New Directions (Rugby) Limited

Domiciliary Care Service

Inspection report

27 Bilton Road
Rugby
Warwickshire
CV22 7AN
Tel: 01788 573318
Website: www.newdirectionsrugby.org.uk

Date of inspection visit: 6 July 2015
Date of publication: 13/08/2015

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

Overall summary

Domiciliary Care Service is a domiciliary care agency which provides personal care and support to people with learning difficulties in their own homes. At the time of our visit the service supported 26 people. The service was made up of two parts. Within the service there were two complexes of flats for single or shared occupancy and there was a service to people in their own homes.

We inspected the service on 6 July 2015. The provider was told we were coming so they could arrange for staff to be available to talk with us about the service.

The service has a registered manager. 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.

Summary of findings

People and their relatives told us they felt safe using the service. Staff demonstrated they understood the importance of keeping people safe. They understood their responsibilities for reporting any concerns regarding potential abuse.

Risks to people's health and welfare were assessed and care plans gave staff instructions on how to minimise identified risks, so staff knew how to support people safely.

There were enough staff on duty to meet people's needs. Checks were made on staff's suitability to deliver personal care during the recruitment process.

Staff received training and support that ensured people's needs were met effectively.

Management and staff understood their responsibility to comply with the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and supported people in line with these principles. People's records showed that their families and other health professionals were involved and decisions were made in their best interests.

We saw staff supported people with kindness and compassion. Staff treated people in a way that respected their dignity and promoted their independence.

People and their relatives were involved in planning how they were cared for and supported. Care was planned to meet people's individual needs and preferences and care plans were regularly reviewed.

People were encouraged to share their opinions about the quality of the service and we saw improvements were made in response to people's suggestions.

Staff, people and their relatives felt the managers of the service were accessible and approachable. Positive communication was encouraged and identified concerns were acted on quickly.

There were procedures in place to check the quality of care people received, and where systems required improvements the provider acted to make changes.

Summary of findings

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 was safe.

People were kept safe because risks to people's individual health and wellbeing were identified and plans were in place to minimise these. Staff were trained to understand their responsibilities to protect people from the potential risk of abuse. There were enough staff to meet people's needs. The provider checked staff were suitable to deliver personal care before they started working with people at the service.

Good

Is the service effective?
The service was effective.

Staff had the relevant training, skills and guidance to make sure people's needs were met effectively. Staff understood their responsibilities in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and obtained people's consent before they delivered care and support. People were supported to have enough to eat and drink and to maintain their health.

Good

Is the service caring?
The service was caring.

Staff knew people well and understood their likes, dislikes and preferences for how they should be cared for and supported. Staff were kind and compassionate towards people. Staff respected people's privacy and dignity and encouraged them to maintain their independence.

Good

Is the service responsive?
The service was responsive.

People and their relatives were involved in planning how they were cared for and supported. Care plans were regularly reviewed and staff were given updates about changes in people's care. People told us they felt any complaints would be listened to and resolved to their satisfaction.

Good

Is the service well-led?
The service was well-led.

People were encouraged to share their opinions about the quality of the service to enable the registered manager to make improvements. Staff told us they felt supported and there was an open culture at the home with good communication between staff and people who used the service. There were processes in place to ensure good standards of care were maintained.

Good

Domiciliary Care Service

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 was 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.

The inspection took place on 6 July 2015 and was announced. We told the provider we would be coming, to ensure staff were available to speak with us about the service. The inspection was conducted by one inspector.

We reviewed the information we held about the service. We looked at information received from local authority commissioners and statutory notifications sent to us by the service. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority.

We also reviewed the information in the provider's information return (PIR). This is a form we asked the provider to send to us before we visited. The PIR asked the provider to give some key information about the service, what the service does well and improvements they plan to make. They also sent us a list of people who used the service, so we could send questionnaires to people, their relatives and staff. We received 13 completed questionnaires from people telling us about the service.

We spoke by phone and in person to seven people who used the service, or their relative. During our visit we spoke with the registered manager, the duty manager, the provider's office manager, and three support workers.

We reviewed four people's care plans and daily records to see how their care and support was planned and delivered. We looked at other records related to people's care and how the service operated including, medication records, staff recruitment records, the service's quality assurance audits and records of complaints.

Good

Is the service safe?

Our findings

People told us they felt safe because they received care from staff they knew well and trusted. One person told us, "I do feel very safe." People told us staff arrived on time and stayed the amount of time expected of them. Everybody who responded to our survey felt safe from abuse or harm. People were protected from the risk of abuse because staff knew what to do if concerns were raised. A member of staff told us, "I would report any concerns to the team leader or my manager." They told us they would record any incidents and explained how matters may be referred to the Local Authority in some circumstances, to protect people's safety. Records showed incidents were recorded and actions were taken to protect people and keep them safe.

Specific risks to people's health and welfare had been identified and assessed. For each identified risk there was a care plan giving staff instructions on how to support the person safely. The registered manager told us that people's key workers looked for changes in people and assessed risks to their safety. (A key worker is a member of staff who is assigned to work with an individual.) They told us, "I expect staff to instigate changes to risk assessments." The registered manager gave an example where one person had received medical treatment and their mobility had temporarily declined. The person had assessments of risk written by their keyworker, so staff understood how to support them whilst they recovered from treatment. Staff knew about each person's risks and need for support. One keyworker told us about how they assessed the risks for one person. They said, "We sit down every month and go through [name's] care plans. [Name] is very good at telling me what they'd like to do. I will explain the risk to [name]." Records showed people's care plans were updated where risks had been identified.

Staff told us there were sufficient numbers of staff to meet people's needs safely. The service had vacancies and the manager was recruiting for new care staff. They used staff from the provider's other services and agency staff, to meet shift requirements. The registered manager explained they had recently introduced a new staff rota where care staff spent more time with different clients within the service. Individual rotas were drawn up for people who used the service, so they could see what time their calls were. People we spoke with showed us their rotas, which they referred to, to see what time care staff would call. Staff told us they had been consulted by the registered manager about the changes to the rota system and shared mixed opinions about how effective the new rota would be. Some staff told us they were concerned they would not be able to spend as much time with the people they key worked for and people would lose continuity of care. However two members of staff told us, "I know in advance where I am going and I can plan ahead" and "It's a definite improvement. A variety of staff go to people's flats, instead of just one. So staff get to know different people's needs." People who used the service did not make any negative comments about the changes to the rota.

The provider checked that staff were suitable to support people, before they began working alone with people in their own homes, which minimised risks to people's safety and welfare. Records showed that recruitment procedures ensured thorough checks were undertaken. We saw, and staff told us, checks were made with the Disclosure and Barring Service (DBS) prior to their employment. The DBS is a national agency that holds information about criminal records.

The registered manager had notified us prior to our inspection visit, of medicine errors that had occurred. They told us that due to the medicine errors, they had recently introduced a new system to check people had received support to have their medicines safely. Care staff we spoke with who were trained to administer medicines, told us they were confident giving medicines because they had received training that explained how to do this safely. One member of staff told us, "I have a full refresher every two years, plus a yearly competency test." Staff told us the new system to prevent medicine errors was working and there had been a reduction in medicine errors. Staff we spoke with knew the procedure to follow if there was an error in the administration of people's medicines.

Medication administration records (MAR) showed most people had been given their medicines as prescribed. There were gaps on one person's MARs, where it was not clear if they had received all their medicine. We discussed this with the manager who told us the person had refused their medicine on these occasions. They told us they would raise this with the team to ensure if medicine was not administered, that correct codes were written on MAR sheets.

Good

Is the service effective?

Our findings

Most people and their relatives who completed our questionnaire, told us care workers had the skills and knowledge to meet their needs, (one person responded that they did not know). People we spoke with told us staff were competent in carrying out their role, one person told us, "Staff help me with my medicines and washing. Staff are helpful." Another person told us, "Staff support me to get about and get ready in the morning."

Staff told us they had an induction which included training, observing experienced staff and completion of a workbook. One member of staff told us they had not worked in a care role before and they felt confident at the end of the induction to work alone. Staff told us they were supported by senior staff in regular staff supervision meetings, to request training that enabled them to meet people's needs effectively. Supervision is an individual meeting with a manager to discuss individual development at work. Staff said they were supported to do training linked to people's needs, such as dementia awareness. One member of staff told us, "I can request training. I have been put forward for some training on younger people." Staff told us they felt well supported by the provider to study for care qualifications. The provider planned training events in advance to support care staff's development.

People who used the service and their relatives told us staff asked people how they wanted to be cared for and supported before they acted. One person told us, "Staff ask for [name's] consent before they do things." Another person told us, "Staff always knock the door, I can recognise their knock. The Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) set out requirements that ensure decisions are made in people's best interests when they were unable to do this for themselves. The MCA and DoLS require providers to submit applications to a Supervisory Body for authority to deprive a person of their liberty. The registered manager demonstrated they understood their responsibility to comply with the requirements of the Act. They told us they had received recent training in MCA and no-one who used the service was deprived of their liberty or was under a DoLS at that time. The registered manager told us there was a liberty champion within the organisation and they could refer to them for up to date guidance on the MCA. Staff understood the requirements of the MCA, they told us how decisions were made in people's best interests where required.

We found that not everyone's care plans included a documented mental capacity assessment. We discussed this with the registered manager who explained they were in the process of conducting assessments on everyone who used the service. In the assessments that had been completed, we found decisions were made in people's best interests. More serious decisions, for example accessing specific health care treatments, involved other people where relevant, such as health professionals. The reasons for decisions were clearly recorded in people's care plans. Where people had not received a mental capacity assessment, they and their families, where appropriate, had been included in making decisions regarding their care and treatment.

People told us they made their own decisions and staff respected the decisions they made to help them maintain their independence. One person told us, "I tell staff what I'd like and they do it with me. I am happy with the support." Staff told us how they supported people who found it difficult to communicate. One member of staff said, "You get to know them. They show you what they want and it's in their care plans."

Some people received food and drinks prepared by care staff and some people were supported by staff to prepare meals themselves to encourage their independence. One person told us, "Staff help me, I can make scrambled eggs on toast." Another person told us, "Staff help me with cooking." Staff told us they found out people's likes and dislikes were recorded in their care plans and they prepared food according to people's choices. People we spoke with confirmed staff knew their preferences when preparing meals.

People told us they were supported by staff to maintain their health. One person told us, "I've just been to the doctor. They [staff] made an appointment for me." Another person told us, "If I felt poorly I would use the panic button." A member of staff told us, "If something doesn't look right we take them to the GP and get advice from a professional." Staff were knowledgeable about people's individual needs, which minimised risks to people's health. For example, staff told us how one person's health needs had changed and how their support requirements had

Good

Is the service effective?

been updated. Staff had supported the person to be reviewed by health professionals. The person then chose to share information with staff to enable them to provide better support for their changing needs. Staff told us this had been useful. One member of staff told us, “I found this really useful. It made me think and opened our eyes.”

Records showed staff monitored people’s health needs and referred them to other health professionals, such as physiotherapists, when needed. Any changes to people’s needs and advice given by health professionals were updated in care plans, so staff had access to up to date information.

Good

Is the service caring?

Our findings

There was good communication between people who used the service and staff. Staff took time to listen to people and supported them to express themselves according to their abilities to communicate. For example, staff supported people to communicate with us during our inspection. Staff knew people well and we observed them sharing jokes with people and enjoying each other's company. One person who used the service told us, "I have a good laugh with them [staff]."

Staff told us they liked working at the service and they enjoyed helping people to be independent and supported people according to their individual needs. For example, during our inspection some people left their accommodation to go on holiday. Staff supported people and made sure they were ready to leave their homes and checked they had everything they needed with them. People told us they were looking forward to their holiday.

Where possible people received care and support from consistent members of staff who understood their needs and who they were able to build relationships with. People we spoke with and everyone who responded to our questionnaires, confirmed they had regular care staff. Everyone who used the service had a named key worker. People told us the names of their key workers. One person told us they, "Get on well," with their key worker and had been on holiday with them. A relative told us, "[Name's] key worker is very good. [Name] has had them since they moved here." The person's key worker told us, "We have a strong relationship and I understand [name] very well. We have a really good bond and they are honest with me."

People we spoke with and all the people who responded to our questionnaires agreed they were involved with decision making about their care and support needs. They said their views about their care had been taken into consideration and included in their care plans. Care plans were personalised and included details of how care staff could encourage people to maintain their independence and where possible, undertake their own personal care and daily tasks. For example there were detailed instructions on one person's care plans to support them to have a shave each day. People told us and records showed that the information people received from the agency was clear and easy to understand, for example their call rota.

People we spoke with and everyone who responded to our questionnaires, told us care workers were kind and caring and treated them with dignity and respect. A relative told us, "Everyone knows [name]. [Name] likes living here. [Name] regards it as their home." Staff understood the importance of treating people with dignity and respect. For example, one member of staff told us, "If people want us to go out of their rooms, that's what we do."

Good

Is the service responsive?

Our findings

People told us they were happy with their care and support and that staff encouraged them to be independent. They said they spent their time in the way they preferred. One person told us, "We do lots of things. We have games night, I won at Bingo." Another person told us they worked part time and they enjoyed embroidery and gardening. Staff knew people well and understood how to support people to promote their independence. For example one person had been with their key worker to see a band play and told us they had really enjoyed it. People's interests were recorded in their care plans. A staff member commented in a questionnaire, "We provide a flexible approach to support the service users to achieve what they wish to achieve during their days. We listen to their views through tenants meetings and questionnaires and strive to put in place what they desire."

People told us they were supported to maintain important relationships with family and friends. The registered manager told us there were no restrictions on when people could visit. A relative told us they could, "Come in and out when they want." A person who used the service told us, "My sister visits whenever she wants and brings her dogs."

People's likes, dislikes and preferences for care were clearly defined in their care plans. People and their relatives had shared information about their personal history in a document called, 'About Me'. Staff told us how important it was to read people's care plans so they knew what people's preferences were and to ensure they supported people in the way they preferred. One member of staff told us, "We are responsible for reading care plans and we have plenty of time."

Records showed people were asked about their beliefs and cultural backgrounds as part of their care planning. People were encouraged to maintain their religious beliefs and were supported to attend church groups and religious services.

The registered manager told us people's care plans were reviewed every six months. The review involved the person and other relevant people where appropriate, such as relatives and the local authority. They told us, "Key workers sit down with the person and go through their care plans." A member of staff told us, "People are good at telling me what they'd like to do." Records showed people and their relatives had been involved in the planning of their care. The registered manager told us, "In the beginning stages before people move in, there is a lot of interaction with families to check if people are getting the right support." A relative told us they were invited to support their family member and attend their care reviews.

Communication between staff allowed them to share information and ensured people received care which met their needs. Staff told us that the handover of information between shifts was clear and effective. One member of staff showed us the handover forms where information about changes to people's needs were recorded. They told us, "Any member of staff can add to this. It has recently been expanded to include more things." All staff said they had access to people's care plans and updated them at each shift. They told us they would highlight any issues to senior staff and people's care plans and risk assessments would be updated if required. One member of staff told us, "If something is wrong I can pick up on it pretty quickly because I understand their needs." Another member of staff told us, "If people's needs change we bring it up at staff meetings, make a note in the communication book and pass the information on in handover."

Care plans were updated to minimise identified risks to people, such as their mobility, personal hygiene or fulfilling household tasks. People's plans were updated when their needs changed. For example, staff told us about one person who's health needs had recently changed and they required different methods of support. The person's care plan had been updated to reflect the change in their needs. The risks to the person had been reassessed and there were detailed instructions for staff to follow about how to minimise any future risks relating to their health needs. Staff told us how the person's daily routine had changed and how the support they provided had changed, to ensure the person's wellbeing.

People told us they received their care at the times expected and care staff stayed long enough to complete all the tasks required. Most people who responded to our questionnaire told us their support worker arrived on time and completed the required tasks. We looked at the call rotas and saw calls had been scheduled in line with people's care plans.

People told us they would raise complaints or concerns with their key workers or with the managers. One person who used the service told us they had made a complaint

Good

Is the service responsive?

which had been dealt with promptly by the registered manager. The provider's complaints policy was in large font and it had pictures to help people's understanding. It was accessible to people in a communal area. Records showed that complaints had been responded to in accordance with the provider's policy and to the complainant's satisfaction.

Good

Is the service well-led?

Our findings

Everyone we spoke with told us that people were satisfied with the quality of the service. People said, "It's nice here", "It works well and [name's] happy"" and "I am very happy with things that happen here." We saw records of compliments made by visiting health professionals, about their good experiences of the service.

People were positive about the leadership within the home. The registered manager explained that they and the deputy manager had recently moved to base themselves closer to the supported living accommodation, to be more accessible to people. People told us this was a positive change. A member of staff told us, "The managers are around and I can speak to them." We saw the registered manager and the deputy manager spent time with people who used the service and people knew them by name. Staff told us the registered manager and the deputy manager were approachable and they could take any issues to them. A member of staff told us, "The manager is on our level and they take things on board." They explained how they had made suggestions where they felt improvements were required. They said, "We can put our points across and we feel listened to."

Staff understood their roles and responsibilities and felt supported by the registered manager and the deputy manager. Staff told us they enjoyed working at the service. We saw there were regular staff meetings, daily written handovers and staff were provided with regular supervision meetings. A member of staff told us, "We can raise things in supervision and in staff meetings." They told us they gave feedback about an issue and improvements were made. Records showed that staff discussed a variety of issues at meetings. For example staff recently discussed how they could minimise medicine errors. Staff were asked for ideas, improvements were discussed and changes to ways of working were agreed. The registered manager told us at staff meetings, "I ask staff if things could practically work, we have an open dialogue. It's good to get people's feedback." Staff confirmed there was good communication between staff members and they were motivated to improve the service.

The deputy manager told us there were meetings for different levels of staff within the service and the provider's group of services. They told us, "The seniors meetings is once a month and is really useful. It is really good to talk things through with other deputies and managers." They told us how they had focussed on medicine administration in a recent manager's meeting, in order to reduce the risk of medicine errors. The deputy manager explained that they reviewed their medicine process at the manager's meeting and found it was up to date. Therefore they raised all staff awareness by discussing medicine issues at staff meetings.

The manager was aware of their responsibilities as a registered manager and had provided us with notifications about important events and incidents that occurred at the home. They notified other relevant professionals about issues where appropriate, such as the local authority. The registered manager was aware of the achievements and the challenges which faced the service. They explained how they worked closely with the local authority and health professionals to provide effective care in response to changes in people's needs. The registered manager told us there had been a recent independent review of the service, commissioned by the provider, to look at what was good about the service and if any improvements were required. One of the changes required was that staff wanted a better 'work to life' balance. As a result of the review the staff call rotas had been amended and policies had been reviewed.

Records showed people were encouraged to provide feedback about the service through questionnaires and regular meetings. We saw the most recent questionnaires had been sent to people in January 2015, asking for their opinions of the service. The registered manager explained that responses were analysed by the provider. They told us if any issues were identified, they would take steps to make required improvements to the service. The provider published a summary of the survey responses in their magazine, 'On the record'. The magazine was available to everyone and demonstrated that the provider took people's views seriously. The registered manager told us people were invited to regular meetings and encouraged to share their opinion of the service. People were invited to tenants meetings and meetings with the provider's board members. They were asked to provide agenda items prior to meetings and meetings were recorded and minutes were made available to people who used the service.

There was a system in place to monitor the quality of service. Monthly checks were carried out by a senior member of staff of another of the provider's services. They looked at areas such as quality of care plans, medication and household issues. The registered manager told us if

Good

Is the service well-led?

there were any issues arising they were shared with staff member responsible for making changes. Issues were also shared with the staff member's supervisor to include in discussion in their supervision through the year. We saw most of the audit processes were effective and actions had been taken to make improvements. For example, people's care plans had been updated by people's keyworkers. Records showed there were gaps on one person's MAR sheets and these had not been identified in audits. We discussed this issue with the registered manager who agreed additional checks were required to ensure people were receiving their prescribed medicines.

The provider organised further checks to be made by an external auditing company who looked at the service records and made recommendations for improvement. We saw action plans were shared with the provider, who checked actions were completed in a timely way. This meant the quality assurance system, which helped to improve care for people, was strengthened by independent checks.

The provider had attained a silver award from the international investors in people accreditation scheme, for their staff management achievements. This showed the provider encouraged innovation amongst staff, which helped to improve standards of care for people.