

Brighton and Sussex Care Limited

19a Rock Street

Inspection report

19A Rock Street
Brighton
East Sussex
BN2 1NF

Tel: 01273628701

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09 January 2018

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We inspected 19A Rock Street on 9 January 2018. We told the service before our visit that we would be coming. We did this because staff were sometimes out of the office visiting people who use the service or supporting other staff. We needed to be sure they would be in.

At our previous inspection in March 2016 the service received an overall rating of 'Good'. However, we asked the provider to make improvements to ensure people always received their support hours.

We had received concerns about the running of the service. We were told that people's support needs were not being met because there were not enough staff. We brought forward this comprehensive inspection to look at all aspects of the service and to ensure people were safe and receiving the appropriate support. We found improvements were required for staff training and supervision. Systems for monitoring the quality of the service were not effective.

19A Rock Street is a Domiciliary Care Agency (DCA). It provides personal care to people living in their own homes in the community. It provides a service to people who are living with complex mental health needs, learning disability and those on the autistic spectrum. Some people were also living with physical disabilities. The provider is Brighton and Sussex Care Limited and it is part of the Lifeways group.

At the time of this inspection 28 people were using the service. However, at this inspection only one person received the regulated activity. CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

There was no registered manager at the service. They had left the organisation before this inspection. They had contacted the Care Quality Commission to cancel their registration. 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. At the time of the inspection the service was being managed by an interim manager who had knowledge of the service, and an area manager.

Before the inspection anonymous concerns had been raised about staffing numbers. At the inspection we found there were enough staff working. However, the area manager had identified possible concerns with the deployment of staff. Steps were being taken to address this.

There was a quality assurance system in place. However, this had not identified shortfalls in a timely way. The provider had not identified that concerns raised were not always addressed and staff, at times, felt unsupported by the management team. Improvements were needed to ensure staff received the induction, training and support they needed to enable them to fully meet people's needs. The staff team were committed to improving and developing the service.

Risk assessments and guidance were in place and staff had a good understanding of the risks associated with the people they supported. Medicines were well managed and staff ensured people received the medicines they had been prescribed.

Staff understood the procedures in place to safeguard people from the risk of abuse or discrimination. Staff had a good understanding of the Mental Capacity Act 2005 (MCA). They told us how they supported people to make their own choices and decisions.

People's health and well-being needs were met. They were supported to have access to healthcare services when they needed them and maintain good mental and physical health. There was a complaints process in place and complaints were responded to appropriately.

Staff were kind, caring and compassionate. They treated people with respect and helped them maintain their dignity. People were involved in the planning of their care and supported to make their own choices. They received support that met their individual needs and preferences. Staff knew people really well and had understood the importance of providing good person-centred care.

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 ●

19A Rock Street was safe.

There were enough staff working, who had been appropriately recruited, to meet people's needs.

Risk assessments and guidance were in place and staff had a good understanding of the risks associated with the people they supported.

Medicines were well managed and staff ensured people received the medicines they had been prescribed.

Staff understood the procedures in place to safeguard people from the risk of abuse or discrimination.

Is the service effective?

Requires Improvement ●

19A Rock Street was not consistently effective.

Improvements were needed to ensure staff received the induction, training and support they needed to enable them to fully meet people's needs.

Staff had a good understanding of the Mental Capacity Act 2005 (MCA).

People's health and well-being needs were met. People were supported to have access to healthcare services when they needed them.

Is the service caring?

Good ●

19A Rock Street was caring.

People were supported by staff who were kind and caring.

People were involved in the planning of their care and offered choices in relation to their support.

People's privacy and dignity were respected and their independence was promoted.

Is the service responsive?

Good 

19A Rock Street was responsive.

People received support that met their individual needs and preferences. Staff knew people really well and understood the importance of providing good, person-centred care.

There was a complaints process in place. Complaints were responded to appropriately.

Is the service well-led?

Requires Improvement 

19A Rock Street was not consistently well-led.

The quality assurance systems had not identified all of the shortfalls in a timely way. The provider had not identified that actions had not always been taken in response to identified concerns.

The staff team were committed to improving and developing the service.

19a Rock Street

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 was prompted in part by concerns raised with us that people were not receiving all the support they required because there were not enough staff.

We undertook an announced inspection of 19A Rock Street on 9 January 2018. We told the service before our visit that we would be coming. We did this because staff were sometimes out of the office visiting people who use the service or supporting other staff. We needed to be sure they would be in. The inspection involved a visit to the agency's office and telephone conversations with people who used the service. The inspection was undertaken by two inspectors.

Before the inspection we contacted the local authority to obtain their views about the care provided. We considered the information which had been shared with us by the local authority and other people. We looked at any notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

We spoke to the manager, an area manager and nine staff members. We reviewed the care records of people who receive the regulated activity and one other care record to demonstrate systems in relation to medicines were in place. We looked at staff recruitment files, supervision and training records, and spoke with the management team about the systems in place for monitoring the quality of care people received. We looked at medicines records, complaint records, accidents and incidents and policies and procedures.

After the inspection visit we undertook phone calls to one person who used the service to get their feedback about what it was like to receive care from the staff.

Is the service safe?

Our findings

At our previous inspection in March 2016 we asked the provider to make improvements to ensure there were enough staff available to meet people's needs. Before this inspection further concerns were raised with us about lack of staff. We had contacted the provider and registered manager, who was working at the service at the time. The registered manager told us she was aware of the concerns, and said there were enough staff employed. However, if people wished to change the times when they received support it may not be possible to accommodate their wishes immediately. At the inspection the manager and area manager told us they were taking steps to ensure there were enough staff available to people. They said there were enough staff employed as well as bank staff available. However, they had identified there may be a problem with staff deployment. This was an area they were working to address and improve.

There was a system in place to identify the support hour's people received each day and determine if there was any shortfall. If there was a shortfall, through the person's choice or staff shortages, this would be made up to the person. We saw one person had a daily visit of five hours. On one occasion they only received four hours. Staff told us this had been agreed with the person and they would receive the extra hour later in the week. This information was also shared with the local authority who were responsible for funding some people's support.

People's medicines were managed safely. There was a medicine policy which was up to date and relevant. It contained detailed information for staff concerning the ordering, dispensing and disposal of medicines. Support plans included a risk assessment and support plan, outlining how the person managed their medicines, the level of assistance required and measures to reduce the risk of medicines errors. The manager told us they had identified Medicine Administration Records (MAR) were not always well completed. They had not always been signed to show the medicine had been taken, or declined. However, daily notes detailed that medicines had been given. The manager told us this was an area that she would be working to improve. Staff told us they received medicines training and completed competencies before they supported people to take their medicines. One staff member told us, "We do the training and are observed three times before we can give medicines." Staff were aware of the importance of people taking their medicines as prescribed to ensure they maintained good health.

People were protected against the risk of abuse or discrimination because staff knew what steps to take if they believed someone was at risk. Staff received safeguarding training and were able to tell us what actions they would take if they believed someone was at risk and how they would report their concerns. Staff told us they would report to the most senior person on duty at the time. Staff understood their own responsibilities in order to protect people from the risk of abuse. Where concerns had been raised these had been reported appropriately to the local authority to ensure appropriate actions were taken and people were kept safe. When safeguarding concerns or other issues related to people's safety had arisen staff were aware and knew what actions had been taken to prevent a reoccurrence. There was information in the support plan about how people may be at risk of abuse, for example from others they may meet socially. There was guidance for staff and a plan in place to help reduce this risk.

Before the inspection concerns had been raised with us that risks to people's safety were not always identified and measures put in place to reduce the risk before people started using the service. We had spoken with the registered manager at the time. She had acknowledged this had happened, and told us what steps had been taken to address the issue and prevent a reoccurrence. This included a more robust assessment process before people started using the service. At the inspection we saw this was in place. Staff knew people really well and had a good understanding of risks associated with their support. People's support plans included a wide range of risk assessments to ensure risks were managed safely. Risk assessments related to personal care needs, mental and physical health and behaviours that may challenge. These were detailed and provided guidance for staff. There was also an overview to provide at a glance information for staff. Environmental risk assessments identified any issues at the person's home which may present as a risk, for example any trip hazards, both inside and outside the property and fire risks.

People were protected, as far as possible, by a safe recruitment practice. Each member of staff had references and disclosure and barring checks (DBS). These checks identify if staff are safe to work in care. These took place before staff started working unsupervised. Some staff needed to drive as part of their job and checks were in place to ensure staff had appropriate driving licences.

Staff received regular infection control training. As some people required support with their meals they also completed food hygiene training to ensure this was done safely. Staff told us they had access to a supply of gloves and aprons and they were also provided with hand cleansing gel which they were able to use if it was not possible or practical to wash their hands. Staff also told us they had recently been provided with 'blood spill kits'. Blood spill kits help staff to quickly and safely clean up any blood spills and support staff when providing first aid. They included items designed to protect against potential infection. This helped to ensure people and staff were protected from the risk of infections because infection control practices were in place.

Is the service effective?

Our findings

There was a training programme in place. Staff received training and updates which included infection control, moving and handling, first aid and The Mental Capacity Act (2005) and Deprivation of Liberty Safeguards. Certificates in staff files demonstrated some staff had received specific training in relation to the needs of people who used the service such as autism, and diabetes awareness. However, there was no overview to show which staff had received the training or identify others who may need it. Staff told us they did not receive all the training they needed specific to people's individual needs. The manager told us they had identified staff did not receive any training related to mental health awareness during the induction. One staff member told us they found the provider's induction, "irrelevant to the service."

The provider's supervision policy stated formal supervision should be offered four times per year. Supervision is an opportunity for staff to discuss, with their manager their development and identify any areas where they need further support. We looked at the provider's staff supervision matrix for the period of June to November 2017. As there were on average 50 staff working for the provider during this time, it would be expected that around 100 supervision sessions would be undertaken in total. However, only 38 supervisions had been carried out. Staff appraisals had not been completed at all. The number of supervisions had reduced each month during these six months. Staff who had worked at the service for some time told us they did not regularly receive formal supervision. This meant the provider could not be confident staff had the appropriate knowledge and support to support people and this is an area that needs to be improved.

Despite these concerns, staff were knowledgeable about the people they supported. They understood how to support people appropriately and used their own knowledge and skills to support other staff. There was an induction period for new staff. This included the opportunity to read people's support plans and discuss people's support needs with colleagues. Staff also spent time shadowing colleagues to get to know people before they supported them unsupervised. Staff told us they shadowed colleagues until they felt confident, and were deemed competent to support people unsupervised. During this time staff received regular supervision and support from their line manager. Staff who were new to care completed the Skills for Care care certificate. This is a set of 15 standards that health and social care workers follow. It helps to ensure staff who are new to working in care have appropriate introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

Where required, staff supported people to have enough to eat and drink throughout the day. At the time of the inspection no-one required this type of support. There was guidance in one person's support plan about encouraging them to make healthy choices at mealtimes and to eat regularly throughout the day. People were supported and encouraged to maintain and improve their health. One person's support plan demonstrated they attended regular health appointments and were supported by staff to do so. This included GP's, dentists and chiropodists. Staff were aware of the importance of people maintaining good physical health as well as good mental health. One staff member had previously supported a person who often refused to attend any health appointments. The staff member told us through regular support and encouragement this person now attended appointments and reminded staff when they were due. Health action plans and hospital passports were in place. Health action plans identified the health need of

the person, how this was being managed and professionals involved in their care, for example, the GP and dentist. This could be taken to health appointments, hospital admissions or any other meeting where health information was important and ensured all health professionals were aware of the person's health needs. Hospital passports are communication booklets which provide important information about the person. They provide hospital staff with a straightforward guidance about supporting the person.

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. Mental capacity assessments were in place which identified which decisions people could make for themselves and where they needed support. At the time of the inspection people had capacity to make their own decisions. Staff had a good understanding of capacity and supported people to make their own decisions and choices. Staff were knowledgeable of equality, diversity and human rights and people's rights were protected. This was reinforced through training and policies and procedures.

Is the service caring?

Our findings

People received support from staff who were kind and compassionate and had a good understanding of people's needs. Staff spoke about people respectfully and told us it was important to them that people received the care and support they needed. Staff spoke about people with genuine affection. One person we spoke with told us staff were good. The person said, "They're alright."

People received support from a core group of staff of the person's choice. The group of staff was built up over time and was changed as the person chose. Having a core group of staff helped ensure people received consistent support from staff who they knew and trusted. It also meant staff developed a good understanding of people's support needs and strong relationships were built with people and those who were important to them.

Staff were knowledgeable of equality, diversity and human rights and people's rights were protected. Staff told us how they adapted their approach to meet people's individualised needs and preferences. Support plans were developed with each person. They were person-centred and included information about people's preferences and support needs. Staff were able to support people in a way that was specific to their individual needs and preferences.

People's dignity was promoted. This provided people with choice and control about what they did each day and the support they received. People were encouraged to maintain a good level of personal hygiene, which included regular changes of clothes and keeping their home clean and tidy. People were encouraged, prompted and reminded to do this. If people declined, their choices were respected and they would be reminded and prompted at the next visit. Staff told us this helped people to maintain and improve their independence.

Some people were at risk of experiencing behaviours that may challenge themselves or others. Information in their support plans guided staff to support people appropriately during these times. This included using diversionary tactics such as changing the conversation subject or moving to a different area. This helped maintain people's dignity by reducing the impact of any incident on the individual and others around them.

People were supported and encouraged to maintain relationships with their friends and families. There was information in people's support plans about who was important to them and how to support them to maintain these relationships. There was a communal area at the service's office and people were able to call in and speak with staff and meet others who used the service.

Data protection procedures were in place so that people could be assured their private information would be kept confidential and secure.

Is the service responsive?

Our findings

Before this inspection it had been identified that some people had started to use the service without thorough and detailed assessments having been completed. We spoke with the registered manager before the inspection. They told us this had been addressed as soon as it was identified to them. At this inspection the manager told us new procedures were now in place. Staff explained the pre-assessment process was a multi-disciplinary approach which now included the assistant psychologist.

The pre-assessment included an assessment of the person's mental health, daily living skills, future progression. It also assessed the person's ability to live independently. At various stages throughout the process, team discussions would be held to ensure the person's needs could be met. The person would then be invited to meet the staff team and discuss the proposed support plan. A flow chart had been developed for staff to follow to ensure the process was robustly followed. This process was new and had not yet been used for people who were supported with personal care. Staff were aware of people and their needs before they started using the service.

People received care and support that was tailored to their individual needs, choices and preferences. Support was person centred and focused on ensuring the person received the support they needed when they chose. Staff knew people really well and were able to tell us about people's individual needs, choices and preferences. Staff were committed to providing good, person-centred care.

People's support plans contained information about the support they needed and how this should be provided. This included information about personal hygiene, support with behaviours that may challenge and setting goals. There was also information about what people liked to do each day and how staff were to support them to achieve this. People's support plans were reviewed by their key worker regularly throughout the year, plus when people's needs changed. A key worker is a person who co-ordinates a person's support and has responsibilities for working with them to develop a relationship to help and support them in their day to day lives. People were invited to be involved in the key-worker review meetings. Documentation showed one person often declined to do this. The person also declined to read or sign their support plans on occasions. When they declined to be involved with their care plan review this was recorded and monitored. Staff made sure they encouraged people to be involved as much as possible. However, people's preferences were respected.

When the person had been involved in their reviews, there was information about the discussions that had taken place. This included areas where improvements had happened and areas that needed to be addressed. Short and long term goals were set with guidance in place for staff on how to meet these. Through records and discussions with staff we saw the progress the person had made. The person's weekly routine was also agreed with the person and staff. Daily records were detailed. They included information about the support the person had received, their mood and feelings and what they had done each day. They showed discussions took place with people about what they would like to do and how they would like this to be achieved. Daily notes also demonstrated staff encouraged and prompted people to engage in activities. Key worker reviews included discussions about identifying different things for people to do each day. Daily notes showed support had been provided as detailed in their support plans. Although the service

did not provide end of life care, 'last wishes' plans were in place which showed people's future decisions had been recorded.

People were able to choose support at a time they wanted by staff they wanted. One person we spoke with confirmed this. People had been assessed by a local funding authority to determine how much support they required. Staff then supported people to determine when they would like to receive their support and which staff they preferred. Each person had a small team of staff who worked with them. We saw the support was flexible to meet people's changing needs and preferences.

From August 1 2016, all providers of NHS care and publicly-funded adult social care must follow the Accessible Information Standard (AIS) in full, in line with section 250 of the Health and Social Care Act 2012. Services must identify, record, flag, share and meet people's information and communication needs. Although staff had not received AIS training they ensured peoples' communication needs had been assessed and met. For example, staff told us where appropriate they would support people through the use of easy read or large print documents.

There was a complaints policy. We looked at the provider's complaints file. There were two complaints registered in 2017, relevant to people receiving personal care. These and other complaints were managed in line with the provider's policy and resolved in a timely and satisfactory manner. The provider had conducted thorough formal investigations and apologised in writing to the person when the provider was at fault. There was also an action plan in place, aimed at preventing a reoccurrence.

Is the service well-led?

Our findings

Before our inspection we had received a number of concerns about the service. Although these were anonymous, we had had the opportunity to speak with some people raising the issues. These included the lack of staff and concerns about changes within the management team. We spoke with the registered manager, before they left the service who told us similar concerns had been raised with the provider. They told us actions had been taken to address the concerns.

Just before the inspection we were told the registered manager was no longer working at the service. At the inspection we were told a manager and two area managers were currently managing the service until a new manager was recruited. The manager was familiar with the service and was known to some of the staff team. She told us she would remain at the service until a new manager had been fully inducted.

During the inspection staff expressed concerns about what had been happening at the service. They told us they had felt unsupported and although concerns had been identified, action had not been taken to address them. This included staff members who failed to follow people's support plans and protocols. Staff said how this had been reported but not addressed. One staff member told us how they had identified the lack of mental health training and although further training had been promised this had never happened. Another staff member said the staff team had stopped reporting concerns to the registered manager as they were not being addressed. They said, "We just discussed things amongst ourselves but some things weren't resolved." We asked another staff member why they had not reported their concerns to the provider or a more senior manager. We were told, "I could have done but they were only a list of names and numbers, I didn't know who I would be talking to."

There were a number of quality systems in place which included a variety of audits. However, these had not identified the poor completion of the MAR's, the lack of mental health training, supervision and appraisal. The provider had not had oversight of the service so had not identified shortfalls or the lack of action being taken when concerns were identified. They had not ensured a system was in place where staff would feel supported and confident to raise concerns and know they would be addressed. Once the provider was made aware of the concerns, actions were taken to address them. We saw action plans were in place and meeting minutes discussed next and future steps. These are areas that need to improve to ensure proposed changes are fully implemented, regularly reviewed and fully embedded into everyday practice.

Although they had only worked at the service for a few days, the manager and area manager had developed good insight into what was happening at the service, and had identified some areas where improvement was required. However, some staff remained concerned about the service but others expressed relief at the new management team. One staff member said, "It's like a breath of fresh air." Another said, "I saw staff visibly relax when (manager) came on board." A further staff member said, "I feel there is now a glimmer of hope."

Despite these concerns there were some areas of good practice. It was clear from staff they enjoyed working with people who used the service and were committed to improving and developing the service. They told

us the staff team was very supportive. One staff member said, "We're a good team, we work together." Another said, "My colleagues are always supportive, I can go to them for help." There were regular reflective practice sessions and focus meetings for staff. These were run by the assistant psychologist and looked at a given situation or an incident. They gave staff the opportunity to reflect as a group about how an incident could have managed differently, what they had learnt and what they would do differently in the future. There were also focus meetings where staff were given the opportunity to discuss people and their support needs. They explored different ways of providing support for people. Accidents and incidents had been recorded with the actions taken. There was further information which showed the incident had been followed up and any other actions taken which included reporting to other organisations if needed.

Staff worked well with other health and social care professionals to ensure people received the most appropriate support. This enabled them to keep up to date, share best practice ideas and ensure people received appropriate support. There were policies and procedures in place to guide staff.

The service had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations. There was a procedure in place to respond appropriately to notifiable safety incidents that may occur in the service.