

Sussex Homecare (Mid Sussex) Limited

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## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

**Requires Improvement** ●

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

The inspection took place on the 19 April 2016 and was announced. The provider was given 48 hour's notice because the location provides a domiciliary care service. We wanted to be sure that someone would be in to speak with us.

Sussex Homecare (Mid Sussex) Limited is a domiciliary care service which provides personal care and support services for a range of people living in their own homes. These included older people and people living with dementia. At the time of our inspection 59 people were receiving a care service.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The experiences of people were positive. People and relatives told us they felt safe and staff were kind and the care they received was good. One person told us "I have used their service for a few years, I feel safe with them and with the staff that help me". Another person said "I think they're wonderful. I couldn't be living at home without them"

People were supported to receive their medicines safely. However we found the recordings of audits on medicines administered were not consistent and the outcome of any investigation to errors was not always being recorded. We have identified this as an area of practice that needs improvement.

Assessments were undertaken of risks to people who used the service and staff. However risk assessments were not consistently completed and did not always have enough detail recorded for staff. Although staff could tell us the measures required to maintain safety for people in their homes. We have identified this as an area of practice that needs improvement.

Staff had undertaken essential training as well as training that was specific to people's needs and conditions. People felt that the staff were well trained and felt confident that they had the right skills to meet their needs.

The service considered people's capacity using the Mental Capacity Act 2005 (MCA) as guidance. People's capacity to make decisions had been assessed. Staff observed the key principles in their day to day work checking with people that they were happy for them to undertake care tasks before they proceeded.

Staff had the skills and knowledge to meet people's needs. Staff received regular training to ensure they had up to date information to undertake their roles and responsibilities. One member of staff told us "We have good training here, we do lots on the computer and can take our time to understand and then sit a test afterwards and receive certificates".

People confirmed staff respected their privacy and dignity. Staff had a very good understanding of respecting people within their own home and providing them with choice and control. The service had identified people's needs and preferences in order to plan and deliver their care.

People were supported at mealtimes to access food and drink of their choice and were supported to undertake activities away from their home. A member of staff told us "I have one person who likes me to help them preparing their lunch, so we do this together. They really enjoy it and it helps to keep their independence"

There were clear lines of accountability. The service had good leadership and direction from the registered manager and manager. Staff felt fully supported by management to undertake their roles. Staff were given training updates, supervision and development opportunities. For example staff were offered the opportunity to undertake additional training and development courses to increase their understanding of needs of people using the service.

Feedback was sought by the registered manager via surveys which were sent to people and their relatives. Survey results were positive and any issues identified acted upon. People and relatives we spoke with were aware of how to make a complaint and felt they would have no problem raising any issues. The provider responded to complaints in a timely manner with details of any action taken.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** 

The service was not consistently safe.

People were supported to receive their medicines safely. However we found the recordings of audits on medicines administered were not consistent and the outcome of any investigation of errors was not always being recorded.

Assessments were undertaken of risks to people who used the service and staff. However risk assessments were not consistently completed and did not always have enough detail recorded for staff.

There were appropriate staffing levels to meet the needs of people who used the service. Staff were confident about what to do if someone was at risk of abuse and who to report it to.

### Is the service effective?

**Good** 

The service was effective.

People received effective support as staff knew people well. They supported people, listened to what they wanted and treated them as individuals.

People were supported at mealtimes to access food and drink of their choice in their homes.

Staff and the provider were knowledgeable about the requirements of the Mental Capacity Act 2005. Staff received regular training, supervision and appraisal which ensured they had the skills and knowledge to meet people's needs.

### Is the service caring?

**Good** 

The service was caring.

People who used the service told us the care staff were caring and friendly.

People were involved in making decisions about their care and the support they received.

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

### Is the service responsive?

Good ●

The service was responsive.

Assessments were undertaken and care plans developed to identify people's health and support needs.

There was a system in place to manage complaints and comments. People felt able to make a complaint and were confident that complaints would be listened to and acted on.

Staff were aware of people's preferences and how best to meet those needs.

### Is the service well-led?

Good ●

The service was well-led.

Staff were supported by the registered manager. There was open communication within the staff team and staff felt comfortable discussing any concerns with their manager.

People we spoke with felt the management team were approachable and helpful.

The registered manager carried out audits to monitor the quality of the service to make improvements.

# Sussex Homecare (Mid Sussex) Limited

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on the 19 April and was announced. The provider was given 48 hour's notice because the location provides a domiciliary care service. We wanted to be sure that someone would be in to speak with us.

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

On this occasion we did not ask the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Before the inspection we checked the information that we held about the service and the service provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us by law. We used all this information to decide which areas to focus on during our inspection.

During our inspection we spoke with nine people who use the service and six relatives on the telephone, four care staff, a manager and the registered manager. We observed staff working in the office dealing with issues and speaking with people who used the service over the telephone.

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

We made contact with two health care professionals after the inspection to gain their views of the service.

The service was last inspected on 17 October 2013 under the previous provider and there were no concerns.

## Is the service safe?

### Our findings

People and relatives we spoke with told us they felt safe using the service. One person told us "I have used their service for a few years, I feel safe with them and with the staff that help me". A health professional told us "I have always found this agency to provide excellent care and I have no concerns with the management or their staff. They will alert us if they have any concerns that may develop into a safeguarding enquiry and will discuss the issues particularly if there are concerns regarding possible self-neglect". Another health professional told us "From my involvement, I can say that their service is very safe. The safety of staff and their service users is always at the forefront of their minds. All the staff I have met from Sussex Homecare have been polite, friendly and professional to the service users, their families and other professionals involved.

Individual risk assessments were reviewed and updated to provide guidance and support for care staff to provide safe care in people's homes. Risk assessments identified the level of risks and the measures taken to minimise them. These covered a range of possible risks such as fire, falls and manual handling. For example, where there was a risk to a person regarding falling in their own home, clear measures were in place on how to ensure risks were minimised. We found that risk assessments were not consistently completed and did not always have enough detail recorded for staff. For example in one care plan it recorded a person walked with a walking aid but no risks were recorded and where staff could minimise these risks. We spoke with a manager who completed the care plans who told us "We ensure staff are trained in equipment and this will usually take place in the person's home. Although staff know, I can see we need to record it better". Staff we spoke with showed knowledge and understanding in risks for people and themselves. Although staff could tell us the measures required to maintain safety for people in their homes, we have identified this as an area of practice that needs improvement.

People were supported to receive their medicines safely. We saw policies and procedures had been drawn up by the provider to ensure medicines were managed and administered safely. Staff were able to describe how they completed the medication administration records (MAR) in people's homes and the process they would undertake. Staff also received a medicines competency assessment. One member of staff told us "I always check the MAR sheet and ensure they are the correct tablets for the person. I always offer water and record it in the care plan and the MAR sheet. If I have any concerns I would contact my manager". Audits on medicine administration records (MAR) were completed by the registered manager on a monthly basis to ensure that care staff had completed them correctly. We found the recordings of these were not consistent and the outcome of any investigation of errors was not always being recorded. We therefore have identified this as an area of practice that needs improvement.

People were protected from the risk of abuse because staff understood how to identify and report it. Staff had access to guidance to help them identify abuse and respond in line with the policy and procedures if it occurred. They told us they had received training in keeping people safe from abuse and this was confirmed in the staff training records. Staff described in detail the sequence of actions they would follow if they suspected abuse was taking place. They said they would have no hesitation in reporting abuse and were confident that management would act on their concerns. One member of staff told us "There could be many



signs to look out for including someone being withdrawn, not being themselves. I would report straight away if I had concerns, we have had all the training". Another member of staff said "We get to know people and would notice anything straight away. I know the manager would respond straight away". Staff were also aware of the whistle blowing policy and when to take concerns to appropriate agencies outside of the service if they felt they were not being dealt with effectively. Staff could therefore protect people by identifying and acting on safeguarding concerns quickly.

We saw the service had skilled and experienced staff to ensure people were safe and cared for on visits. We looked at the electronic rotas and saw there were sufficient numbers of staff employed to ensure visits were covered and to keep people safe. Staffing levels were determined by the number of people using the service and their needs. Staffing levels could be adjusted according to the needs of people using the service and we saw that the number of staff supporting a person could be increased if required. The registered manager told us that they were continually recruiting staff to maintain the staffing levels to ensure all visits were being covered. They told us "We make sure we have enough staff before we take on any more people".

Recruitment procedures were in place to ensure that only suitable staff were employed. Records showed staff had completed an application form and interview and the provider had obtained written references from previous employers and character references. Checks had been made with the Disclosure and Barring Service (DBS) before employing any new member of staff and these had also been recently updated for all staff.

Staff were aware of the appropriate action to take following accidents and incidents to ensure people's safety and this was recorded in the accident and incident records. Details were recorded and any follow up action to prevent a reoccurrence of the incident. One member of staff told us "Any accident or incident we may have or a service user has is always recorded and reported. If someone has had a fall then I would call an ambulance straight away and then inform the office".

## Is the service effective?

### Our findings

People and relatives felt that staff were sufficiently skilled to meet the needs of people and spoke positively about the care and support they received. Comments included "Oh yes they are very skilled in what they do. I have a couple of regular staff that know what I need and good at what they do" and "My husband feels very reassured as my carer knows when I'm not well even before I know". A health professional told us "The home care they provide is effective and person-centred and they are flexible in their care provision to amend the call times to fit in with the family as far as possible".

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. Staff had knowledge and understanding of the (MCA) because they had received basic training in this area. People were given choices in the way they wanted to be cared for. People's capacity was considered in care assessments so staff knew the level of support they required while making decisions for themselves. Staff told us how people had choices on how they would like to be cared for and that they always asked permission before starting a task. One member of staff told us "We always seek consent in everything we do from asking someone if they would like help with personal care to what they would like to wear that day".

Staff undertook a variety of essential training which equipped them with the skills and knowledge to provide safe and effective care. Training schedules confirmed staff received training in various areas including moving and handling, first aid, fire safety and infection control. Staff completed most of their training on the computer and also trained alongside the manager on care calls. Competency checks were completed by the registered manager to ensure staff were delivering the correct care and support for people. Staff were also supported to undertake qualifications such as a diploma in health and social care. Staff spoke highly of the training provided and one told us "We have good training here, we do lots on the computer and can take our time to understand and then sit a test afterwards and receive certificates". Another member staff said "I had lots of training when I started and worked alongside the manager and learnt so much. We have updates each year on various subjects it's good. The manager also does checks on us to make sure everything is ok".

Staff told us that they received supervision by their manager on a regular basis. During this they were able to talk about whether they were happy in their work, anything that could be improved for the workers or the people they cared for and any training that staff would like to do. In addition staff said that there was an annual appraisal system at which their development needs were also discussed. One member of staff told us "Supervision is regular and helpful, and spot checks are really important to make sure clients get what they should. It keeps you on your toes. Spot checks are done by the manager and coordinator, it keeps them in touch, and they do care calls too".

We were told by people and their relatives that most of their health care appointments dealing with health care needs were co-ordinated by themselves or their relatives. However, staff were available to support

people to access healthcare appointments. If needed they liaised with health and social care professionals involved in people's care if their health or support needs changed. One person told us "I asked if my carer could book an appointment for me with a hygienist, she said it was no problem".

People were supported at mealtimes to access food and drink of their choice. Much of the food preparation at mealtimes had been completed by family members or themselves and staff were required to reheat and ensure meals were accessible to people. One member of staff told us "I always ensure people have drinks available before I leave and food if they wanted any. This is always documented in the daily care notes". Another member of staff said "I have one person who likes me to help them preparing their lunch, so we do this together. They really enjoy it and it helps to keep their independence". In one person's care plan it detailed what the person liked for breakfast each morning and how they may like to assist with preparing it. The registered manager told us that if they or staff had concerns about a person's nutrition or weight they would seek advice from health professionals.

## Is the service caring?

### Our findings

People and relatives told us that staff were caring comments included "I think they're wonderful. I couldn't be living at home without them", "They go the extra mile for me, they always check my bed linen and make sure I've got a cup of tea before they leave" and "I think they're wonderful. I couldn't be living at home without them". A health professional told us "My interactions with the managers and the care staff lead me to believe that they are very caring and dedicated and will go the extra mile to ensure the clients care needs are met". Another health professional told us "The staff always seem to have a good relationship with their service users, they are always person centred in their approach and adjust their communication to suit the customer. Sussex Homecare work with the customer to meet their outcomes in a positive way. They seem to work really well with people who are reluctant to have support, engaging with them, building trust and caring for them in a professional manner.

People and relatives told us they saw regular care staff and were advised in advance of who was coming and at what times. New care staff were introduced to people in advance to ensure they were suited to each other. The registered manager told us "Continuity of staff is so important for people and we aim to ensure people see regular carers. I like to go out on care call's with staff to ensure they are suited to each other". One relative told us "They are pretty consistent my relative has a prime carer most visits, with a different person visiting at the weekends". Another relative told us "It's been really important to me that I've had such good continuity of care".

Care staff were aware of the need to preserve people's dignity when providing care to people in their own home. Care staff we spoke with told us they took care to cover people when providing personal care, for example, before washing their lower half they helped people to cover their top half. They also said they closed doors, and drew curtains to ensure people's privacy was respected. People we spoke with confirmed their dignity and privacy was always upheld and respected. One person told us "They always ask me if I would like a shower or a wash. What I can't do, they do for me".

People's confidentiality was respected. Care staff understood not to talk about people outside of their own home or to discuss other people whilst providing care to one person. Care staff received their rotas through email or collected from the office. Information on confidentiality was covered during staff induction, and the service had a confidentiality policy which was made available to staff.

Staff recognised the importance of promoting people's independence. People confirmed they felt staff enabled them to have choice and control whilst promoting their independence. Care plans provided clear details on how staff could promote independence. One care plan recorded how a person needed encouragement on wearing clean clothes and to let the person choose and do what they could for themselves and staff to assist if required. Staff told us how they promoted peoples independence and let the person do as much as they can for themselves. One member of staff told us "I had one person that through encouragement assists now with preparing their tea and I help when needed. Another person who uses a cream, can now cream themselves. You build rapport and get to know people".

People said they could express their views and were involved in making decisions about their care and treatment. People and relatives confirmed they had been involved in their care plans and felt involved in decisions about their care and support. One person told us "I've got a folder that they update every day". Another person said "They always make a note in the paperwork of when they've been and what they've done. I often read back on this to see when I was feeling unwell".

## Is the service responsive?

### Our findings

Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. One person told us "I was taken ill suddenly one day, which the carer realised straight away when she arrived. She called the GP and wouldn't leave me until the GP arrived. She ensured the other visits she had that day were covered by someone else so she could stay with me. I was so grateful". Another person said "They help me wash and dress and make sure I'm ok. They are always friendly".

People and relatives told us how good communication was between them and staff. People felt that they could raise any concerns or communicate a need for additional care or a change in their care if identified. Relatives commented that staff always let them know of any changes in their family member's care by making a telephone call or writing it down in the care records. One person told us "'I've got a folder that they update every day".

Assessments were undertaken to identify people's support needs and care plans were developed outlining how these needs were to be met. The care records gave descriptions of people's needs and the care staff should give to meet these. Staff completed daily records of the care and support that had been given to people. They detailed task based activities such as assistance with personal care and moving and handling. In one care plan it detailed the equipment needed to assist a person around their home who was unable to walk unaided. This included a person who used a walking aid to safely move themselves around and how staff should encourage the person to aid their mobility. In another care plan it detailed for care staff assist a person with showering and afterwards to ensure their personal alarm for assistance was worn afterwards as they could sometimes become anxious.

There were two copies of the care plans, one in the office and one in people's homes, we found details recorded were consistent. Care plans contained information for staff to understand the support people required. The outcomes included supporting and encouraging people's independence. People's interests were documented in their care plans. In one person's care plan it detailed that they enjoyed watching the television and jigsaws. A member of staff told us "I visit someone who loves jigsaws and I help them to do the outside of the jigsaw first and when I go back I see how well they have done with the rest of it, it makes me smile, they love doing it". People were supported to take part in activities away from their home. Staff and the registered manager told us how they supported people to access appointments and take people shopping if required. A relative told us "The manager visited my mother a couple of months ago and helped to arrange a visit for her to go to Age UK centre". A person told us "They don't help me with my personal hygiene but they do a bit of shopping for me and read my letters to me that I receive in the post because I can't see them to read them myself. I asked them to do this".

Staff told us that they had enough time to support people and didn't feel rushed when providing care and support. Staff told us they had enough time to spend with people. Staff were committed to arriving on time and told us that they notified people or the office if they were going to be late. A staff member told us "It is important to let people know if you are running late. We may get held up for many reasons, so we ring them

and let the know". As the registered manager also provided care and support as part of her role we found that she knew all the people the agency provided care and support to well. A member of staff told us of a person who had recently lost their pet and how they supported them and spent time with them to grieve. They told us "The manager called me to tell me what had happened so I was prepared. When I arrived at the person's home they were very tearful, so I spent time sitting and comforting them with a cup of tea. You have to be prepared for anything and respond in the right way".

People and relatives told us that they would feel comfortable raising any concerns with the registered manager and told us that they found her to be responsive to any concerns identified. People and relatives were aware of how to make a complaint and all felt they would have no problem raising any issues. The complaints procedure and policy were accessible and complaints made were recorded and addressed in line with the policy. Complaints had been recorded with details of action taken and the outcome. People's comments around complaints included "Whenever I call or email, they always respond within an hour" and "Communication is pretty good. I know to go straight to the owner if there's a problem, which there has never been".

## Is the service well-led?

### Our findings

People and relatives felt the service was well-led and that a high level of care was being provided with consistent, regular staff that saw the same people. One relative told us "The manager came to my relative's house and I and my sister went too. She wanted to make sure everyone is happy with the service". A health professional told us "The managers lead by example and they are professional and very motivated to ensure their company provide an excellent service with well trained and competent staff". Another health professional told us "I have been working with the manager of Sussex Homecare to provide urgent care for two service users, she is always available to speak to on the telephone and communicates with myself if there are any area's that need to be addressed. The staff seem to have the upmost of respect for their managers and they seem to be a good team that is led by example.

The atmosphere was professional and friendly in the office. All staff spoke highly of the management team. One member of staff speaking about the registered manager and manager "They are always there and help you with work and personal life when needed". Another member of staff said "Any issues you can ring up at any time, one of them are always available in the office or at the end of the phone". All the staff we spoke with told us they felt able to report any incidents, concerns or complaints to the office. They were confident that if they passed on any concerns they would be dealt with. On the day of the inspection we observed the managers on the telephone to people and relatives. They took their time to listen to what people had to say and reassured people where needed and were polite and courteous.

The registered manager and staff told us they had team meetings and communication which gave them a chance to share information and discuss any difficulties they may have. This also gave them an opportunity to come up with ideas as to how best manage issues or to share best practice. The registered manager told us "I see and speak to my staff constantly and work alongside to I am there to support and ensure everything is ok".

The registered manager monitored the quality of the service by the use of checks and internal quality audits. The audits covered areas such as training, complaints, staffing and care records. Highlighted areas needed for improvement were reviewed and findings discussed at meetings. The registered manager and manager also carried out spot checks on staff to review the quality of the service provided in people's homes. Feedback from people and relatives had been sought via surveys. The registered manager told us they now had an external company that sent out and collated the results of the survey and they were sent the findings. They told us "We have recently had surveys sent out and awaiting for the results, so when we receive them we can review them and see where improvements are required". One person told us "I receive a survey once a year and the manager also visits me approximately twice a year to check that all is going well".

The registered manager and staff worked closely with external health care professionals such as district nurses and social workers when required. The manager told us "We do have good relationships with health care professionals and ensure people get access to them as soon as they require. We will support people to their appointments or arrange appointment's for them if they need it". People we spoke with confirmed this



and felt supported to gain access to health professionals when required.

The registered manager and manager showed passion about the service and talked about always looking on ways of improving. They told us of how they had recently looked at improving practical training for staff and how they were planning to work closely with a local nursing home and their training courses. We were also told about how staff worked closely with health care professionals and people's relatives. The manager was also completing a management diploma in health and social care.

The registered manager understood their responsibilities in relation to the registration with the Care Quality Commission (CQC). They had submitted notifications to us, about any events or incidents they were required by law to tell us about. They were aware of the requirements following the implementation of the Care Act 2014.