Connex Community Support

Buxton Home Support Service

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

The inspection took place on 5 and 12 February 2019. The registered provider was given short notice of the visit to the office, in line with our current methodology for inspecting domiciliary care agencies.

At our previous inspection in June 2016 the service was given an overall rating of 'Good'. At this inspection we found it remained good.

This service is a domiciliary care agency. The service provides care and support to older people, younger adults and children. It provides personal care to people living in their own houses and flats in the community. It also provides care and support to people living in 'supported living' settings, so that they can live in their own home as independently as possible. 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.

At the time of our inspection there were 40 people who used the service. The Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'. Where they do we also take into account any wider social care provided.

The service was managed by the 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.

People were safe. Staff understood their responsibilities in relation to protecting people from the risk of harm. Where risks to people had been identified, risk assessments were in place and action had been taken to manage the risks. Staff were aware of people's needs and followed guidance to keep them safe. People received their medicines as prescribed. Infection, prevention and control procedures were in place and staff followed these.

Staffing levels were predominately maintained to ensure that people's care and support needs continued to be met safely and there were safe recruitment processes in place. However, there was a shortage of staff to support people and at times this impacted on people's families.

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. People's needs and choices were assessed and mental capacity assessments were undertaken.

People and the relatives we spoke with were very happy with the care and support provided. However, some said they did not always receive the care and support arranged due to staffing difficulties. The management were aware of the issues and had put a new management structure in place to manage calls and ensure

better communication.

The provider had a complaints procedure that was given to everyone who used the service in the statement of purpose. People we spoke with said they were listened to and any complaints received were dealt with following the providers complaints policy and procedure.

All staff we spoke with told us they enjoyed their work and received regular supervision, appraisals and training. However, some staff told us there were staffing issue and more staff were required.

A system was in place for checking the quality of the service using audits, satisfaction surveys and meetings. People made their views known through direct discussion with the service manager and staff or through the complaint and quality monitoring systems. People's privacy and confidentiality were maintained as records were held securely.

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 remains good.	**Good**
Is the service effective? The service remains good.	**Good**
Is the service caring? The service remains good.	**Good**
Is the service responsive? The service remains good.	**Good**
Is the service well-led? The service remains good.	**Good**

Buxton Home Support 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 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 inspection included a visit to the agency's office on 5 February 2019. The registered manager was given short notice of our inspection, in line with our current methodology for inspecting domiciliary care agencies.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

At the time of this inspection the agency was supporting 40 people who wished to retain their independence and continue living in their own home.

The inspection team consisted of one adult social care inspectors.

On 5 February 2019 we visited the agency office and spoke with the registered manager, the service manager, the nominated individual and a care coordinator. On 5 February 2019 we also visited two people in their own home to obtain their views on the service provided and talk with care staff. During the visits to people's homes we looked at care records and medicine administration.

When we visited the office, we reviewed a range of records about people's care and how the domiciliary care agency was managed. These included peoples care records, staff training, support and employment records and quality assurance audits.

Between 7 and 12 February 2019 we spoke with three people who used the service and eight relatives by telephone, this gave us information on how they found the service provision.

We sought the views of staff and we obtained feedback from six support care staff in writing. We also contacted three healthcare professionals to gain their views on how they found the service was provided. On 12 February we contacted the registered manager and the nominated individual to give feedback following the calls to people, relatives, staff and health care professionals.

Good

Is the service safe?

Our findings

All the people we spoke with felt the care provided was safe. Relatives also felt the staff maintained people's safety.

Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. Staff we spoke with were aware of the signs of possible abuse and what to look for. They were aware of the action to take and who to speak to if they were concerned. The provider had a robust safeguarding procedure including local procedures. We had been notified of possible safeguarding and the provider had responded appropriately to safeguard people.

We looked at peoples care plans and found risks were identified and there was good detail on how to manage the risks and they were regularly reviewed.

We saw where people were identified as being at risk, assessments were in place and action had been taken to manage the risks. For example, one person was at risk of presenting with behaviour that may challenge. The risk assessment was very detailed to ensure staff had the appropriate information to meet the person's needs safely.

Environmental risk assessments had also been completed to ensure the safety of staff in people's homes.

There had not always been sufficient staff available to meet people's needs. However, the provider had identified this and had made changes to the office staff to ensure staff were consistently well managed and supported. They were also recruiting more care staff at the time of our inspection.

The service was divided into two, each had a service manager. One supported older people and the other younger adults and children with learning disabilities. The older people's service had a permanent service manager and we received very positive feedback from people who received this service.

The younger adults and children's service had struggled as there had not been a consistent manager as they had been on maternity leave. This meant the people who used the service had no point of contact and told us this had impacted on the staffing issues. The provider had already acted on this at the time of our inspection. They had two members of staff job sharing as service manager and had employed a new office team leader. This was a new post to ensure communication was improved and consistent. The provider was in the process of sending out a letter to all the people who used the service and their relatives to explain the new arrangements and ask for their feedback. The provider had acted appropriately and speedily to resolve the staffing issues to ensure the issues were resolved.

Staff we spoke with who worked with the older people told us there were sufficient staff to meet people's needs and provide the calls on time. Staff who supported the younger adults and children said at time they had to pick up shifts and there were insufficient staff. Relatives we spoke with told us they were allocated a number of hours each month for support and at times there were not enough staff to facilitate this so some

hours were not covered. People spoke very highly of the care staff and had no concerns about the care and support provided just that at times there had not been enough staff. This did not impact directly on the people who used the service as it was a respite service for their families. However, families said it could impact if not addressed. The provider assured us with the new staff in post and the service manager back from maternity leave this would be addressed immediately.

Any new staff were employed following a robust recruitment process. All required pre-employment checks had been obtained. These included references, and a satisfactory Disclosure and Barring Service (DBS) checks. The DBS checks help employers make safer recruitment decisions in preventing unsuitable people from working with vulnerable people.

People were receiving their prescribed medicines by competent staff. We looked at people's care records and found documentation included a section about people's medicines and how they should be taken. We saw medication administration records (MAR) were in place in people's homes for staff to complete. The provider had identified some issues in a medication audit to improve documentation and was addressing this with staff to ensure all systems and procedures were followed.

People were protected from the risks of infections. Staff used personal protective equipment (PPE) when supporting people with tasks where there could be a risk of infection, such as personal care.

Systems were in place to ensure accidents and incidents were recorded and investigated to enable the service to learn from incidents and mistakes.

Good

Is the service effective?

Our findings

Without exception all people who used the service and the relatives who we spoke with told us their regular care staff were excellent. One person said, "They are just like family." Another person said, "The staff are lovely, they meet my needs." A relative told us, "They [the staff] are very good, they don't do half a job, they always go the extra mile."

Health care professionals we spoke with also spoke highly of the staff. One told us, "I am impressed with the workers, they take time to get to know people."

We saw a detailed needs assessment took place before staff commenced care and support. This enabled a detailed care and support plan to be written which reflected people wishes, needs and preferences. People who were able, and wanted to be, were involved in the development of these plans, which also detailed information about friends, family, activities and communication styles.

The Mental Capacity Act 2005 (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.

The registered manager told us staff had completed training in this subject and staff we spoke with confirmed this. Staff we spoke with had good knowledge of the MCA and how it applied to the people they supported.

We found care records contained information in relation to people capacity to consent. We saw people had signed to say they agreed with their care plans and had been involved in writing them.

We also found where people lacked capacity, best interests had been considered. This ensured any care and support that was provided was in the persons best interest.

Staff supported people with diet and people we spoke with spoke positively about the support staff provided regarding food and drink. Staff told us how they offered support to assist people to prepare meals, drinks and snack and how they ensured people received a balanced nutritious diet that supported their health and well-being whilst respecting their rights to make decisions

We saw from records and talking with people that staff sought advice from health care professionals to ensure the correct supported was provided. Health care professionals we spoke with all said staff sought advice and guidance. One said, "The staff and management are very willing to co-work."

All the staff we spoke with confirmed they had received all the necessary training to be able to fulfil their role and responsibilities. Most staff said they felt supported and received regular supervision. However, some felt they could be better supported. From records we saw staff did receive supervision and appraisal. However,

this could be more frequent. This was due to the inconsistent management in the one service which was being addressed at the time of our inspection. Staff were aware of the changes and could see these were very positive and would make improvements.

The registered manager told us new staff completed an induction which included training that was tailored to meet their individual needs. Staff we spoke with confirmed this and said training was good. Staff told us they shadowed a more experienced person when they first commenced in post. This ensured they were competent and confident to carry out their roles and responsibilities. Staff also told us the training was linked to the 'Care Certificate'. The 'Care Certificate' replaced the 'Common Induction Standards' in April 2015. The 'Care Certificate' looks to improve the consistency and portability of the fundamental skills, knowledge, values and behaviours of staff, and to help raise the status and profile of staff working in care settings. This helped to ensure staff were given the right skills and training after completing their induction.

Good

Is the service caring?

Our findings

The people we spoke with and their relatives all told us staff were kind. People told us staff always treated them respectfully and maintained their dignity. One person said, "The staff are lovely, I couldn't cope without them. They are so caring." Another person said, "They get to know you, give you the time, they are my salvation." Relatives spoke highly of staff. One said, "I can't praise the staff high enough." Another said, "The regular care worker is excellent, he knows my relative and the relationship is very positive." They did add, "If we get a different worker, which has happened a bit lately, they are not as good as they don't know my relative."

The care records completed daily by staff detailed support was provided in line with their needs and wishes. We saw staff supported people to be as independent as possible by encouraging them to do as much for themselves as they possibly could. One person said, "They encourage me to do as much as I can to maintain my independence. They let me take my time, they are very good."

Staff spoke about people with respect. They were clear about the importance of maintaining confidentiality. Staff told us how they would ensure people's privacy and dignity. For example, ensuring all curtains and doors were closed when providing personal care.

We visited people in their homes and observed staff, we found they were kind, considerate and polite. Staff we spoke with understood people very well, especially how to manage people who could present with behaviour that may challenge. We also saw staff knocked on doors before entering and introduced themselves.

From our conversations and feedback from staff it was obvious they knew people well, understood how to communicate with people and identify when they required additional support.

People and their relatives were involved in planning their own care. An initial assessment of need was completed. The care plan showed what was important them and how best to support people with various tasks.

Good

Is the service responsive?

Our findings

People and their relatives, that we spoke with praised staff and care provided. They told us the care was personalised and was extremely responsive to the needs of the people who used the service However, the relatives of younger adults and children told us they had some concerns as they did not always get regular staff who understood fully the needs of their relatives. This was due to staffing issues, when staff who were covering had not necessarily supported the person before. We discussed this with the registered manager and the nominated individual who were addressing the issues at the time of our inspection. They said a new team structure was in place in the office to improve communication and enable the registered manager to recruit and address the issues with relatives.

The care plans we reviewed were person-centred and detailed. Information about people's likes, dislikes, routines personalities and personal choices and preferences were recorded.

Daily care records, kept in the folders in people's homes, were completed by staff at the end of each care visit. These recorded details of the care provided, food and drinks the person had consumed as well as information about any observed changes to the person's care needs. The records also included details of any activities and outings into the community. Care records also recorded any advice provided by professionals and information about any observed changes to people's care and support needs. These records were regularly returned to the office for auditing.

The plans reflected people's physical, mental, emotional and social needs. This included any protected characteristics under the Equality Act 2010. The Act replaces all existing anti-discrimination laws, and extends protection across a number of protected characteristics. For example, race, gender, disability, age and religion or belief. Staff we spoke with were knowledgeable on equality, diversity and human rights.

The provider looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for providers of publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given. Staff were aware of the communication needs of the people they supported from the information in the person's care plan.

The provider had a complaints procedure in place. People told us they would speak with the staff if they had any concerns they wished to raise. We saw that where complaints had been received directly by the service these were recorded, investigated and responded to in line with the complaints procedure. The provider had put new systems in place at the time of our inspection to improve the communication with people, their relatives and staff.

A quality questionnaire was being sent out at the time of our inspection. Most people we spoke with told us they were listened to and had any issues resolved.

At the time of our inspection the service was not supporting anyone who was at end of life. However, staff told us they had recently and explained how they cared for the person ensuring their wishes and choices were respected. Staff had received training to ensure they could meet people's needs who were at the end of their lives. Health care professionals we spoke with told us staff provided good care and support to people who were at the end of their lives. One professional told us, "The staff recently support a person who sadly passed away, the care was very good, they [the staff] were also aware of the need to support the family."

Good

Is the service well-led?

Our findings

The service had been through a difficult time with management cover. However, the registered manager was back at work following maternity leave and shared the role of service manager with another person, the provider had also recruited into a new post to support the team and ensure good communication. This would ensure clear lines of responsibility and accountability within the service.

The service had effective systems to quality monitor the service. The systems had identified the issues we have raised in this report. For example, lack of consistent staff and at times ineffective communication.

We found systems were in place for managing safeguarding concerns, incidents and accidents. The registered manager also had systems in place to learn from any such events, which included putting measures in place which would mean they were less likely to happen again.

People's care records were kept up-to-date and accurately reflected the daily care people received. Records relating to staff recruitment and training were also up-to-date and reflected the training and supervision care staff had received. Records were securely stored when not in use to ensure confidentiality of information. Policies and procedures to guide care staff were in place and had been routinely updated when required.

The provider monitored the quality of the service provided by regularly speaking with people to ensure they were happy with the service they received. A quality review form was being sent out at the time of our inspection. People told us someone from the office rang and visited them regularly to ask about their views of the service and review the care and support provided.

Regular audits of the quality and safety of the service had been devised and implemented. This enabled the service to evidence continual improvement by developing and regularly reviewing an improvement action plan. For example, the audits had identified that medication documentation could improve and this was being actioned to improve the systems.

The registered manager understood their responsibilities and were aware of the need to notify the CQC of significant events in line with the requirements of the provider's registration.