My Support and Care Services (West Country) Limited

Head Office

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?	Outstanding
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This comprehensive announced inspection took place on 25 July 2018. This was the first inspection since the provider moved to new larger premises in Honiton.

My Support and Care Services (West Country) Limited is a domiciliary care agency in Honiton for people with learning disabilities and associated needs such as autism, Asperger syndrome, and with mental health needs.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

When we visited, the agency provided personal care and support for three people and employed seven staff. People's support hours ranged from an hour a day, five days a week, up to 24 hour support, with overnight staff 'sleep in' arrangements. Some people lived in their family home and others lived independently in supported living. A supported living service is one where people live in their own home and receive care and support to promote their independence. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Not everyone using My Care and Support Services Limited receives the regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating.

When we visited the provider was in process of buying another learning disability agency, the sale was due to complete in August 2018. The provider planned to take on providing support to the 60 people that agency supports and will employ their 18 staff. When completed, this will mean a considerable expansion in the size of this agency.

The service has a registered manager who is also the registered provider. 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 ethos of the service was to value each person. Staff were highly motivated to make sure each person reached their potential and lived life to the full. People were treated with utmost kindness and respect by staff, who knew people well and how they liked to be supported.

People said they felt safe and they appeared relaxed and comfortable with staff. Staff had developed caring,

kind and trusting relationships with people. People told us how their support had enabled them to become more independent and about ways in which their quality of life had improved.

Risk assessments were in place for each person which identified ways to minimise risks as much as possible. Accidents and incidents were carefully monitored, analysed and lessons learnt from mistakes. People received their medicines safely and on time.

Safe recruitment practices were followed before new staff were employed to work with people. People had a range of ways through which they could raise concerns or complaints, which were listened and responded to.

People received effective care and support from staff who were well trained and competent. People's consent to care and treatment was sought. They were supported to have maximum choice and control of their lives. Staff used the Mental Capacity Act (2005) (MCA) and understood how this applied to their practice. They supported people in the least restrictive way possible; the policies and systems in the service supported this practice.

People's care was personalised to meet their individual needs. People had regular opportunities to raise concerns with staff day to day, and at regular individual review and customer meetings. Their views and suggestions were taken into account to improve the service.

People were supported to eat healthily and maintain a balanced diet. Health and social care professionals were regularly involved in people's care to ensure they received the care they received was right for them.

Staff were confident in the registered manager. They spoke positively about communication and how well they worked with them and encouraged their professional development. Several informal methods were used to assess the quality and safety of the service people received. The provider made continuous improvements in response to their 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?

Good

The service was safe.

People said they felt safe. Staff knew how to recognise signs of abuse and how to report suspected abuse.

People's risks were managed to reduce them as much as possible.

People were supported by staffing arrangements which were flexible to meet their individual needs.

There were effective recruitment and selection processes in place.

People received their medicines safely and on time.

People were protected from cross infection through good hygiene practices.

Is the service effective?

Good

The service was effective.

Staff received training and supervision to have the skills and confidence to meet people's needs.

People's health needs were managed well and staff worked closely with health professionals. Staff recognised and act on changes in their health and wellbeing.

People's rights were protected because the service acted in accordance with the Mental Capacity Act (2005).

People were supported to eat healthily and maintain a balanced diet.

Is the service caring?

Outstanding

The service was exceptionally caring.

The ethos of the service was to value each person as an

individual. Staff were highly inclusive and developed exceptionally positive, kind and compassionate relationships with people.

Staff went that extra mile to meet the needs and wishes of people they supported.

People's rights and choices were promoted. They could express their views and were actively involved in making decisions about their care, treatment and support.

People said staff were caring, kind and treated them with dignity and respect.

Is the service responsive?

Good

The service was responsive.

People were supported by staff they knew well and had developed trusting relationships with.

People's care was personalised to their individual needs.

People were supported to make new friends, learn new skills and be involved in their local community.

People knew how to raise concerns and complaints, and were provided with information about how to do so in a format suited to their needs.

Is the service well-led?

Good

The service was well led.

The provider promoted a positive culture that valued people and staff.

Staff worked well together as a team.

People's views and suggestions were sought and considered to improve the service.

The provider monitored the quality of care provided and made continuous improvements in response to their findings.

Head Office

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 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.

The comprehensive inspection took place on 25 July 2018 and was announced. An adult social care inspector completed the inspection. We gave the provider 48 hours' notice of the inspection visit because we needed to be sure that the manager would be available. Also, so they could invite people using the service to speak with the inspector.

The provider completed a Provider Information Return, (PIR) which we used to help prepare for the inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information included in the PIR along with information we held about the service, such as contact from the service, members of the public and through notifications. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing any potential areas of concern.

During the inspection we met with two people who visited the agency office to give us feedback about the service. We looked in detail at three people's care records. We met with the registered manager, two team leaders, and two care staff. We looked at three staff files which included details of recruitment, training, supervision and appraisals. We looked at staff meeting minutes, accident and incident reports, and at the providers quality monitoring systems.

We sought feedback from commissioners, as well as from health and social care professionals and received a response from two of them.

Good

Is the service safe?

Our findings

People said they felt safe and were relaxed and chatty in the company of staff. One person said, "I feel safe with staff." Another person said they needed a staff member with them when they were cooking in the kitchen. They explained this was because they had a shaky hand, so they asked staff to slice and chop for them, to avoid any injuries.

People were protected and the risk of abuse and avoidable harm was reduced because staff received safeguarding adults training, and knew how to recognise signs of abuse. The provider had a safeguarding policy and staff knew how to report concerns within the service and to external agencies.

Where concerns about abuse were identified, the registered manager notified the Care Quality Commission. They worked in partnership with commissioners, the local authority safeguarding team and relevant health and social care professionals to protect people. A social care professional praised how the service supported people with complex needs to keep safe and live independently in the community.

The registered manager had booked dates for two team leaders to undertake more advanced safeguarding training with the local authority. This was so those senior staff could take on more responsibility for monitoring safeguarding in the larger staff team.

Risks for people were assessed and managed so they were supported to stay safe and their freedom was respected. People's records included robust risk assessments and the steps staff needed to take to reduce risks as much as possible. For example, when using the kitchen, when going into community, and in managing their finances.

Staff were experienced, and demonstrated a high awareness of individual risks for people and how to manage them. Risk management considered people's physical and mental health needs so measures to manage risk were as least restrictive as possible. A person who needed staff support in the community described how staff supported them to stay safe, for example, when meeting and getting to know new people.

Accidents and incidents were monitored with evidence of actions taken in response. For example, the service used behaviour charts to capture and analyse any incidents where people demonstrated behaviours that challenged others. These helped staff identify triggers and review how situations were managed to identify any learning. For example, by speaking calmly, reassuring the person and using positive behaviour support to help them deal with situations. Positive behaviour support (PBS) is a person-centred approach to people with a learning disability and/ or autistic people, who display or at risk of displaying behaviours which challenge. This ensured staff worked in consistent ways to try and prevent similar situations in future.

People's individual staff support needs were determined by local authority individual assessments. This determined the number of one to one staff support hours needed each week, which they could use flexibly. For example, for help with personal care, doing household chores, shopping and going out. People also

shared some support hours. For example, at night, three people shared a 'sleep in' member of staff overnight in a supported living house. Where people's support needs changed, these were highlighted to the local authority, so changes in support hours could be agreed.

People confirmed there were sufficient staff with the right skills to meet their needs. They received care and support from a small number of care staff they knew well and trusted. Staff knew how each person liked to receive their support. Rotas were provided one month in advance so people would know each day which staff member was due to support them.

People said staff timekeeping was good and confirmed they stayed for the agreed time. Staff said they had time to meet people's individual needs. Where any rota changes were needed, for example, for staff sickness, another staff member worked extra hours and people were informed.

People received their medicines safely and on time. All staff were trained in medicines management and had competency assessments to check their skills and knowledge before they could administer people's medicines. Staff confirmed they were confident supporting people with their medicines. The registered manager and team leaders regularly monitored medicine practice in the community and checked medicine administration records were completed correctly. This was to ensure staff were administering medicines correctly.

Detailed assessments made clear what level of staff support people needed with their medicines. For example, to help a person become more independent in managing their own medicine, staff prompted a person to take their evening medicine before they left. Then they checked the next morning to make sure they had remembered.

People were protected from cross infection. Staff had completed infection control training and wore protective gloves and aprons when providing personal care.

Good

Is the service effective?

Our findings

In July 2015 when we previously inspected the service at the previous address we found a breach of regulations in relation to consent. This was because there were no policies in place in relation to the Mental Capacity Act 2005 (MCA) and staff had not received any training. Following the inspection, the provider sent us an action plan showing how they were planning to address this.

The MCA provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People were asked for their consent and staff acted in accordance with their wishes. The service had relevant policies in place. Staff had received training and demonstrated a working knowledge of MCA principles and best interest decision making. They described ways in which they helped people to make as many decisions for themselves as possible. For example, by avoiding giving one person too much information at any one time and by offering another person two or three options to choose from to help them decide.

Care records included next of kin, relatives and other legal representatives so staff knew who the person wanted them to keep in contact with. Where a person may lack capacity to make more significant decisions about their care and treatment, staff involved external professionals. Professionals completed mental capacity assessments and led on best interest decision making and involved the person, family members, other representatives and staff. For example, about a person moving to a new house.

People the service supported were sometimes subject to Court of Protection or other restrictions in their best interest. For example, related to their finances, health or welfare, or where the person should live. A person wished to challenge those decisions, so staff worked positively with them, their advocate and their solicitor to do so. This ensured the person's legal and human rights were upheld.

People received effective care and treatment from staff who had the relevant qualifications training and skills needed to meet their needs. People said they thought the staff were well trained and knew how to do their jobs. Training included e-learning and face to face training. For example, first aid, fire safety, moving and handling, food hygiene, safeguarding vulnerable adults and the Mental Capacity Act (MCA).

Staff received additional training relevant to people's individual care needs. For example, autism awareness and epilepsy management. A staff member had just completed a counselling course which they were finding very useful. They described how they had learned about effective listening skills and using periods of silence to give people time to consider what they wanted to say. A local specialist mental health team provided bespoke training to staff supporting a person with specific mental health needs. This helped staff learn effective strategies and use positive behaviour support methods consistently to help the person make progress.

Two newer members of staff praised the support they received from other staff when they first started working for the service. They said experienced staff taught them about people's individual needs and how to meet them. Induction records were kept, although currently staff new to care did not complete the 'Care Certificate.' The Care Certificate is a set of standards that social care and health workers are expected to adhere to in their daily working life. The registered manager explained all staff who worked in the service had a qualification in care, or were in process of completing one. They planned to find out more about the Care Certificate, to consider whether to offer this to new care staff.

People's healthcare needs were met by staff who made sure people attended regular health appointments. Staff described how they supported a person to visit their GP for a health check, by gradually getting the person accustomed to visiting the practice. Staff were now using similar techniques to help them attend chiropody and dental appointments. This meant the person was accessing healthcare for the first time in years, which was helping them improve their health.

A 'hospital passport' provided key information about each person, their communication and health needs, in the event they needed a stay in hospital. These enabled staff to identify and respond appropriately to each person's well-being. Staff encouraged people to keep healthy and active. For example, through encouraging one person to walk rather than use a taxi, and supporting others to attend the gym regularly. Professionals praised the way in which the registered manager and staff worked with them to make sure each person received effective care.

People were supported to improve their health through good nutrition. Staff encouraged people to eat a well-balanced diet and make healthy eating choices. For example, by encouraging people to include fruit and vegetables in their menu planning and shopping list. Staff supported and praised people to cook from scratch and try new things. For example, a person we met told us how they had visited a fruit farm to pick their own fruit and made jam. Currently they were researching how to make ice cream and were planning to have a go with their key worker.

Where a person needed to gain weight because they were under weight, staff encouraged the person to identify what they liked to eat and helped them cook meals they enjoyed. For example, spicy foods. They also prompted them not to skip meals, to have regular snacks and to check their weight regularly, so their health would improve.

Outstanding ☆

Is the service caring?

Our findings

There was a strong ethos of caring by staff who developed exceptionally kind, positive, caring and compassionate relationships with people. Staff treated each person as an individual and with the utmost dignity and respect. One professional praised how staff helped people become more confident and independent. Another said the service was, "really good at empowering people."

The ethos of the service was to value each person. Care was holistic and person centred, staff knew about each person, and their lives. Staff spoke with pride, respect and affection about the people they supported and celebrated their day to day achievements. They were highly motivated to make sure each person reached their potential and live life to the full. People's equality and diversity was recognised and respected by staff who completed equality and diversity training. Staff promoted people to be inclusive, tolerant and non-judgemental. They treated people with the utmost kindness and respect, they were respectful in the way they spoke with people and listened to their views. Staff reminded people and re-enforced acceptable boundaries and behaviours towards others.

We met a person with their support worker who said, "Staff are good." The person was relaxed, and chatted with their support worker, and described ways in which staff had helped them. The staff member speaking about their progress said, there was "such a difference" from when they first started working with the person.

Staff described how, when the agency first started supporting a person, they were isolated, did not talk or go out much and were not looking after their personal care and hygiene needs. Although the agency only provided minimal support hours to the person each week, they used their time creatively to make a huge difference to their life. Over a period, a small number of staff built up a relationship of trust with the person and their family. This was through regular home visits and meeting them in town for a coffee, chat, and to do some shopping. They developed a picture and symbol prompt care plan with person to remind them about how to prepare for their shower, for example gathering toiletries and clean clothes ready. Over time the person progressed to having regular showers each week. When care staff arrived they were upstairs, ready, and had gathered everything they needed ready. They could now shower themselves with minimal prompting from staff, for example, by reminding them to brush their teeth.

Staff initially accompanied the person to visit the branch office, where they met other people the service supported, and staff. The person had since progressed to enjoying meeting up socially with those people and regularly visited the office independently. They also enjoyed regular social events the provider organised for people and staff. For example, staff showed us recent photos of them enjoying a barbecue and their delight when staff made them a cake with candles to help them celebrate their birthday. The support the person received had enabled them to move onto set new goals. For example, they were now working towards living independently and were learning how to cook, budget, and shop for ingredients.

A person and their support worker described how they were being supported to meet new people and develop new relationships. For example, by staff accompanying them to a coffee shop to meet someone but

sitting elsewhere, so they were not intrusive, but available for support. The person described how their support worker taught them to recognise when a person they were chatting to was signalling they were finished their conversation. For example, when that person started looking away or looking at their phone. This had a positive impact on the persons social skills, self-esteem and confidence.

Staff wet that extra mile to meet the needs and wishes of people they supported. The registered manager outlined how they identified limited affordable opportunities for young people with learning disabilities in their local area. Their recent move to bigger premises meant they had several additional rooms. One had sofas and chairs for people to meet and relax in. Several people they supported did furniture restoration and their work was on display. Inspired by one person's enjoyment of learning to cook, they were in the process of installing a kitchen at the agency's office. This was so other people the agency supported had a dedicated place they could use to learn how to cook with support from staff. In consultation with people they supported they were also planning an art and craft room, cinema club, regular coffee mornings and support groups.

Each person's care plan included their positive attributes in a section entitled, "What those who know me like and admire about me." For example, that one person liked to try new things and had a great sense of humour. Care plans included ways in which staff could promote people's dignity. For example, to prompt a person to wear less clothing in the hot weather and remind them to change and wash their clothes regularly.

People were asked about what was important to them. For example, that one person was sometimes afraid of people they didn't know, and another needed regular health checks and support to manage their money. Where people expressed a preference for care workers, their choice was respected. People said staff always knocked and waited to be invited in before entering their home. Staff worked sensitively when working within a family home. They involved other family members and kept them up to date, for example, about any appointments they had arranged for the person.

People were supported to express their views and were involved in decision making about all aspects of their care. They had regular meetings with their key worker to review and update their care plans and to make plans. For example, to plan activities, trips and holidays.

Good

Is the service responsive?

Our findings

People received personalised care that was responsive to their individual needs. One person we met with their support worker described ways in which they supported them, for example, with budgeting. The person described how the staff member reminded them how much was needed for food and rent, and helping them decide how to spend the rest. This included when considering whether they were spending money wisely. For example, by getting a taxi rather than walking which was good exercise for them. The person said they had now opened a savings account to save a little bit each week towards something they really wanted to buy.

Before people received a service, an assessment of their needs was carried out and a care plan was drawn up and agreed with them. Person centred care plans included people's cultural and religious preferences. People were involved in care planning and setting and reviewing their own goals. For example, one person told us they were planning to learn to swim and were looking for a swimming instructor to give them lessons.

Care plans were comprehensive, up-to-date and were clearly laid out, which made it easier to find relevant information. For example, about the persons background, preferences, health and care needs and related to risks. People's care plans described their support needs in detail.

People led busy and fulfilling lives, they were actively involved in their local community and were well known in local shops, cafes and pubs. People told us about their hobbies and what they enjoyed doing. For example, watching quiz programmes, going to the cinema, shopping and theme parks. Staff supported people to have regular holidays, for example, activity holidays.

People living in shared accommodation all contributed to day to day household tasks. For example, cooking, cleaning and doing their laundry and grocery shopping. Several people did voluntary work, for example working with a local hospice charity. Others were developing skills in painting and decorating and in restoring furniture, in vintage styles, which they were hoping to develop into a business.

The registered manager, in preparation for expanding the agency also had plans to use rooms in their new office for art and craft activities, a cinema club, coffee mornings and set up various groups. They said this was because they had identified limited opportunities locally for young people that were accessible and affordable for young people with learning disabilities.

We looked at how the provider complied with the Accessible Information Standard (AIS). This is a framework put in place from August 2016 which made it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.

Personalised communication care plans demonstrated how the service helped people communicate effectively. For example, several people lacked literacy skills. So, the service had purchased a Widget computer programme. This converted written text into pictures and symbols which were more accessible for

people to use. For example, to remind one person of their morning routine and to create a recipe card for another person to follow when cooking a meal.

The service had a written complaints policy and procedure that provided information for people about how to raise a complaint which was available in an easy read format. This included details of ways they could raise concerns and who to contact. It included others outside the agency people could contact if they were dissatisfied with how their complaint was being dealt with.

No formal complaints had been received by the service. However, one person said, previously, they had raised a concern about working with a member of staff. They confirmed the concern had been resolved with the registered manager in a way they were happy with.

The agency mostly supported younger people so had not provided any end of life care. However, where people had expressed any advanced decisions about resuscitation, the withdrawal of treatment or preferred funeral arrangements, these were recorded in their care plan. This gave people the opportunity to let other family members, friends and professionals know what was important for them in the future, should they no longer be able to express their views.

Good

Is the service well-led?

Our findings

The service was well led. People, staff and professionals gave us positive feedback about the leadership of the registered manager and about the quality of people's care. One staff member said, "I feel lucky working for this company, it is well run in every aspect." Other staff comments about the registered manager included they were "organised," "knowledgeable" and "inclusive."

The service had 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.

The registered manager had a wealth of experience in working with people with learning disabilities. They had established networks with professionals in health and social care organisations working in partnership with them to support people. A professional praised how well the agency worked with them to support people live in the community. For example, providing regular feedback about their progress, informing them of any incidents and actions taken in response. Also, by participating in people's regular multiagency review meetings.

The registered manager was the sole director for the company and was in day to day charge at the service. They spoke passionately about the purpose of the service to ensure the people they supported led full and interesting lives. They described an "open, hands on" style of leadership, and said they would not ask staff to do anything they were unwilling to do themselves. They valued each person and staff member as individuals, with their own interests and talents. They led by example and acted as a role model.

People the service supported (referred to as customers) and staff visited the office frequently and chatted to the registered manager. The registered manager also kept in daily contact by phone, so were always up to date on what was happening with people and staff. This meant they were continuously reviewing and managing risks, and making changes and improvements.

The registered manager led on people's care plans and risk assessments with people and staff input. They were supported in their role by two team leaders. One was responsible for arranging staff rotas and both undertook staff supervision. Team leaders also worked with people so had opportunities to mentor, coach and provide continuous feedback to staff in their day to day work.

Each month the registered manager visited people at home with their agreement. They chatted with them and spoke with their support worker. They checked people's paperwork, for example, daily diaries, records of finances and medicine administration records. Although they did not currently keep a record of their findings, they signed and dated all records to confirm they were looked at during their visits. Examples of actions taken in response included discussing through supervision and in team meetings ways to promote people to be more independent.

When they take on the larger agency in August 2018, the registered manager spoke of plans to expand the management arrangements. For example, to have a deputy manager and get external support to set up more formal quality monitoring systems. For example, to monitor staff training, supervision, health and safety and audit tools for undertaking checks of care records, medicine management and health and safety. Both team leaders were currently undertaking level five qualifications in leadership and management to take on more management responsibilities.

The provider had policies and procedures and a code of conduct for staff to follow which were reviewed and updated regularly. Records were stored securely in accordance with data protection guidance. The provider sent regular notifications to CQC and displayed their previous inspection report in the agency's office, in accordance with the regulations.

People had an opportunity to give feedback about what was working or not working through regular customer meetings. Customers set the agenda and ran the meetings. These provided an opportunity to air views, discuss day to day issues, share ideas and make future plans. For example, minutes of recent meetings showed people were planning a group trip to Thorpe park and a summer BBQ event. Tensions about attitudes towards one another in one service were aired. At the most recent meeting people discussed the providers plans to take on a new agency and explored opportunities for that office to become a shop. They discussed ambitious plans to use the facility to offer furniture restoration workshops and for selling them to the public. They also discussed the providers plans to set up a charitable trust to run the shop and for some people to become trustees.

Regular staff meetings were held, staff were encouraged to contribute to agenda items and participate in discussions. Staff meeting minutes showed discussions about ways staff could support people with independent living skills, to manage their medicines and any challenging behaviours. Also, discussions about prompting individuals to weigh up risks and benefits in decision making, and take responsibility for their actions. This helped ensure a consistent approach within the staff team.

The service kept up to date with developments in practice through regular training and updates. Also, by keeping up with developments in learning disability services through national organisations and by partnership working with local services. The registered manager received the CQC monthly newsletter to update them about regulatory changes.

The registered manager had further improvements planned. For example, involving people in making a video about how to raise concerns or make a complaint as an alternative to written information. Also, plans to use information technology to share and store relevant information with staff, such as staff rotas. This showed the provider was committed to ongoing improvements.