awareness of how to respect people. People were supported and encouraged to be as independent as possible. Staff encouraged people to carry out their own personal care when they were able to.

The provider had strong connections with other organisations. Staff signposted people to these organisations for external support. The service also provided a free benefits check for people aged 65 or over and supported people with filling in forms. This meant some people had received additional income. For example, one person had written to thank the service as they had bought a mobility scooter which enabled them to go out.

The service had received a number of compliments. People and their relatives expressed their gratitude for the care and kindness they had received.

Is the service responsive?

Our findings

The service continued to be responsive. People received care and support which was responsive to their needs and respected their individuality.

Each person was assessed before starting to use the service. The registered manager said "The home assessment is a necessary part of planning a personalised service." A staff member was then matched with the person to ensure their needs were met appropriately.

Each person had a care plan in their home. At each visit, staff carried out an assessment to make sure there had not been any changes in the person's medical condition. Staff were aware of people's communication needs and these were recorded in the care plan. Written information was available in large print. Staff knew to ensure one person had their hearing aids and they were working. This helped to ensure people's communication needs were known and met.

People arranged their visits directly with their regular staff member. People who used the nail cutting service usually booked appointments every six to eight weeks. They told us this worked well and meant the time of the visit was suitable for them. People who received other personal care such as washing, dressing and support with meal preparation had no more than one visit per day. Each visit lasted for a minimum of an hour. People told us staff carried out each visit as agreed and they never felt rushed.

People were encouraged and enabled to attend events in the local community, for example the charity bingo held at a local hotel once a month. The service had its own volunteer centre. Trained volunteers provided a free befriending service to people in the community. People had benefited from the social contact, visiting places and doing activities together. One relative said "We are so grateful that the befriending for mum is working so well."

People knew they could raise any concerns with staff or the registered manager. The registered manager said "Service users and their families are encouraged to contact the office if there is any way we can improve the outcome for them." Each person we spoke with told us they were happy with everything and didn't need to complain about anything.

At the time of this inspection no-one was receiving end of life care.

Is the service well-led?

Our findings

The service continued to be well led. There is 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 management was open and approachable. People said "I'm very happy with the way things are", "5 stars, full marks" and "(Registered manager's name) is lovely." People and their representatives had completed questionnaires about the quality of the care provided. Most people said they were 'very satisfied'. Comments included "A considerable improvement to the quality of our lives" and "You are doing an excellent job."

The registered manager recognised the importance of having staff who felt valued. They said "We recognise good practice and praise that." Staff were asked for their views on the service and had completed a recent survey. Staff told us "It's just brilliant" and "We have such a good team." Staff and volunteers were invited to attend an annual 'thank you' buffet.

The service had worked in partnership with GPs, district nurses, social workers and other organisations to ensure 'joined up' care was delivered to people. A health professional told us staff had a good relationship with the people they supported and were confident staff would contact them if they had any concerns. Where the service was providing support to a person who used two agencies, staff from both agencies had met together with a social worker. This meant everyone involved was working together and the person benefited from consistency.

The service worked with local forums and organisations. They received the 'Quality Assurance Mark for Health and Wellbeing' in January 2018. This is a locally developed initiative endorsed by the NHS. The award was to recognise the work the service had done in relation to providing support, services and activities to improve outcomes for people in the voluntary sector. There were effective quality assurance systems in place. As a registered charity, the service produced an annual report and held an annual general meeting. This covered their objectives, achievements, and performance.

The registered manager was clear about their responsibilities and regulatory requirements. They understood that they were required to submit information to the Care Quality Commission (CQC) when reportable incidents had occurred. The previous report and rating had been displayed within the service.