

## Southover Community Care Limited

# Southover Community Care

### Inspection report

1 Cockshut Road  
Lewes  
East Sussex  
BN7 1JH

Tel: 01273470616

Date of inspection visit:  
18 October 2016  
20 October 2016  
21 October 2016

Date of publication:  
08 November 2016

### 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

This announced inspection took place on the 18, 20 and 21 October 2016. Southover Community Care provides a personal care service to people who live in their own homes in Lewes. At the time of our inspection the service was supporting 20 people.

There was a registered manager in post at the time of our inspection. 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 received care from staff that were kind, caring and passionate about providing the care and support people wanted to enable them to stay in their own homes. They would go the 'extra mile' to ensure that people were happy and safe in their homes.

Staff had the skills and knowledge to provide the care and support people needed and were supported by a registered manager who was approachable, receptive to ideas and committed to providing a high standard of care.

Staff understood the need to protect people from harm and knew what action they should take if they had any concerns. People told us that they felt cared for safely in their own home. Staff understood their role in caring for people with limited or no capacity under the Mental Capacity Act 2005.

People had care plans that were personalised to their individual needs and wishes. Records contained detailed information to assist care workers to provide care and support in an individualised manner that respected each person's individual requirements and promoted treating people with dignity.

Staffing levels ensured that people received the support they required safely and at the times they needed. The recruitment practice protected people from being cared for by staff that were unsuitable to work in their home.

The registered manager was approachable and continually monitored the quality of the service provided. Staff and people were confident that issues would be addressed and that any concerns they had would be listened to.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People told us that they felt safe in their home with the staff that cared for them and staff understood their responsibilities to ensure people were kept safe.

Risk assessments were in place and managed in a way which ensured people received safe support.

Safe recruitment practices were in place and staffing levels ensured that people's care and support needs were safely met.

There were systems in place to manage medicines in a safe way and people were supported to take their prescribed medicines.

### Is the service effective?

Good ●

The service was effective.

People received personalised care and support. Staff were trained to ensure they had the skills and knowledge to support people appropriately and in the way that they preferred.

People were actively involved in decisions about their care and support needs. Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA).

People were supported to access relevant health and social care professionals to ensure they received the care and support they needed.

### Is the service caring?

Good ●

The service was caring.

People were cared for by staff that were committed and passionate about providing good care and support.

People were encouraged to make decisions about how their support was provided and their privacy and dignity was protected and promoted.

Staff had a good understanding of people's needs and preferences.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People were listened to, their views were acknowledged and acted upon and care and support was delivered in the way that people chose and preferred.

Staff were flexible in the length of time given at each visit to meet the needs of people who used the service.

People using the service and their relatives knew how to raise a concern or make a complaint.

### **Is the service well-led?**

**Good** ●

The service was well-led.

There was a registered manager who was committed to leading a service which supported people to live in their own home for as long as it was safe to do so.

There were effective systems in place to monitor the quality and safety of the service and actions completed in a timely manner

# Southover Community 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.

This announced inspection took place on 18, 20 and 21 October 2016 and was undertaken by one inspector. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure a member of staff would be available.

Before the inspection, we checked the information we held about the service including statutory notifications. A notification is information about important events which the provider is required to send us by law.

We also contacted the health and social care commissioners who monitor the care and support of people living in their own home.

During the inspection we visited four people and spoke to two people by telephone that used the service, a relative and friend of a person, four care staff, an administrator and the registered manager.

We reviewed the care records of four people who used the service and three staff recruitment files. We also reviewed records relating to the management and quality assurance of the service.

# Is the service safe?

## Our findings

People felt safe in their homes with the staff that supported them. We were able to observe how relaxed and calm a person was with the care staff that was assisting them. One person told us "I feel comfortable with all the staff; I look forward to them coming." The staff knew how to recognise if people were at risk of harm and knew what action to take when people were at risk. Staff told us that if they had any concerns they would report it straight away to the registered manager. The staff had confidence that the registered manager would take the appropriate action. There was safeguarding procedure in place and each member of staff had been given contact details of the local safeguarding team. We saw from staff records that all staff had received safeguarding training and that this was regularly refreshed.

There were risk assessments in place to reduce and manage the risks to people's safety; for example people who had been assessed as at risk of falling had a risk assessment which gave details to the staff as to how to mitigate the risks of falling. The registered manager reviewed the care plans and risk assessments regularly; staff told us that if they had any concerns the registered manager would visit and revise the plans and risk assessments.

People's medicines were safely managed. Care plans and risk assessments were in place when people needed staff support to manage their medicines. Staff told us that they were trained in the administration of medicines and the registered manager had tested their competency. There was information available which detailed what medicines people were prescribed. The staff told us if they had any concerns or questions they spoke to the registered manager who responded promptly. One person told us "The carers always make sure I have my tablets; they won't let me forget."

There were appropriate recruitment practices in place to ensure people were safeguarded against the risk of being cared for by unsuitable staff. Staff had been checked for any criminal convictions and satisfactory employment references had been obtained before they started to work for Southover Community Care.

People told us that they felt there was a sufficient number of staff to meet their needs. People said that staff arrived on time and stayed for the time allocated. No one felt rushed and spoke about having the opportunity to chat to the staff. One person told us "They are always on time and will let me know if they are running late, which is very rare." Another person said "I usually have the same two carers during the week and a couple of different ones at the weekend, but they all know me." The staff confirmed with us that they had regular people they went to and always had enough time to support them; if they needed more time they just contacted the registered manager to let them know. The registered manager explained that the staff rota was based around the needs of the people and the geographical area people lived in to take account of the travel time between calls. The provider only took on new people if they had sufficient resources available to meet the care and support required.

## Is the service effective?

### Our findings

People received care and support from staff that had the skills, knowledge and experience to carry out their roles and responsibilities effectively. People told us that they were confident in the staff and felt they were all well trained and understood their responsibilities. A number of people told us that all new members of staff were introduced to them by the registered manager before they started to support them. One person said "[Name of registered manager] always brings anyone new to introduce them first to me and will work with them to ensure they know what they are doing." Another person said "They [staff] always ask me if it is alright with me when they are going to do anything and they never leave without asking me if there is anything else they can do."

The staff spoke very positively of the support and training they had been given. All new staff undertook a thorough induction programme which included having their competencies tested in relation to manual handling, health and safety, safeguarding and medicine administration. They had worked alongside the registered manager or an experienced care staff member, before they had worked alone. All new staff were expected to undertake the Care Certificate; the Certificate aims to give employers and people who receive care the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. One member of staff told us "[registered manager] is very good; they helped me when I was struggling with some of the way the training was delivered, they gave me some 1:1 training, which was great and has really helped me."

Staff felt valued in their roles and told us that they had no hesitation to seek support from the registered manager. They were supported in their roles through supervision and the registered manager undertook regular observations of staff whilst they fulfilled their role. Those staff who had worked for the provider for over 12 months had had appraisals where they had been given the opportunity to discuss their performance and future development and training needs. The registered manager was in contact with the staff on a daily basis and delivered some of the care when needed. This gave the registered manager the opportunity to fully understand the needs of the people and enabled them to instruct the staff in various techniques to support people individually. It also enabled them to ensure the care plans in place were up to date and relevant and could respond quickly if changes to someone's care plan needed to be made.

The Mental Capacity Act 2005 (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. We checked whether the service was working within the principles of the MCA and we saw that they were. Staff sought the consent of the individual to complete everyday tasks; they were aware if a person had been deemed to lack the capacity to give their consent that the appropriate steps had been taken to ensure decisions were taken in people's best interests. The registered manager had ensured that if a lasting power of attorney had been identified that they saw the relevant documentation to confirm this and this was recorded with the care plan.

People were supported with their meals and drinks when necessary. The care plan detailed what level of support a person may need with regards to eating or drinking. We saw in records that where there had been concerns about people's nutrition information had been recorded as to what a person had eaten each day and advice sought from a dietitian. One person told us "[Name of care staff] always sits to have a chat with me after preparing my lunch for me; I know they are keeping a check that I am eating enough." One member of staff told us that the registered manager had researched information following a diagnosis for one of the people to check what was the best food for them to help them manage their diagnosis.

People's healthcare needs were carefully monitored. Records showed that people had access to arrange of health professionals, including the District Nurse, GP and dietitian. One person told us "They [the staff] know what to do and would get help for me if I needed it."



## Is the service caring?

### Our findings

People were supported by staff that took their time to get to know them and knew people well. People could not speak more highly of all the staff that supported them. Some of the comments people made to us included "They are all incredible; [registered manager] goes beyond the call of duty." "I could not fault any of them; they are like friends who have made so much difference to my life." "They are excellent, all so caring." "They are people's people, they care."

People were encouraged to express their views and to make their own choices. People confirmed that staff gave them choices in everything they did, for example the food they ate and what support they received with their personal care. Staff responded to people's requests and ensured people were happy with the support they were offered. One person told us that through the support and encouragement of the staff that their ability to walk again following an illness had strengthened and they were now able to walk from their bedroom to their lounge.

Staff understood the need to respect people's confidentiality and understood not to discuss issues in public or disclose information to people who did not need to know. The registered manager and staff spoke daily to ensure all relevant information was shared between them, this was conducted in private. One person told us "The staff never talk about the other people they help."

People received their care in a dignified and respectful manner. Staff described how they protected people's dignity, they described closing curtains and doors to ensure no one could see in and covered people up as much as possible to maintain their dignity at all times. A number of people told us that they felt well respected and their dignity protected. One person said "You are never made to feel a nuisance and treated always with respect."

Care plans included people's preferences and choices about how they wanted their support to be given. People told us that staff took time to listen to them and respected their wishes. One person told us "[Name of member of staff] is really good in deed; always cheerful and we often have a coffee and chat; it's a pleasure to have them." Staff spoke to us about being able to provide the continuity of care; they explained that they supported a regular set of people. One member of staff said "It's good to have the continuity of care as you may spot if something is wrong with someone." The registered manager explained that they had developed rounds which the same staff kept to; this had enabled them to provide the continuity of care people wanted and limited travel between calls. We could see from the way both the people and staff spoke that everyone looked upon each other as friends and were committed to providing the best care and support as possible.

The majority of people receiving personal care were able to express their wishes and were involved with their care plans. People told us that the staff spent time chatting with them. We spoke to the registered manager about what support was available should a person not be able to represent themselves or had no family to help them. The manager explained that if that situation did arise they would support the person to get an advocate and information about local advocacy services was given to people as part of an

information pack when they commenced the service. At the time of the inspection no one had needed the support of an advocate.

## Is the service responsive?

### Our findings

People and their families initially met with the registered manager which gave everyone the opportunity to consider whether their needs could be met at the times they wanted. People were able to discuss their daily routines, when they liked to rise or retire to bed and their expectations of the service. This information was then used to develop a care plan for people. The registered manager ensured they had sufficient resources to meet people's needs before people were offered a service. This ensured that people's needs were consistently and effectively met.

The care plans detailed what people wanted and when they wanted support. They were regularly reviewed and updated and we saw that if people needed to make changes this was accommodated. Daily records were kept and people confirmed with us that staff always read and completed the record to ensure everyone was kept up to date and informed of any changes. Staff told us that they would report any concerns or issues to the registered manager and that they spoke regularly with the registered manager so that everyone was kept up to date.

There was information about people's cultural and spiritual needs. One member of staff told us that where people had identified themselves as Christian and wished to pray with someone an appropriate carer had been identified to do this with them. Staff were aware of people's cultural needs and explained if they were to support anyone who had different cultural needs that this would be detailed and explained in the care plans. At the time of the inspection there was no one who had any specific cultural needs. The information in the care plans ensured that staff were aware of people's past history, any hobbies or interests they may have or had. Time was given to people if they needed support to undertake an activity or pursue an interest they may have; for example people were supported to go shopping and access local activities in the community such as 'the Monday club', organised by the registered manager, which gave people the opportunity to socialise with people and take part in various activities.

People and their families were given information about what to do if they had a complaint or needed to speak to someone about the service. The registered manager had ensured that there was always someone people could contact. People told us that they would speak to the registered manager or any of the staff if they had a complaint and knew someone was available at any time. One person told us that when they had had a complaint that the registered manager had sorted things out for them promptly. However, the majority of people we spoke to had not had any occasion to raise a complaint and had nothing but praise for the care and support they received. We saw that there were appropriate policies and procedures in place for complaints to be managed and responded to.

## Is the service well-led?

### Our findings

People benefited from receiving care from a team of staff who were committed and enabled to provide consistent care they could rely upon. There was a registered manager who was approachable and who was passionate about providing the best possible care to people.

The registered manager undertook regular 'spot checks' to ensure that all staff were delivering the care as required as detailed in the individual care plans. This also gave them an opportunity to gather feedback about the service. The daily records were monitored and any shortfalls in recording were addressed.

A yearly survey was sent out to the people using the service, their families and the staff to gather their feedback and identify any areas in which the service could be improved. The overall satisfaction level was 9/10. We read comments from families who had sent in thank you cards one read 'Can't thank you enough for what you did for [relative]; I don't know what we would have done without you.' Another read 'Thank you very much for giving [relative] the chance to walk with confidence again.' The comments confirmed to us what people were saying about the personal care service and how the staff spoke of their work and pride in working for the provider.

We could see from speaking to people, their relatives and friends and staff that Southover Community Care delivered on its commitment which was 'To provide reliable, efficient, not-for-profit care in the community, that helps people to remain in their own home as long as possible.' As the registered manager was visible and approachable it was evident how committed everyone was to provide a good quality service.

The culture within the service focused upon supporting people's well-being and enabled people to live as independently as possible for as long as possible in their own home. One person told us "I am very blessed to have them; my family are thrilled to bits I have them; the support I get has helped take away the stress and worry for my family." All of the staff we spoke with were committed to providing a high standard of personalised care and support. Staff were focussed on the outcomes for the people that used the service and staff worked well as a team to ensure that each person's needs were met.

Staff felt listened to and there were regular staff meetings. Staff told us that the meetings were a great opportunity to come together, share their experience and learn from each other. One member of staff told us "The staff meetings are a good opportunity for us to get together and address any issues people may have and are good for morale generally; [registered manager] informs us about anything new we need to be aware of and shares any feedback about the service." Minutes of the meeting were taken and circulated via email to everyone to ensure everyone was kept up to date.

Records relating to the day-to-day management of the service were up-to-date and accurate. Care records accurately reflected the level of care received by people. Records relating to staff recruitment and training were fit for purpose. Training records showed that new staff had completed their induction and refresher training was planned to ensure all staff kept their qualifications up to date. Staff were encouraged to gain further qualifications.

There were policies and procedures in place which covered all aspects relevant to operating a personal care service which included safeguarding, whistleblowing and recruitment procedures. Staff had access to the policies and procedures whenever they were required and were able to demonstrate their understanding of their role and responsibilities specifically in relation to safeguarding and whistleblowing.

The provider looked for opportunities to work closely with other services in the local community. They had provided a list of useful contacts for people and looked at opportunities to share training and awareness around dementia. The registered manager told us that they were currently planning an awareness event about dementia with the local church and other local groups.

Southover Community Care strived to provide a service which was tailor made to meet the individual needs of people and support them to live as independent and fulfilled life as possible. The registered manager was committed to providing well trained and motivated staff.