St Lucy Care Services

St Lucy Domiciliary Care

Inspection report

294 Philip Lane
London
N15 4AB

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09 November 2016

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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 was announced and took place on 9 November 2016.

St Lucy Domiciliary Care is a small family run service for people with mental health support needs starting to manage their tenancies in the community. The service supports five people who live in accommodation in North London. The accommodation is separate from the support service and each person has their own tenancy agreement. The service offers a 24 hour support service with people using the service accessing it for support to complete daily living tasks. The service is registered to provide support to people with their personal care.

During the inspection the registered manager was not available. 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 protected from harm and abuse. There was a high level of awareness from staff and people using the service of abuse and what it might look like and what to do if someone was worried about themselves or somebody else in the service. Staff were aware of the whistleblowing policy.

The care staff that we spoke to expressed an understanding of the scope of mental health support that people needed. We looked at training records in individual staff files and found a range of mandatory yearly training records.

Positive, caring relationships had been developed with people. From speaking to care staff, the deputy manager and the provider we saw that the ethos of the service was to help people move towards rehabilitation at their own pace. Care staff spoke about the people they supported with fondness and pride for the work people had put into remaining stable.

There was a culture of listening to people using the service and different opportunities for people to feedback what they thought and ideas they had. The service had a complaints policy and procedure in place which outlined how people can complain and response times. People received personalised care that was responsive to their individual needs and preferences. People told us that the service was responsive in changing the times of their support and accommodating last minute additional appointments when needed.

We saw that the management team were well respected and liked. People using the service and staff all without exception said they felt supported and trusted the management team. There was a monthly audit completed by the provider which covered the areas of safe, effective, caring, responsive and well led. Staff had regular supervision and appraisals and the records we looked at showed there were no gaps in the frequency of these, so continuous support was in place.

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 and people using the service had a good knowledge of what abuse looked like and how to report it.

Recruitment processes included obtaining criminal record checks for all staff

Risks were identified and managed with action plans in place to support people to reduce risks.

Medications were managed safely and audited regularly

Is the service effective?

Good

The service was effective.

People received support from staff who had regular training and the knowledge and skills to meet their needs.

People were supported to see health care services when needed.

The care staff had knowledge of the Mental Capacity Act 2005

Is the service caring?

Good

The service was caring.

Care staff spoke positively about the people using the service.

Relatives and people we spoke with said they service was caring.

People were encouraged to be independent.

Is the service responsive?

Good

The service was responsive.

People and their relatives knew how to complain.

People took the lead in decisions about their support.

The support was person centred.

Is the service well-led?

Good

The service was well led.

The management team and provider were well respected.

Staff felt supported by the manager.

The quality of the service was audited regularly.

St Lucy Domiciliary Care

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 took place on 9 November 2016 with one inspector and was announced. The provider was given 48 hours' notice because the location was a domiciliary care agency and we needed to be sure someone would be present in the office.

Prior to the inspection we reviewed the records held on the service. The service was last inspected on 14 February 2014. At that time the service was meeting the essential standards of safety and quality and no concerns were identified. We looked at previous inspection reports, statutory notifications (issues providers are legally required to notify us about), and other enquiries received from or about the service.

Before the inspection, the provider completed a Provider's Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with three people and two relatives. We reviewed three people's records in detail, including care plans and risk assessments. We also spoke with three care staff, the deputy manager, and owner. The registered manager was unavailable on the day of our inspection. We reviewed three personnel and training files. Other records we reviewed included the records held within the service to show how the provider reviewed the quality of the service. This included a range of policies and procedures, audits, and questionnaires to people who use the service and professionals who support them. We contacted health care professionals who supported people who used the service to gather their views.

Good

Is the service safe?

Our findings

People said "I feel safe here" and "I feel secure". "It's a safe and secure place," "I feel safe living here". Relatives said "I know [person's name] is safe" and "my relative is absolutely safe there". We saw from daily care notes and minutes of meetings people were asked if they felt safe.

People were protected from harm and abuse. There was a high level of awareness from staff and people using the service of abuse and what it might look like and what to do if someone was worried about themselves or somebody else in the service. The service had put together a short film of a play raising awareness of abuse in support services through role play, with people using the service taking the lead in acting and putting together script ideas. The provider told us the idea behind this was so people could understand fully what abuse might look like and what to do about it to protect themselves and others. Staff said they would go to the manager for any suspected abuse and contact the police or local safeguarding authority if necessary. Records showed staff all had safeguarding training in the last 12 months.

There were robust systems in place to manage risks and risks to individuals were managed in a positive and proportionate way. Individual risk assessments were in place for each person using the service, and were used to identify any risks posed to people and the staff supporting them. The deputy and staff told us these were reviewed yearly and records showed these were reviewed within the timeframe described in the provider's policy. Risks identified were individual to people and management plans including specific actions were put into place to manage behaviour that might put people or others at risk. These management plans were reflected in the support that people told us they received day to day and in the daily care notes that were kept in the office. For example one person was supported to reduce the risk of fire. There were risk assessments in place for staff lone working and what to do when supporting a person out in the community and in their home.

There were no incidents or accidents in the last 12 months within the service. However, staff that we spoke to described how they would respond to specific incidents such as a fire or a person becoming very unwell and needing immediate medical assistance. Records showed that fire safety training had been provided to all staff in the last three months and the invitation to attend had been extended to all people using the service. People using the service attended the training.

Medicines were managed safely. We looked at Medication Administration Records (MAR) where people using the service had been supported to take their medication. There were no gaps in the MAR sheets that we looked at for any person over a three month period. We saw audit records in place where staff did a weekly random check of medicines and counted each tablet to ensure they could all be accounted for. There were robust procedures in place for delivery of medication and returning it. During the inspection two staff completed a check on medication that had been delivered and found two errors. We saw staff follow procedure and record the errors and resolve the problem. There was a risk assessment in place for each person needing support with medication that detailed why they were unable to take it themselves and their level of understanding of the medication they were taking. The deputy manager and care staff told us that a local pharmacy came in to the service to offer training on medication and that people using the service were

invited to this also to raise their awareness of the medication they were taking. We saw records to show that all staff working at the service had attended this medication training within the last year.

There was always one staff available to support people with a waking night in place and on call for any emergencies out of hours. The deputy manager told us that if a person needed extra assistance to go to an appointment then extra staff would be arranged to go with them. People that we spoke with said there were enough staff available to meet their needs.

Recruitment practices were safe. We saw records of an application and interview process taking place. References from past employers were obtained along with proof of ID and completed criminal records checks. Staff we spoke with were aware of the whistleblowing policy and what to do if they had concerns about the service.

Good

Is the service effective?

Our findings

The service was effective. Relatives that we spoke with said ""staff are quick to deal with any issues and "quick to nip any issues in the bud". One relative we spoke with described how they were able to "see a lot of positive change" in their relation since they started being supported by the service.

People who used the service said "the staff all do their job" and "they know what they are doing...they are quite professional here". The care staff that we spoke with expressed an understanding of the range of mental health support that people needed, one of the care staff was a registered mental health nurse who demonstrated an in depth knowledge of how people can be supported when they become unwell. Staff said they had had recent training and the regular training on different topics was useful. We looked at training records in individual staff files and found a range of mandatory yearly training records in subjects such as mental health awareness, breakaway techniques, safeguarding and medication. The deputy manager and provider told us that staff did training in groups whereby all the care staff and people who use the service were invited. We saw through training records and talking to staff that external trainers were used and some in house training was provided. New staff completed an induction to the service covering the training areas identified as mandatory such as safeguarding awareness, mental health awareness and supporting people with behaviour that challenges. Staff had regular supervision and appraisals and the records we looked at showed there were no gaps in the frequency of these, so continuous support was in place.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular 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 particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The deputy manager and staff had an understanding of the MCA and had attended training. Nobody receiving the service was assessed as lacking capacity but staff we spoke with understood their responsibilities to report to the registered manager if they thought someone might lack capacity. Staff said "we respect people's rights and their choice to turn things down and make their own decisions". People confirmed that they had consented to the care they received. They told us that care staff checked with them that they were happy with support being provided on a regular basis. People signed their care plans and risk assessments which outlined the care and support they would receive.

Some people who used the service made their own healthcare appointments and their health needs were managed by themselves. However, staff were available to support people to access healthcare appointments if needed and liaised with health and social care professionals. One person told us that a staff member had supported them to go to the hospital to have a minor operation and made sure they got home safely.

People were supported to eat healthily, make healthy lifestyle choices, and invited to learn about diabetes and eating healthily. Care staff supported people to shop for balanced meals and make shopping lists so that the food they ate was nutritious. Smoking cessation awareness was also discussed in meetings held for

people using the service and people told us that staff had supported them around their smoking.

Good

Is the service caring?

Our findings

The service was caring. People that we spoke with said "the staff are caring" and "the staff are friendly here…and very courteous". Relatives of people using the service said they felt the service was caring and were grateful for the support provided by St Lucy domiciliary care. One relative said the service "always has their best interests at heart". Caring examples given by people using the service and staff were a care staff member took a person to an appointment on their day off and another where care staff sat up all night with someone who was unwell.

One person said "the staff are helpful and give great support, I feel at home here". From speaking to care staff, the deputy manager and the provider we saw that the ethos of the service was to help people move towards rehabilitation at their own pace. Care staff spoke about the people they supported with fondness and pride for the work people had put into remaining stable. Care staff we spoke to showed they knew the people they were supporting very well and were able to give examples of how they would tailor support to different individuals. One staff member said "we don't generalise our support…we help people to maintain their identity through their illness" and gave examples of one person of a particular culture being supported to access activities and community support so they could socialise with people from a similar background.

Staff had developed positive, caring relationships with people. The deputy manager and provider were motivated and clearly passionate about making a difference to people's lives. This enthusiasm was also shared by care workers we spoke with who spoke about supporting the whole person and not just their mental health. The deputy manager explained that people could decide who their named care staff member was and if someone did not want to work with a particular staff member they would reallocate a different care staff to meet with them for regular support sessions.

Care staff that we spoke to all discussed the importance of family relationships and a wider network of support and involving key people to help those using the service achieve their goals. One relative told us that their relationship with a person using the service had previously broken down but with support they were now in contact again. We saw in care records that advocacy services had been referred to for one person and in care notes that another person had been given details of advocacy services to contact.

People that we spoke to felt they were treated with respect, and involved in all elements of their support. One person said "if I don't agree with it [the support], it doesn't go ahead". There was space at the bottom of each risk assessment and care plan for people to write comments on and give feedback on the document the care staff had written. Care staff talked about knocking on doors and waiting for a response before entering and not entering a person's room if they were out as it was their private space.

Care workers understood the importance of promoting independence and this was reinforced in peoples care plans. The overall aim of the service was described by staff as a rehabilitation journey where they do their best "to help people move on" and "be more independent and happy". Staff and people using the service that we spoke with said that the service encouraged people to do most things themselves with prompting and support, and staff will step in and provide extra support if someone is having a bad day or

feeling unwell. One person said "we get to choose how we live" and another "we have freedom to move".

Good

Is the service responsive?

Our findings

Relatives that we spoke with all said the service was responsive. The staff and people using the service said that staff were very patient and let people do things at their own pace. The deputy manager described the approach to behaviour that other people might see as challenging. We were told they "take each situation as it comes [and] wait until situation is calm to approach. We prefer de-escalation techniques". The deputy manager then went on to describe that the staff respond to the mood and behaviour of each person calmly and try not to over react and always "put ourselves in that persons position" before making a judgement.

There was a culture of listening to people using the service and different opportunities for people to feedback what they thought and ideas they had. Staff said "you have to give the client the opportunity to have a voice". Regular meetings were held which people could choose to attend and discuss any issues they were having and socialise with people from another service run by the provider. These meetings covered topics such as move on accommodation, mental health awareness and managing diabetes, the views of people were then recorded. We saw records of consultations with people using the service on closed circuit television being installed in the house where people lived and how people using the service would like to celebrate Christmas. During the inspection we observed interactions between staff and people using the service where staff asked people's opinion on decisions that would affect them. For example that evening staff and people using the service were planning to share a meal in a restaurant to celebrate a birthday and the timing was flexible for people to choose. People using the service were consulted by staff on the CQC inspection and given an opportunity to write down some thoughts to give to the inspector in case they did not get to talk to us on the day of inspection.

Every person we spoke with said they knew how to complain and one person said "I feel comfortable going to the manager". The deputy manager said "we have an open door" and told us there had been no complaints in the last twelve months that required investigating. The service had a complaints policy and procedure in place which outlined how people can complain and response times.

Initial assessments were undertaken to identify people's support needs. We were told that people being assessed, relatives and health care professionals were given opportunities to take part in the assessment process. Care plans were developed outlining how these needs were to be met which detailed who would do what and when. These were reviewed on a regular basis and changes made to the support they required. The care files that we looked at had all been reviewed recently and reflected what people said about their level of independence and the discussions we had with staff about the level of needs in the service.

People received personalised care that was responsive to their individual needs and preferences. People told us that the service was responsive in changing the times of their support and accommodating last minute additional appointments when needed. Care staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as
their health and support needs, which enabled them to provide a personalised and responsive service. For example, one person who was feeling isolated and had an interest in learning how to use computers was supported to access an Information Technology course.

Good

Is the service well-led?

Our findings

There was a management structure in the service which provided clear lines of responsibility and accountability. A registered manager was in post who had overall responsibility for the service and they were supported by a deputy manager who was acting as interim manager on the day of the inspection. We saw that the owner was very visible and took an active role in the running of the service. Every person using the service we spoke to mentioned them by name and how they were approachable.

We saw that the management team were well respected and liked. People using the service and staff all without exception said they felt supported and trusted the management team. The deputy manager spoke about encouraging a "positive working culture" within the service and nurturing respect in both people being supported and the care staff. Staff told us they were happy in their work, one care staff member told us "I don't think I will ever leave, I love it here".

There was an emphasis on continuous improvement within the service. The provider monitored the quality of the service through talking to people using the service and through regular checks. Regular audits on areas such as risk assessments, daily notes and medicines charts were completed with the name of the manager on care and risk documents to show they had been checked after writing. There was a monthly audit completed by the provider which covered the domains of safe, effective, caring, responsive and well led. During the inspection we looked at quality assurance records which showed different aspects of support were evaluated from key stakeholders. There was a report containing the feedback of 23 people using the service, staff, relatives and professionals. All the feedback was positive and an action plan was devised for how the service could be improved further.

St Lucy domiciliary care held monthly staff meetings where care needs and risks were discussed as to how support could be improved or a persons' needs better met.

The provider, care staff and deputy manager all talked passionately about working with partner agencies to help support people to get well and stay well. They gave examples of working with GP's, mental health professionals and community rehabilitation services.

There had been no statutory notifications made in the last year, however the deputy manager showed an understanding of when notifications needed to be made to the Commission in line with legislation.

The service had an up to date whistle-blowers policy which supported staff to question practice. It clearly defined how staff that raised concerns would be protected. Staff confirmed they felt protected, would not hesitate to raise concerns to their manager, and were confident they would act on them appropriately.