

Suzanne Farris Consulting Limited

Suzanne Farris Ltd Main Office

Inspection report

The Office, Lowburn
Cooksmill Green
Chelmsford
CM1 3SH

Tel: 07946530114

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21 November 2022
08 December 2022
10 January 2023

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09 February 2023

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

At the time of the inspection, the location did not care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

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About the service

Suzanne Farris Main Office is a domiciliary care service providing the regulated activity of personal care to people living in their own homes. At the time of our inspection there were 14 people using the service and 4 people who were in receipt of the regulated activity.

CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service and what we found

Right Support: People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Right Care: Care is person-centred and promotes people's dignity, privacy and human rights

Right Culture: The ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 23 April 2021 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

This was an 'inspection using remote technology'. This means we did not visit the office location and instead used technology such as electronic file sharing to gather information, and video and phone calls to engage with people using the service as part of this performance review and assessment.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Suzanne Farris Ltd Main Office

Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

Inspection team

The inspection was carried out by 1 inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing. The provision is a case management service for people who have a deputy (solicitor) to manage their funding, received as a result of an accident or acquired brain injury. The service is made up of the case manager, who is appointed by the deputy to ensure the persons' clinical and care needs are fully identified and met, and to commission a staff team and services as required.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave a short period notice of the inspection because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 21 November 2022 and ended on 10 January 2023.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

This performance review and assessment was carried out without a visit to the location's office. We used technology such as video calls and emails to enable us to engage with the registered manager, advocates of people using the service, members of staff and professionals, and electronic file sharing to enable us to review documentation.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The service had a robust safeguarding policy and processes which were accessible to the staff teams working for the people supported.
- People were kept safe from avoidable harm because the staff teams knew them well and understood how to protect them from abuse.
- Staff teams had training on how to recognise and report abuse and they knew how to apply it.
- The service made appropriate referrals where there were safeguarding concerns and any outcomes or actions were used to identify and mitigate future risks.

Assessing risk, safety monitoring and management

- The service helped keep people safe through formal and informal sharing of information about risks. There were comprehensive risk assessments which clearly identified potential risks, level of risk and actions to take to mitigate these. Where appropriate, risk assessments were compiled by a health care professional. Clear instructions were included regarding the use of equipment and medication. Additionally, the service used an online message service to share current information as necessary.
- People, including those unable to make decisions for themselves, had as much choice and control over their lives as possible. This was because the staff teams managed risks to minimise restrictions. For example, care plans reviewed identified the age appropriate needs of people supported and ways their team of staff could ensure these were met.
- People's care records helped them get the support they needed. The staff teams had access to these and were able to keep good quality care and clinical records. Records reviewed were comprehensive, accurate, legible and up to date. They were stored securely.
- Staff teams managed the safety of each person's individual living environment and their equipment. We saw comprehensive equipment lists with due dates for servicing and clear instructions regarding how to use and keep equipment clean. Additionally, health care professionals were used to train the care teams in how to competently use equipment.

Staffing and recruitment

- The service did not directly employ the staff teams for each person using their provision, however, they were involved in the recruitment process. The service identified and commissioned the correct teams to work with people to effectively meet their needs. Where required they were involved in direct recruitment for an individual. The service ensured recruitment and induction training processes promoted safety.
- The numbers and skills of staff matched the needs of people using the service. Each person had a dedicated care team who were recruited and trained specifically to care for them.

- The staff teams were identified to work with specific individuals and therefore knew how to take into account people's individual needs, wishes and goals.
- Where a staff member did not sufficiently meet the needs of the individual they worked with, action was taken by the service to manage this. The needs of the person and the effectiveness of the staff team that supported them was paramount.

Using medicines safely

- People were supported by staff who followed systems and processes to administer, record and store medicines safely. Records reviewed showed us staff teams had completed training in medication and additional areas specific to the person they supported. They had also completed training in areas such as epilepsy awareness and the administration of emergency medication.

Preventing and controlling infection

- The service detailed effective infection, prevention and control measures to keep people safe, on care plans and risk assessments for the staff teams to follow. These were specific to the person being supported and were clear and detailed.
- There was clear information for the staff teams to follow regarding the safe and effective use of personal protective equipment (PPE).
- Staff teams had completed infection control and food hygiene training.

Learning lessons when things go wrong

- The service had a system to record and report incidents affecting people's safety. Staff members, including team leaders and deputy team leaders could report any issues of concern to the case manager.
- Staff members were able to recognise incidents and report these appropriately. Documents reviewed demonstrated that reported incidents were investigated and action taken to make improvements. The outcome of incidents were shared and lessons were learned, and this helped keep people safe.
- Staff meeting minutes showed that concerns were discussed, and the staff team advised that they could raise these with any member of the team if they felt they could not approach the person responsible for the area of concern.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The service provided case management for people who had a deputy (solicitor) to manage their funding, received as a result of an accident or acquired brain injury. The service was comprised of the case manager, who was appointed by the deputy to ensure the clinical and care needs of the people supported are fully identified and met. The service, as case manager, had the responsibility to commission the right staff team to work with individuals. For example, a team for 1 person may be made up of 15 or more individuals with different specialisms, such as paediatric nurses, respiratory physiotherapists, team leaders and support staff.
- The service completed a detailed, person centred needs assessment prior to care being delivered. These assessments informed the person's care plan and were tailored specifically to the person. Each person had a team leader and a bespoke staff team who delivered the care as identified by the case manager, to support their needs and those of their families.
- As far as possible, people were involved in the assessment process to identify their preferences regarding the things they liked and disliked and the way they wanted to live their life. Additionally, relatives and health care professionals were consulted to ensure people's life choices were identified and met.

Staff support: induction, training, skills and experience

- People were supported by a staff team who had received or had access to relevant training. This included core training, such as safeguarding and moving and handling, and specialist training to ensure they knew how to support the individual needs of the people they cared for. This included for example, training in respiratory physiotherapy and emergency medication.
- There was a structured programme to update all training, and the staff team had access to and had completed a comprehensive training programme. Specialist training was also carried out by professionals to ensure the staff team met each persons' needs. One relative told us, "(The registered manager) is very professional but also personable, recognising that the team (they) support are working within a family home and help(ing) them understand that it is a very different environment to that of working within a care home".
- Staff received support in the form of supervision and appraisal. Documents reviewed showed appraisals highlighted areas of strength and areas for development.

Supporting people to eat and drink enough to maintain a balanced diet

- People received support to eat and drink enough to maintain a balanced diet. The staff team had completed food safety and nutrition and hydration training.
- People with complex needs received support to eat and drink in a way that met their personal and cultural

preferences as far as possible.

Staff working with other agencies to provide consistent, effective, timely care

- People's care records showed the input and advice received from other professionals was incorporated into care plans to ensure people received high quality and consistent care. For example, paediatric nurse involvement in the care and management of epilepsy by devising a clear care plan.
- We received feedback from one professional regarding the service who told us, "(The registered manager) has always been very quick to respond if I have needed information and made (themselves) available last minute to attend a meeting, which was vital for clarification around certain clinical tasks prior to presenting the case to panel. (The registered manager) has been helpful in the process of me completing my continuing care assessment and directed me in obtaining the information I needed".

Supporting people to live healthier lives, access healthcare services and support

- People had clear risk assessments and care plans regarding their health needs, and these were used by health and social care professionals to ensure they were supported in the way they needed.
- Multi-disciplinary team professionals were involved in support plans to improve a person's care. For example, we saw input from consultants at paediatric hospitals and respiratory physiotherapists as well as speech and language therapists.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff teams had received training in The Mental Capacity Act, and care plans reflected how it impacted on the care and support they provided. Care plans contained clear information on how to support people to be involved in decision making where possible.
- Staff knew about people's capacity to make decisions through verbal or non-verbal means and this was well documented.
- For people that the service assessed as lacking mental capacity for certain decisions, there were recorded assessments and best interest decisions.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People, their relatives and health and social care professionals were involved in selecting their designated support teams to ensure their identified needs were met in an effective and positive way.
- People received kind and compassionate care from the service and their staff teams. One relative told us, "(The registered manager) has always been very helpful and knowledgeable with regards to any physical needs that (person) has and has directed us to the right company or person to help with whatever we may need. (The registered manager) input for the (assessment) we had for (person) recently was invaluable. (The registered manager) is a very supportive case manager".
- Staff teams used appropriate styles of interaction with people, as speech and language therapists were commissioned to introduce a communication system and to train the staff team to use it effectively.

Supporting people to express their views and be involved in making decisions about their care

- People were given time to listen, process information and respond to staff and other professionals. For example, care plans reviewed demonstrated the staff teams were shown how to speak with people to reassure them, such as when using equipment to move them.
- Staff took the time to understand people's individual communication styles and develop a rapport with them. We saw care plans were detailed regarding how people were able to communicate.
- Where possible, people were enabled to make choices for themselves and staff ensured they had the information they needed.
- Staff respected people's choices and wherever possible, accommodated their wishes, including those relevant to protected characteristics such as cultural or religious preferences.
- People, and those important to them, took part in making decisions and planning of their care and risk assessments. Documents reviewed showed family members had been involved in the planning of care people received.

Respecting and promoting people's privacy, dignity and independence

- Care and support plans reviewed contained detailed information about how people's rights to dignity, independence and privacy were to be met.
- People were encouraged to make choices and to have as much independence as possible. For example, people could use eye pointing to make choices. Additionally, their body language and gesture were used to interpret their feelings and decisions. There was also the use of Augmentative and Alternative Communication (AAC) where appropriate for communication and to initiate play and choice.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were provided with a fully personalised service designed specifically to meet their assessed and changing needs. One person's relative told us, "(The service) has been providing a bespoke case management service for my family since (date specified). I find their services to be excellent. They show empathy (sic) and have good knowledge of (person) and (their) needs with family and the environment. Their respect for culture is very good. They liaise well with colleagues and the wider multidisciplinary team in ensuring they meet the needs of (person) and (their) family".
- Staff provided people with personalised, proactive and co-ordinated support in line with their communication plans, assessments and support plans. One relative told us, "We are happy with the care services we are receiving from (the registered manager). (The registered manager) is very efficient. (The registered manager) is quick and helpful with the queries we have, (and) set up various therapies for (person).
- Staff offered choices tailored to individual people using a communication method appropriate to that person.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People had individual communication plans that detailed effective and preferred methods of communication, including the approach to use for different situations. For example, these detailed how non-verbal people would behave if they were happy, distressed or in pain, so the staff team were aware and could take appropriate action.
- Support plans reviewed provided clear information for staff teams to have good awareness and understanding of individual communication needs. They knew how to facilitate communication and when people were trying to tell them something. For example, one person's care plan detailed the behaviours they would express if they were happy, sad, anxious or in pain. Additionally, there was clear information regarding what the person enjoyed and what they disliked.

Improving care quality in response to complaints or concerns

- People, and those important to them, could raise concerns and complaints easily. The registered manager told us, "There is no central log for complaints as parents and team leaders speak to me directly with

concerns and this is recorded within (their) file. The aim in the majority of cases is to de-escalate any concerns and deal with them quickly". Records reviewed demonstrated concerns had been addressed by the registered manager and resolved. For example, a paediatric nurse was commissioned to help manage certain medications.

- The service treated all concerns seriously, investigated them and learned lessons from the results, sharing the learning with the whole team and the wider service. There was a clear complaints structure in place.

End of life care and support

- People's end of life decisions were discussed with them and/or their relatives, where appropriate, and these were recorded.

- The registered manager told us, "An 'end of life' policy is not in place as the (person's) needs will be assessed and managed individually should this arise".

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider/ registered manager worked hard to instil a culture of care in which the commissioned staff teams truly valued and promoted people's individuality, protected their rights and enabled them to develop and have choices.
- Management were visible in the service, approachable and took a genuine interest in what people, staff teams, family, advocates and other professionals had to say. One staff member told us, "(The registered manager) has been a great support and (their) advice and knowledge and experience has been invaluable. (The registered manager) has been available in emergency situations be it evenings or weekends".
- Staff felt respected, supported and valued by the registered manager who supported a positive and improvement-driven culture. One staff member told us, "working with (the registered manager) has been brilliant. (The registered manager) is conversant and up to date with every aspect of the client's care and (their) attention to details is second to none. (The registered manager) is always on hand to attend to any issues that may arise and takes the lead in ironing out issues both with outside agencies and within the home".
- The registered manager and the staff teams put people's needs and wishes at the heart of everything they did.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager understood duty of candour and the need to be open and transparent when things go wrong.
- The manager understood how to make the necessary statutory notifications when things went wrong and had processes in place for reporting and investigating incidents.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was also the provider and they had the skills, knowledge and experience to perform their role and a clear understanding of people's needs/ oversight of the service they managed. They had clear governance systems in place. One staff member told us, "I have worked with (the registered manager) for (timeframe) and have always found (the registered manager) professional and very approachable. I have never had any concerns and find (the registered manager) deals with issues promptly".

- Governance processes were effective and helped to hold individual staff to account where necessary, keep people safe, protect people's rights and provide good quality care and support. We saw there were clear governance systems to give assurance of quality and to identify areas that required improvement. For example, the registered manager completed a number of audits on a regular basis, including an audit of medication and staff team meetings were held regularly.
- Staff teams were committed to reviewing people's care and support on an ongoing basis as people's needs and wishes changed over time.
- The provider invested in the staff teams by providing them with quality training to meet the needs of the individuals using the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider sought feedback from people and those important to them and used the feedback to develop the service. For example, the registered manager told us that two bespoke surveys had been made available to people and their advocates and care workers. The survey was created using an online account and was designed to be anonymous. However, the findings were that the service had such a small cohort of people and carers that communication and interaction were a part of daily practice, and people, advocates and staff teams could express their views confidently.

Continuous learning and improving care, Working in partnership with others

- The service had close links with and signed up to receive newsletters and updates from associated organisations. The service was registered with the British Association of Brain Injury Case Managers (BABICM). BABICM is a national association established to promote the development of case management in the field of acquired brain injury through the provision of support, training and best practice guidelines.
- Records reviewed showed us how the service worked well with other professionals involved in people's care. This was comprehensive and on-going.