

Sustain (UK) Ltd

# Sustain (UK) Ltd

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

About the service:

Sustain (UK) Ltd is a domiciliary care agency providing personal care and support to people in their own homes, either in the community or in supported living accommodation. At the time of our visit there were six people receiving care and support from the provider.

People's experience of using this service:

People were kept safe and secure from risk of harm. Potential risks to people had been assessed and managed appropriately by the provider. People received their medicines safely and as prescribed and were supported by sufficient numbers of staff to ensure that risk of harm was minimised.

Staff had been recruited appropriately and had received relevant training, so they were able to support people with their individual care and support needs.

Staff sought people's consent before providing care and support. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were treated with kindness and compassion. People's rights to privacy and their dignity was maintained and respected by the staff who supported them. People were supported to express their views and be actively involved in making decisions about their care and support needs.

People's choices and independence were respected and promoted. Staff responded appropriately to people's support needs. People received care from staff that knew them well.

People using the service were confident about approaching the manager if they needed to. The views of people on the quality of the service was gathered and used to support service development.

The service was consistently well led. The provider had effective auditing systems in place to monitor the effectiveness and quality of service provision.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection:

At our last inspection in January 2017 [published 23/02/2017] we rated the service as 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.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our

inspection programme. If any concerning information is received, we may inspect sooner.

## 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 remains good

Details are in our Safe findings below

### Is the service effective?

Good ●

The service remains good

Details are in our Effective findings below

### Is the service caring?

Good ●

The service remains good

Details are in our Caring findings below

### Is the service responsive?

Good ●

The service remains good

Details are in our Responsive findings below

### Is the service well-led?

Good ●

The service remains good.

Details are in our Well-Led findings below

# Sustain (UK) Ltd

## Detailed findings

### Background to this inspection

#### The 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.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type:

This service is a domiciliary care agency. It provides personal care to people living in their own homes, either in their own homes or in their own homes within a residential care setting.

The service had a manager registered with the Care Quality Commission. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was 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.

#### What we did before the inspection

When planning our inspection, we used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We looked at the information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts, which they are required to send us by law. We also contacted the Local Authority commissioning service and the local Health watch for any relevant information they may have to support our inspection.

#### During the inspection

During our visit we discussed the care provided with two people who used the service, two relatives, three members of care staff, the care manager, the HR manager and the registered manager.

We looked at the care records of three people who used the service and three staff files, as well as the medicine management processes and records maintained by the provider about recruitment and staff training. We looked at records relating to the management of the service and a selection of the service's policies and procedures to check people received a quality service.

# Is the service safe?

## Our findings

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

At the last inspection, this key question was rated as 'Good'. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- A person we spoke with told us, "The carers [staff] are very good, I feel safe enough when they're around".
- We saw the provider had effective processes in place to support staff with information if they had concerns about people's safety and how to report those concerns.
- Staff received training on keeping people safe from abuse and avoidable harm and understood their responsibilities for reporting safeguarding incidents if they suspected that someone was at risk of harm or abuse. A member of staff said, "I've had safeguarding training. If I was worried about someone being abused, I'd log it and report it to my manager".

Assessing risk, safety monitoring and management

- Staff acted in an appropriate way to keep people safe and were knowledgeable about the potential risks to people.
- We saw that people's risk assessments were reviewed regularly, depending on the level of identified risk.
- We saw that all potential risks were recorded along with informal observations which were carried out daily and any changes were added to people's care plans.

Staffing and recruitment

- People we spoke with told us staff attended their care calls on time.
- Care staff we spoke with told us the provider scheduled their rota with sufficient time to attend to calls.
- The provider had an effective recruitment policy in place. We reviewed the recruitment process and saw this included references and checks made through the Disclosure and Barring Service (DBS). The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with people who require care.

Using medicines safely

- People received their medicines safely and as prescribed. A relative told us that they had no concerns about their family member receiving their medicines on time and as prescribed. They said, "They [staff] give [person's name] their medicine, they come in the little packs and they get them all when he they should".
- Staff had received training on how to manage and administer medicines.
- The provider had systems in place to ensure that medicines were managed appropriately. We saw daily records were maintained by staff showing when people had received their medicines as prescribed.

Preventing and controlling infection

- Staff understood how to protect people by the prevention and control of infection. A member of staff told

us that they were provided with the appropriate personal protective equipment by the provider. They told us, "We [staff] change their [people's] beds twice a week, vacuum and wash up for them. We're provided with hand sanitiser, gloves and aprons".

#### Learning lessons when things go wrong

- The provider demonstrated they assessed and learnt from mistakes.
- The registered manager explained that all accidents, incidents were analysed, and actions put in place to mitigate future occurrences.
- People and staff were consulted throughout and informed of any actions.



# 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.

At the last inspection, this key question was rated as 'Good'. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: Induction, training, skills, and experience

- Staff had received appropriate training and had the skills they required to meet people's needs.
- We saw the provider had training plans in place which were reviewed and updated on a regular basis.
- Staff told us they had regular supervision meetings to support their development and that the registered manager was available for support and guidance when required.
- A member of staff said, "I'm happy with the training, there's always plenty of refreshers. I have supervision with [care manager], they're very good".

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

- We saw the provider had processes in place which involved people in how they received personalised care and support.
- We saw that assessments of people's needs were supported and informed by advice from other professionals.
- Staff could explain people's needs and how they supported them.

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

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.

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.

- Most of the people being supported by Sustain (UK) Ltd had capacity to make informed decisions about their care and support needs.
- A person told us, "They [staff] talk to me all the time. They ask me if I need anything doing".
- Members of staff we spoke with told us they had received MCA and DoLS training and understood what it meant to deprive someone of their liberty.

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

- A person we spoke with told us, "I have help with my meals, but they taste good enough for me".

- Staff understood the importance of people maintaining a healthy weight by eating a nutritious, healthy and balanced diet.
- We saw care plans that included nutrition diary charts, where staff had been required to monitor a person's weight and food intake.

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

- A relative told us, "They've [provider] got the doctor out to him [person] in the past, they're quick to alert someone if they need to".
- Care staff understood people's health needs and the importance of raising concerns if they noticed any significant changes. A member of staff told us that any changes to people's health were reported to the registered manager and recorded in daily notes.

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

- A member of staff told us, "If a person seems off colour or unwell I'd inform the registered manager, unless it was an emergency then I'd call 999".
- We saw people's care plans included individual health information and showed the involvement of health care professionals, for example; doctors, dentists and opticians.

# 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.

At the last inspection, this key question was rated as 'Good'. At this inspection this key question has remained the same. 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 and relatives told us staff treated them with kindness and compassion. A person told us, "They [staff] seem nice people, they're all fine with me I don't have any complaints".
- A relative said, "They get on very well with all of them really, they all seem nice. They're polite and caring".
- The care manager told us how they discussed the needs of the people they supported and tried to match them with care staff with similar backgrounds, characteristics and interests.

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

- The provider supported people to express their views and they were involved in making decisions on how their care was delivered.
- A person we spoke with told us that staff asked their opinion about their care and support needs daily, they told us that staff were polite and respectful.
- A member of staff told us, "I sit down with them [people] every day for a chat. I get my work done but it's good to have a bit of quality time with them too I think".

Respecting and promoting people's privacy, dignity and independence

- Care staff knew the importance of respecting people's privacy and dignity. A person told us, "I think they respect me. They respect my privacy if I need any".
- A member of staff said, "If I'm providing personal care I make sure they're [people] covered up as much as possible".
- People were encouraged to be as independent as practicable.
- A relative we spoke with told us, "They encourage [person's name] to help around the house, do a bit of dusting or tidying up".

# Is the service responsive?

## Our findings

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

At the last inspection, this key question was rated as 'Good'. At this inspection this key question has remained the same. This meant that 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 received personalised care that was responsive to their needs. People and their relatives told us that they were involved in developing care plans to support the persons specific care needs.
- Staff told us how they got to know the people they supported by talking to them, reading their care plans and by taking an interest in their lives.
- We found staff knew people well and were focussed on providing personalised care.
- Staff had received training on equality and diversity and understood the importance of relating this to people they supported.

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 (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers

- People's care plans were designed in line with the Accessible Information Standards (AIS). The standard aims to ensure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand, and with support, so they can communicate easily with health and social care services.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- A person we spoke with told us how the provider had supported them to access leisure activities within their supported living environment and in community settings.
- Care plans we looked at included people's interests, hobbies and cultural wishes and ways in which the provider would support them.

Improving care quality in response to complaints or concerns

- We found the provider had procedures in place which outlined a structured approach to dealing with complaints in the event of one being raised. These were used to improve and develop the service.
- A relative told us, "I talk to [care manager, HR manager] and [registered manager] all the time, so if I had any concerns I know they'd look into them and sort things out".

End of life care and support

- There were no people that required this level of support.

- The provider worked closely with a local hospice, that provided end of life care training and support to staff when required.

# Is the service well-led?

## Our findings

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

At the last inspection, this key question was rated as 'Good'. At this inspection this key question remained the same. 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; 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

- People, staff and relatives were involved in making decisions about how the person-centred planning was promoted. A relative we spoke with told us how they discussed their family members care with the provider regularly, and that care plans were reviewed every year.
- Duty of Candour is a requirement of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. We found the provider was working in accordance with this regulation within their practice.
- The provider was displaying the rating from our last inspection in a prominent place for people to see. Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
- Staff said they were listened to by the registered manager. They were clear about their roles and responsibilities towards people living at the home. They felt confident about raising any issues or concerns with the manager at staff meetings or during supervision.
- The provider had a history of meeting legal requirements and had notified us about events they were required to by law.
- Information provided in the PIR showed that the provider understood the importance of the quality assurance process and was using it effectively to drive the service forward.
- Staff understood the whistle blowing policy and how to escalate concerns if the needed to, via their management team, the local authority, or CQC. Prior to our visit there had been no whistle blowing notifications raised.

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

- We saw the provider regularly engaged with people, relatives and staff members for their views on the service. Feedback was collated from meetings and informal discussion and was used to develop service provision. A relative told us, "They [provider] seem pretty well run, they ask us if we're happy with how things are going for [person], so we're pleased with what they're doing for [person's name]".
- People, staff and relatives were involved in making decisions about how the service was run. A relative we spoke with said, "I've filled out questionnaires for them quite regularly, probably every year they send them

out".

- Staff were confident to make any suggestions for improving people's care through staff meetings and regular meetings with their managers.
- The registered manager had developed close working relationships with other health and social care professionals, and feedback was used to drive through improvements in the care provided to ensure people's physical and health needs were promptly met.

#### Continuous learning and improving care

- Quality assurance and audit systems were in place for monitoring service provision. The provider had effective systems in place for reviewing care plans, risk assessments and medicine recording sheets.
- Areas for learning and service improvement were shared with staff during supervision and team meetings.
- The provider used feedback from people and staff to develop the service.

#### Working in partnership with others

- The provider informed us they worked closely with partner organisations to develop the service they provide.
- They told us they attended meetings with the local authority and healthcare professionals to identify areas for improvement and aims for social care provision in the future. For example; St Mary's Hospice, the Assertive Outreach Team, MIND, local day centres and the neighbourhood police.