

Navigation Support and Care Services Ltd

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Outstanding ☆

Is the service well-led?

Good ●

Summary of findings

Overall summary

Navigation Support and Care provides personal care and support for people in their own homes who have a learning disability or autistic spectrum disorder. The service can provide care for adults of all ages. At the time of our inspection the service was providing support for 32 people. The service covered Lincoln and surrounding areas.

There was 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.

Staff knew how to respond to any concerns that might arise so that people were kept safe from harm. People had been supported to safely manage medicines. Risk assessments and management plans were in place to help keep people safe. There were enough staff to provide support to people. Background checks had been completed before new staff were appointed.

Staff had received training and support to help them to support people in the right way. This included being able to assist people to eat and drink enough in order to stay well. In addition, people had been supported to receive all of the healthcare assistance they needed.

Staff were kind to people. Care was provided in order to meet the choices people had made as part of the planning process. Staff knew how to support people who became distressed. Where people were unable to verbally communicate arrangements were in place to ensure that staff were able to communicate with people on their terms.

Staff understood about consent and what to do if people refused care and support. The registered manager and staff were following the Mental Capacity Act 2005 (MCA). This act is intended to ensure that people are supported to make decisions for themselves. When this is not possible the Act requires that decisions are taken in people's best interests.

Staff recognised people's right to privacy, promoted their dignity and respected confidential information.

The provider used a number of methods to ensure that people had been consulted about the support they wanted to receive and they had been given all of the assistance they needed. Staff had supported people to pursue their interests and hobbies. People were offered a range of activities and support in order to access these. The provider went out of their way to respond to people's life experiences and diversity. There was a system for resolving complaints which was provided in different formats so that it was accessible to people.

Regular quality checks had been carried out to ensure that people received the appropriate support. There was a culture of openness and staff were supported to raise concerns. The service was run in an open and

relaxed way. People, staff and relatives were able to raise issues and were confident that they would be resolved.

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.

Staff knew how to recognise and report concerns in order to keep people safe.

People were supported to manage their medicines safely.

There were enough staff to provide people with the support they needed and background checks had always been completed before new staff had been employed.

Is the service effective?

Good ●

The service was effective.

Staff had received relevant training and support.

People were supported to eat and drink enough. People were supported to access any healthcare services they needed.

The registered manager and staff were following the MCA.

Is the service caring?

Good ●

The service was caring.

Staff were caring, kind and compassionate.

Staff recognised people's right to privacy and dignity. Staff understood the need for confidentiality.

Is the service responsive?

Outstanding ☆

The service was very responsive.

People had been regularly consulted about the care they wanted to receive and involved in the review of that care. Resources were in place to assist people with these choices.

People had been supported to pursue their interests and hobbies. People were offered access to a range of activities and

opportunities. Staff supported people in the manner they chose.

There were arrangements in place to support people to make complaints and manage complaints. The complaints document was in both words and pictures.

Is the service well-led?

Good ●

The service was well-led.

Regular checks had been completed so that any problems could be quickly identified and services improved. Where issues had been identified action plans were in place and being progressed. Staff were kept informed and involved in changes.

The registered manager had promoted good team work and staff had been encouraged to raise any concerns. The culture of the organisation was very open.

Managers were aware of people and staff's needs. Systems were in place to reward good practice.

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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.

Before our inspection visit to the service we reviewed notifications of incidents that the registered persons had sent us since the last inspection. In addition, we contacted local health and social care agencies to obtain their views about how well the service was meeting people's needs.

We visited the administrative office of the service on 27 January 2016 and the inspection team consisted of a single inspector. The inspection was announced. The registered persons were given a short period of notice because the registered manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that they would be available to contribute to the inspection. During the inspection we spoke with the provider, the registered manager, three members of staff and a person who used the service. We also looked at records relating to how the service was run including training, health and safety and quality assurance.

We also spoke with three people who used the service by telephone and five relatives.

In addition, we reviewed the Provider Information Return that we asked the registered persons to complete. This is a form that asks the registered persons to give some key information about the service, what the service does well and improvements they plan to make.

Is the service safe?

Our findings

People said that they felt safe with the staff. When we spoke with a person who used the service they appeared happy and relaxed in the company of the staff and the provider. We observed that they chatted with the staff about their day to day plans and their family life. One person told us, "There are always staff available." A relative told us, "Safe, oh definitely. From time to time [my relative] goes shopping and they look after my relative very well."

Staff knew how to recognise and report abuse both within the organisation and externally, for example to the local authority. Staff said they would report any concerns to a senior person in the service. Records showed that staff had completed training in how to keep people safe and staff said that they had been provided with relevant guidance. We saw from our records that the provider had appropriately reported concerns about people's safety.

Risk assessments had been carried out to ensure people were kept safe. Risk assessments were in place for areas such as accessing community facilities, housework and assisting people to mobilise. Where risks had been identified plans had been put in place to assist staff to support people. For example one person had limited understanding of dangers when accessing community facilities and arrangements had been put in place for them to receive support on a one to one basis in order to keep them safe. We saw that there was a system in place to protect people from the risk of financial abuse. Risk assessments had been completed and guidance was in place to explain to staff how to support people with their finances.

Staff were supporting people to manage their medicines. Records showed that all staff who assisted people to use medicines had received training. Staff were also trained in the use of emergency medicines where this was required, for example, when a person suffered an epileptic seizure and required rescue medicines. We saw that guidance was in place to make sure that people were given the right medicines at the right times. For example, one person required their medicines with a short gap in between and we saw that this was recorded in the care plan and on the medicine administration sheet (MARs). Records showed that in the 12 months preceding our inspection there had been four occasions when medicines had not been correctly dispensed. We noted that on each occasion the registered manager had analysed the reasons for the mistake and had taken practical action to reduce the risk of the same thing happening again.

Staff told us that there were sufficient staff to meet people's needs. The provider told us that they did not have any problem recruiting to the service and had people waiting to start with the company, should they require additional care staff in order to meet people's needs.

Background checks had been completed on staff before they commenced with the service, these included checks obtaining references and checks with the Disclosure and Barring Service to show that they did not have criminal convictions. This helped to ensure that staff were suitable people to be employed by the service.

Is the service effective?

Our findings

We found that staff had the knowledge and skills they needed to consistently provide people with the support they needed. For example, staff knew how use sign language such as Makaton with people who did not have verbal communication. Staff told us that they received regular training and updates. They told us that they felt they were provided with appropriate skills to meet people's needs.

The registered manager said that it was important for staff to receive comprehensive training and support in order to ensure that their knowledge and skills remained up to date. Staff told us that they received regular supervision. Records confirmed that staff had regularly received supervision from a senior colleague to review their work. Staff also said that they had received appraisals. A member of staff told us, "They are a useful opportunity to get feedback." Appraisals are important because they facilitate staff to review their performance and plan their training requirements to ensure that they have relevant skills to support people. Staff told us and records confirmed that new staff had received an induction when they started with the service. The induction was in line with national guidelines.

We saw in care records people had been supported to consent to their care arrangements. Agreements had been provided in words and pictures. Where people could not sign discussions had taken place to understand whether or not they agreed with the care. For example, it was recorded that a person agreed by nodding and another person agreed by showing thumbs up. Staff knew what to do if people refused care. They explained that they would try and discuss this with people first but if there was a risk to the individual they would consult with other staff and professionals. A relative said, "They did involve [my relative], they asked my relative what they preferred doing."

Where people did not have the capacity to consent, the provider acted in accordance with the Mental Capacity Act 2005 (MCA). The MCA protects people who might not be able to make informed decisions on their own about their care or treatment. Where it is judged that a person lacks capacity, a person making a decision on their behalf must do this in their best interests. The registered manager and staff were following the MCA. We found that staff had supported people to make decisions for themselves. They had consulted with people who used the service, and sought their informed consent.

Records showed that on a number of occasions when people lacked mental capacity the registered manager had consulted with health and social care professionals and relatives to help ensure that decisions were taken in people's best interests.

Records showed that staff supported people to eat and drink appropriately. Care records detailed what support people required. For example, one care plan detailed the need for a person to have their food cut up thoroughly. When we spoke with staff they were able to tell us about people's needs. Where people had specific dietary needs such as requiring a special diet this was recorded and staff were aware of this.

People said that they received support to see their doctor and other healthcare professionals. A person told us, "They (staff) go with me to the appointments and they ring up for me to arrange them. Staff told us that

they would assist people to make appointments and accompanying people to healthcare appointments if they wanted support. A care record explained that a person required an explanation following an appointment to a health professional. Where people preferred to see a particular professional for example a specific GP this was recorded and we saw in the records that people had been supported to access them.

Is the service caring?

Our findings

People who used the service were positive about the support they received. One person told us, "I like the staff." Another person said, "They are always asking me if I am alright." A relative said, "Oh yes, very kind. I can't speak highly enough of them, as in all aspects they are really excellent. We've had them for four years and it has been very good, and they give emotional support." Comments from the quality survey included, "I get on with all my carers" and "The staff are all very good."

People said they were treated with respect and with kindness. Staff told us that they tried to treat people as they would a family member and ensure that their choices were respected. One member of staff told us, "It is important to ensure people live happily with a variety of things to do." We saw that staff not only provided the agreed care to people but also provided support with their daily lives. For example, one person who was registered blind used a guide dog and staff assisted the person to care for the dog by walking the dog if they were unable to do so. Staff were prepared to go the extra mile to provide people with the care and support they required. A relative told us that since their family member had been receiving support they had 'come on a lot' and were now walking more and learning how to support themselves when dressing.

People were encouraged to express their choices for example, a person had a preference for a specific mug when having their drinks. We saw that the care plan stated, "I have my own specific mug which I need staff to ensure I use." Staff told us that they encouraged people to make choices about what care they wanted. One person told us, "I am able to choose who comes into the house." In another record we saw that a person had chosen to use a specific taxi firm because that was whom they felt comfortable with. A relative said, "Yes, they help [my relative] make choices. Staff make sure everything's in place, do different things for my relative. My relative can ask them for different support for example help me with TV or iPad or if [my relative] wants to visit the National Trust, staff will go with him - they're good."

People told us that they had their privacy and dignity protected. A relative said that staff always protected their relative's dignity, they said, "They always shut the bathroom door after [my relative] as they have a habit of leaving it open."

Staff were aware of the need for confidentiality and ensuring that the care records were maintained and regarded as people's property. They said they had received guidance about how to correctly manage confidential information. We noted that they understood the importance of respecting private information and only disclosed it to people such as health and social care professionals on a need-to-know basis.

Is the service responsive?

Our findings

A relative told us, "Yes, Navigation give us a list of who's coming and recently have started a scheme with a photograph so [my relative] can see. We've always had a list, and the pictures started about a year ago, and that works very well." Another relative said, "I get a rota every week so we can say who is picking them up and [my relative] checks the badge the person's wearing against the list!" People received rotas on a weekly basis so that they were aware of who was going to provide their care. We saw that the rotas included photographs of the staff who were due to provide care so that people recognised who was going to care for them." People and relatives were more comfortable with the care arrangements because they knew who was going to be providing the care. A relative told us that it meant that their relative felt comfortable and confident with their care.

Another relative told us, "In the last year we've got more or less the same people coming now - we have 5 to 6 people together it used to be about 10 or 12 . They're regular and they cover for each other."

The provider told us that they had specifically set the service up in order to provide personalised care to people. They said that they tried to match staff to the people they were supporting. They also said that if people didn't like a member of staff and they were unable to resolve the issues they would be able to make changes to a person's care package in order to meet their preferences. They told us that most people didn't have more than a team of five people providing the required support in order to ensure continuity of care.

Staff understood the importance of promoting equality and diversity. They had been provided with written guidance and they had put this into action. For example, staff were aware that some people may wish to meet their spiritual needs by attending religious services. One person whose family did not originate from the UK told us how they were supported to cook meals where the recipe originated from their country of origin. They also told us that they were being supported by the provider to make arrangements to visit their family in Africa in the near future. The provider confirmed this and told us that they were in regular contact with the family in order to make the visit possible.

A staff member told us, "The review of care plans is ongoing, things can change on a weekly basis and we will respond to that." People's care records demonstrated their needs had been assessed prior to them being offered a service. This ensured that the service was aware of people's needs and able to meet them. Each person had a support plan, a copy of which was kept in their home. People also had booklets which they had put together with staff which illustrated what were their likes and dislikes. The books were made up of photographs of familiar objects and activities and were individual to people. The books were used to support people to make choices about their care and inform staff about what they wanted. We saw that care records were focussed around people and their needs and had been reviewed on a regular basis.

Where people required additional support to communicate or were unable to communicate verbally records detailed how they preferred to communicate. One care plan detailed, "I need staff to ensure that they tell me one thing at once." Another listed the words which a person used for specific objects and needs so that staff were able to communicate with them on their terms. We noted that staff knew how to

communicate with people who did not have verbal communication. For example, a person handed staff their mug when they required a drink and this was detailed in their care plans. We saw that various arrangements had been made to enable people to express themselves including the use of signs and symbols and pictures. Where people used a formal system of communication such as Makaton we saw that staff had been trained in this. In their PIR the provider told us that the Makaton training was carried out by a person who used the service and their relative. This helped staff to understand how important appropriate communication with people is.

When we asked staff how they knew how to care for people they told us that they received regular updates, for example the provider sent out email messages with any updates on. In addition they said that the care records which were kept in people's homes were regularly updated and they always checked these for any changes. Staff knew how to effectively support people who could become distressed. For example, by using distraction techniques such as listening to music which people liked. When we spoke with staff they were able to tell us how they managed situations such as this.

Staff had supported people to pursue their interests and hobbies. For example, people had been supported to undertake occupational activities such as working in a local charity shop. Other people were supported to access activities such as bowling, swimming and yoga. One person had a tandem bike which staff rode with them. A member of staff told us that no one day was the same for people and that they were able to respond to what people wanted to do on a daily basis. On the day of our inspection a person was being supported to go go-karting and a person we spoke with told us how they were supported to go dancing and play football. Care records detailed what support people wanted in order to access activities. For example, one person requested that staff did not wear their uniform when they were supporting them in the community because they did not want people to know that they were being supported.

People who used the service had received a document that explained how they could make a complaint. The complaints guidance was available in words and pictures and in order to support people to understand the process it included examples of what people could complain about. People were provided with information about the compliments and complaints procedure, in written format. Records showed all written complaints had been logged and investigated. Where required action had been taken, for example, discussions with the person and their family and changes made to care. There had been no recent complaints.

Is the service well-led?

Our findings

Records showed that the registered manager and the service managers had regularly completed quality checks to make sure that people were reliably receiving all of the support they needed. These checks included making sure that support was being consistently provided in the right way, medicines were safely managed, people were correctly supported to manage their money and staff received all of the support they needed.

People said that they knew who the registered manager was and that they were helpful. We noted that the registered manager and the provider knew about important parts of the support people were receiving. They also knew about points of detail such as how many staff needed to be on duty in each shared home and how people liked their care delivering. This level of knowledge helped them to effectively manage the service and provide guidance for staff.

The provider had systems in place so that people were aware of who would be providing their care. They told us that they would send out weekly rotas to people so that they were aware. They also said that if a member of staff was unable to support a person due to an issue such as sickness they would always try to let the person know so that they were aware of who was coming to visit them instead.

There was an open and relaxed approach to running the service. One person told us, that they had a good rapport with office staff. They said that they would drop in when they wanted, demonstrating an open door policy. "Staff said that they were well supported by the registered manager and service managers. The provider told us that they had an open door policy and tried to be person centred with staff. They explained that where possible they would accommodate staff's personal circumstances when planning care. For example we spoke with a member of staff who told us that they did not do sleep- ins at night due to their personal circumstances. The provider told us that this sometimes was challenging however they felt that it was important to ensure the wellbeing of the staff as well as the people who used the service.

In their PIR we saw that the provider had developed an employee of the month award to in order to recognise good practice. The provider stated that this is an award to reward staff that perform exceptionally over a monthly period.

Staff were provided with the leadership they needed to develop good team working practices. These arrangements helped to ensure that people consistently received the support they needed. A member of staff told us, "If I have an issue with people I support I can ask my line manager for assistance and support." Another member of staff said, "Always someone there to speak to." We noted that during the evenings, nights and weekends there was always a senior manager on call if staff needed advice. This service was also available to people who used the service and their relatives.

Regular staff meetings were held both for the teams of people who supported particular people and across the organisation. Staff told us that they felt able to raise concerns and were confident that these would be listened and responded to appropriately. They told us that they received feedback on issues such as quality

monitoring and accidents and incidents. Details of the whistleblowing policy were available to staff. People were supported by staff who were encouraged to raise issues.

People and their relatives had been asked about their views of the service on a regular basis. The staff told us that people who used the service were asked for their views about the support they received as part of everyday life. They were also supported to be involved in formal reviews of their care. We saw that quality surveys had been carried out with people who used the service, their relative's staff and visiting professionals. Action plans had been developed and actions taken to address any issues that had been raised. The provider had also carried out an evaluation of senior staff by staff. As a consequence of this they had introduced a messaging service to improve communications with staff.

All the relatives we spoke with told us that there was an open door and they felt able to raise issues. One relative told us that they had had a couple of issues and they had sat down in a meeting to work through how the issues could be resolved. They said, "Anything you mention to the registered manager is resolved."

In their PIR the provider told us about plans to further develop the service in an innovative way. They told us that they wanted to ensure that any new developments enhanced the service to people. For example they told us that they were considering employing a nurse in order to further assist people with the management of their health needs.