

Sussex Homecare (Mid Sussex) Limited

Sussex Homecare (Mid Sussex) Limited

Inspection report

3 Kemps
Hurstpierpoint
Hassocks
West Sussex
BN6 9UE

Tel: 01273831188

Date of inspection visit:
15 November 2018

Date of publication:
18 December 2018

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

Sussex Homecare (Mid Sussex) Limited is a domiciliary care service which provides personal care and support services for a range of people living in their own homes. These included older people and people living with dementia. At the time of our inspection the service was supporting 36 people.

Not everyone using the service received the regulated activity. CQC only inspects the service being received by people provided with 'personal care. This includes tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

We inspected the service on the 15 November 2018 and the inspection was announced. We gave the provider 48 hours' notice of the inspection visit because the location provides a domiciliary care service and we needed to be sure that they would be in.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence, or information, from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At the last inspection, there were elements of the safe domain that needed improvement. At this inspection we found that the improvements had been made. Risks relating to people's care were reduced as the provider was ensuring that risks were assessed and managed effectively. People's medicines were now managed safely by staff. Systems were in place to protect people from abuse and staff received training in their responsibilities to safeguard people.

People were supported by staff who had been assessed as suitable to work with them. Staff had the right skills and knowledge to be able to meet people's assessed needs. Staff were supported through training, observations, supervisions and appraisals to help them understand their role and ensure continuous personal development. The provider had ensured that there were enough staff to care for people.

People continued to receive care in line with the Mental Capacity Act 2005 and staff received training on the Act to help them understand their responsibilities in relation to it. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

Staff remained kind and caring and had developed good relationships with people. Relatives told us their family members were cared for by staff and that they were comfortable in staff's presence.

People's needs continued to be assessed and person-centred care plans were developed, to identify what care and support was required. People were encouraged to live healthy lives and received food of their choice. People received support with their day to day healthcare needs.

Quality assurance and information governance systems remained in place to monitor the quality and safety of the service. People and staff told us that the service was well-led.

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 has improved to Good

People were supported to receive their medicines safely.
Assessments were undertaken of the risks to people and staff.

Staffing levels were appropriate to meet the needs of people who used the service. People were safeguarded by staff who knew what to do if they suspected abuse.

People were protected by appropriate infection control procedures undertaken by staff.

Lessons were learned and had been used to drive improvement.

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service remains Good

Sussex Homecare (Mid Sussex) Limited

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.

A comprehensive inspection was carried out on 14 November 2018 and was announced. We gave the provider 48 hours' notice of the inspection visit because the location provides a domiciliary care service and we needed to be sure that they would be in.

The inspection team consisted of one inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We used information the provider sent us in the Provider Information Return (PIR) to complete the inspection report. 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. We looked at this and other information we held about the service. This included notifications. Notifications are changes, events or incidents that the service must inform us about.

We spoke with four people who used the service and six relatives over the telephone. During the inspection we spoke with three care staff and the registered manager. After the inspection we received feedback from one health and social care professional to gain their views of the service.

We reviewed a range of records about people's care and how the service was managed. These included the care records for eight people, medicine management, staff training, support and employment records, quality assurance audits, incident reports and records relating to the management of the service.

The service was last inspected on the 19 April 2016 and was awarded the rating of Good. At this inspection the service remained Good.

Is the service safe?

Our findings

At the last inspection on 19 April 2016, it was identified that there was an area of practice that needed to improve. This was because some risk assessments were not consistently completed and did not always contain enough detail for staff. Also, recordings of audits on medication administration records were not always consistent and outcomes not always recorded. At the current inspection on 15 November 2018, we found that the registered manager had taking steps to improve these areas.

People told us that they felt safe using the service. Relatives also told us that staff ensured the safety of their family members. One person told us, "They have an eye to the safety of their clients." People received good continuity of care which supported people to remain safe. One carer told us, "I know what is safe and what's not safe because I see the same people every day."

The registered manager had introduced more detailed risk assessments to assess people's mobility and moving and handling requirements. These assessments had been consistently updated and completed for all people using the service. Detailed risk assessments had been completed which had identified hazards and how to reduce, or eliminate, risks to keep people and staff safe. Environmental risk assessments were also completed to assess the risks associated with people's home such as presence of smoke alarms, trip hazards and the person's knowledge and awareness of fire safety. One risk assessment had identified the potential risks of a build-up of personal items in a person's home. The assessment had been completed with the input of a family member and identified what actions were to be taken and by whom to reduce the risk to the person. One relative told us, "The carers give me tips about my mother's care. They tell me if there are any potential hazards and they seem to want to prevent any potential dangers or mishaps. It is very reassuring."

People continued to be supported to receive their medicines safely. We saw policies and procedures had been drawn up by the provider to ensure medicines were managed and administered safely. Medicine care plans detailed what support people needed in terms of ordering, managing and storage of medicines. Audits of medicines had been carried out which ensured procedures had been followed. Care staff were trained in the administration of medicines. One relative told us, "The carer makes sure my mother takes her pills. She would not remember otherwise and they watch her take them and write it down."

Staff we spoke to were aware of how to protect people and the actions to take if they suspected abuse. Staff training in protecting people was part of their induction programme and they received regular update training to ensure they understood local authority safeguarding procedures. One staff member told us that continuity of care was essential to identifying signs of abuse. They said, "Continuity of care is so important as you are able to recognise things. I look for changes in their wellbeing and moods."

The provider continued to have a robust recruitment and selection process in place, and new staff had been subject to the appropriate criminal record checks prior to starting work. These checks are carried out by the Disclosure and Barring Service (DBS) and helps providers to make safer recruitment decisions and prevent unsuitable staff being employed.

Staff continued to take appropriate action following accidents and incidents to ensure people's safety. Any subsequent action was recorded within the persons communication logs and updated on the person's care plan and then shared with staff by the registered manager. One persons care plan had been updated, and environmental safety checks by staff were increased, following the deterioration of a person's sight, and subsequent incidents where they had experienced increased difficulty in moving around safely.

People continued to be protected through effective infection control practices. The provider had detailed policies and procedures in infection control and staff received information around these on their induction.

Is the service effective?

Our findings

People and relatives remained confident in the skills of the staff to effectively provide their support. One person told us, "I don't know whether it is because they are well trained or just highly experienced and kind and efficient professionals."

Staff continued to assess people's care and support needs, so they could be certain that their needs could be met. Information was used to develop a comprehensive care plan for each person which detailed the person's needs, and included clear guidance to help staff understand how people preferred, and needed, their care to be provided.

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. Staff held good knowledge in this area and could clearly demonstrate how people had choices on how they would like to be cared for. One carer told us that they always, "Asked questions to seek consent to things and ask if they are able to do things."

Staff continued to undertake a programme of essential training, which equipped them with the skills and knowledge to provide safe and effective care. Training was completed online by staff and progress was monitored and assessed by the registered manager and senior staff. Training schedules confirmed staff received training to meet the needs of people using the service. This included moving and handling and medicines when they first started working. They also shadowed established care staff to understand the role and care they would need to provide. One staff member told us, "The online training is good. You can learn a lot from there." Staff received continued support to understand their roles and responsibilities, through supervision, where they could discuss any concerns. One professional told us, "I find the staff at Sussex Homecare to be very professional, caring and highly skilled."

People's nutrition and hydration needs continued to be met effectively by supporting them to shop and prepare food. People's specific diets were adhered to through support by staff. When people were not supported directly with the preparation of food, staff were supportive in advising people and their relatives of nutritious meal options.

Staff told us that they worked well together as a team and across organisations to be as effective as possible. For example, one person with a painful illness was being supported with their personal care in bed. Staff liaised with district nurses when it became painful for the person when carers moved them during personal care. As a result, the person's medication was altered so that staff could complete their personal care without causing the pain which also maintained their dignity.

People continued to be supported to access healthcare services and to attend appointments with their GP, or specialist health-care professionals. Staff monitored people's health effectively and supported them to

make ongoing referrals to other services when their health needs required it.

Is the service caring?

Our findings

People continued to benefit from staff who were kind and caring in the support they gave. One person told us, "Carers are excellent. They seem to enjoy their work and are very cheerful and not task driven." Another person told us, "The care could not be better."

Staff remained clear on their responsibility to ensure that people's privacy and dignity was preserved. Staff described how they would always ask question to people about how they wished their care to be delivered and asked people if they were able to do things before stepping in to support them in order to promote their dignity and independence.

People told us how staff continued to encourage them to sustain and promote their independence. One person told us how staff were supporting them gradually to regain their confidence following a fall and hospital admission. The person told us, "They are encouraging me to get back to my former independent confident self." The person said that staff were working with the local authority, "So I can get out and so I can help myself more." One family member told us about their relative, "In the morning they encourage her to do somethings herself and only step in when help is required."

People's differences continued to be respected by staff who adapted their approach to meet people's needs and preferences. Diversity was respected with regard to people's religion and care plans detailed this. A member of staff gave us an example of how they had discussed with one person about accessing their local church at a more appropriate time. The person was starting to feel anxious about accessing services in the evening when it was dark. The carer supported and encouraged them to seek an alternative service in the daytime when they could attend with more confidence.

Staff told us about their affection for people and their caring approach to supporting them. Staff had regular schedules that maintained continuity for people. This promoted the development of close working relationships with people.

People and relatives told us they could express their views and were involved in making decisions about people's care and treatment. They confirmed they had been involved in designing their care plans and felt involved in decisions about their care and support.

People's personal information was kept securely and staff demonstrated an understanding of their responsibilities regarding protecting people's confidentiality. Staff ensured that the confidentiality of people's information was maintained and the management ensured that staff did not carry any personal details of clients with them during care visits. One senior carer was also the services Privacy Officer and told us how the new General Data Protection Regulation (GDPR) requirements had prompted a move towards securing people's information more securely using a new quality compliance system which the provider was implementing. This regulation requires providers to maintain and demonstrate evidence of data protection compliance.

Is the service responsive?

Our findings

People continued to receive a responsive service from staff who were knowledgeable about the people they supported. The service was supported by a stable workforce, many of whom had been working at the service for a number of years supporting the same people. One relative told us, "The continuity of care is excellent."

Staff received the same schedules each week, unless there were any significant changes. This ensured people were supported by the same carers who knew their needs which provided a more efficient and responsive service. For example, one person living with dementia, whose mental wellbeing had worsened following the passing of their spouse, was supported by staff who identified the change in wellbeing and made referrals and coordinated support from the dementia crisis team. To ensure their wellbeing was maintained prior to their transition to residential care, the service ensured that the same two carers provided all their care.

Assessments were undertaken to identify people's needs, together with their interests and preferences. Care plans were reviewed regularly with the person and their relatives, where appropriate. Records confirmed that reviews happened regularly and when people's needs changed. Care plans contained information for staff to understand the support people required. Outcomes for people included supporting and encouraging people's independence. People's interests and details of their past were documented in their care plans. For example, one person's care plan detailed their work as a teacher and the hobbies that they'd developed in retirement.

Staff told us there was enough time to carry out the care allocated for each person. The registered manager told us that the hours needed for care could be changed on review, if needed, to ensure people received a quality service. One person's review showed how staff had provided additional support for a person whilst their loved one was admitted to hospital. People were encouraged and supported to maintain their wellbeing by reducing social isolation. Reviews undertaken showed how staff actively and consistently encouraged people to explore day centre options so that they could become more socially active. Staff were proactive in providing information to people about how to do this.

Individual communication needs were assessed and met, and the registered manager was aware of the Accessible Information Standard (AIS). The AIS aims to ensure information for people and their relatives could be created in a way to meet their needs in accessible formats, to help them understand the care available to them.

Relatives we spoke with were aware of how to make a complaint and all felt they would have no problems raising any issues. The complaints procedure and policy were accessible for people and complaints made were recorded and addressed in line with the providers policy. One relative told us, "I have been with them eleven years and never had to complain. If I did I would approach the person responsible." One professional told us, "I've never had any issues with their care or work and no residents or their families have ever complained to me about the level of care received."

The manager explained that the service did not currently support anyone with end of life care but had in the past. Staff had provided sensitive personal care to a person with a cancer that caused pain when they were moved. Staff had identified that the person was finding it difficult to receive the appropriate levels of personal care as a result and had liaised with district nurses on support with pain management. The intervention of staff then allowed them to provide essential care to the person in their final days. The registered manager also confirmed they provided support for families by staff taking the burden from them in liaising with professionals.

Is the service well-led?

Our findings

People, their relatives and care staff told us that they continued to be happy with the way the service was managed. Staff told us that they felt well supported by the registered manager and felt they were approachable and supportive with any issues that they had. The service's vision was clear and reflected in the comments from people, relatives and staff. One carer told us, "Customers are the ones that come first." The registered manager and leadership team had created an open and inclusive culture at the service. One staff member told us, "I do feel listened to. As a manager, she always takes things on board." Another carer told us, "You get great support from (manager). We love this organisation."

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.

People, their relatives and staff were very complimentary about the management of the service and the hands-on approach of the registered manager. One person told us, "The manager often drops in and takes on a caring role. She is very hands on. I have recommended her four times." Another relative told us, "She has taken the pressure off me more than once I am grateful to the excellent manager who is hands on and leads from the front and to all the carers and office who support me as well." One professional told us, "She is a very professional lady with a wealth of knowledge in the care industry I would have no hesitation in recommending her and her staff to anyone who need care."

The registered manager had maintained systems to monitor the quality of the service. Regular audits were completed in relation to each aspect of the service such as people's medicine administration records, care plans and care records. Any areas identified for improvement were discussed with staff individually or at team meetings. The manager was in the process of transferring information to a new quality compliance system online to strengthen the oversight of auditing processes.

Feedback from people and their relatives had been sought through surveys. As people were receiving good continuity of care, people were asked for their feedback on individual carers and their approach. People were also supported to complete external feedback forms, the results of which were fed back to the management team to determine if changes or actions were required.

With the time we spent with the registered manager on the inspection it was evident they were knowledgeable about all aspects of the service. We found them to be well-informed about people's needs. They spoke of positive partnership working where they had worked closely with external health care professionals such as GP's and District Nurses when required.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. The registered manager had informed the CQC of significant events in a timely way and had sought guidance and advice when required.

