Sussex Elderly Care Community Interest Company

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Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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?	**Requires Improvement**

Summary of findings

Overall summary

About the service:
Sussex Elderly Care Community Interest Company is a domiciliary care agency. It provides personal care to people living in their own homes, some of whom were living with a dementia or another long-term health related condition. Most people lived reasonably independent lives but required support to maintain this independence. At the time of this inspection a service was being provided to 18 people.

People's experience of using this service:
Medicines were not managed safely. The provider could not be assured that people were receiving their medicines as prescribed. Staff had not had their competency to give medicines assessed and procedures did not provide clear guidelines to follow. The medicine records did not support safe practice and were not accurate. For example, there was no reference to how staff handled topical creams or eye drops.

The quality monitoring systems had not been fully embedded into practice to support best practice in all areas. For example, audits on medicines had not identified all areas for improvement. Policies and procedures had not been established to ensure safe practice and complete records.

There were enough staff working to provide the support people needed, at times of their choice.
People were supported by staff who demonstrated kindness and had a caring approach. Staff were committed to providing care that was appropriate and enhanced people's lives.

Staff understood the risks associated with the people they supported. Risk assessments provided further information and guidance for staff. People were protected from the risks of harm, abuse or discrimination because staff knew what actions to take if they identified concerns.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. Staff knew people well and supported their independence as far as possible.

People's health needs were met, they were supported to have access to healthcare services when they needed them. Staff received training that gave them skills to provide care people needed. Staff were supported by the management team and felt they were valued and appreciated.

People received support that was person-centred, and systems were in place to ensure people always had a visit as scheduled. Complaints had been recorded, investigated and responded to appropriately.
Information received was used to improve the service.

There was a clear staffing structure and staff were aware of their roles and responsibilities. The registered manager took a central role in the service and led by example. She demonstrated a dedication and strong commitment to providing a quality service with people at the heart of the service.

Rating at last inspection: The service registered with the Care Quality Commission in June 2018 and this was their first inspection.

Why we inspected: This was a planned comprehensive inspection, following the registration of the location.

Enforcement: At this inspection we found the service to be Requires Improvement with one breach of the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

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

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 not always safe Details are in our Safe findings below.	**Requires Improvement**
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 not always well-led Details are in our Well-Led findings below.	**Requires Improvement**

Sussex Elderly Care Community Interest Company

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, 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 completed by one inspector.

Service and service type:
Sussex Elderly Care Community Interest Company is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a service to older adults, some of whom were living with dementia. It was providing personal care to 18 people at the time of the inspection.

Not everyone using Sussex Elderly Care Community Interest Company received a regulated activity. The 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.

The service had a manager registered with the Care Quality Commission. This means that 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 visit because it is small, and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity started on 10 May and ended on 15 May 2019. We visited the office location on 10 May 2019 to see the registered manager and office staff; and to review care records and policies and procedures.

What we did:
Before the inspection we used information, the provider sent us in the Provider Information Return. Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We looked at information we held about the service including notifications they had made to us about important events. Notifications are information about important events the service is required to send us by law. We spoke with the local authority and a specialist nurse for any feedback that they had about the service.

We visited three people in their own homes who were receiving care from the service and met with two of their relatives. . We spoke with five staff including the registered manager. We inspected five people's care records, three staff recruitment files, records of accidents, incidents and complaints and other records relating to the running of the service.

Requires Improvement

Is the service safe?

Our findings

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

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Regulations may or may not have been met.

Using medicines safely
• Medicines were not managed safely. The medicines policy and procedure did not provide full guidelines to ensure staff handled medicines safely. For example, there was no reference to how staff handled topical creams or eye drops. One person told us, "I do not get cream applied every-day, and sometimes I have to remind them.
• Records did not record accurately the handling of medicines given. The medicine administration record (MAR) charts were not always signed by staff when medicines were given. For one person staff were administering medicines that had been dispensed into containers by a relative. The provider could not be assured that staff were administering medicines as prescribed. A relative told us staff supported a person with eye drops. These had been provided in the recent past. However, there was no record to guide staff on how to complete this task safely. Another person was prescribed topical creams. Records were not being completed each day. The provider could not be assured that creams were being applied as prescribed.
• Staff who assisted people to take medicines had received training. However, staff skills and competency had not been assessed to ensure they were following best practice.

The lack of appropriate guidelines and accurate records to ensure the safe handling of medicines is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered manager was aware that practice and training around the safe handling of medicines needed improving and had started to take action to improve.

Systems and processes to safeguard people from the risk of abuse
• Staff received safeguarding training and were able to tell us what actions they would take if they believed someone was at risk of harm, abuse or discrimination.
• Staff reported any suspicion of abuse to the registered manager who followed up any concern. For example, staff were concerned that one person was neglecting themselves. This was raised appropriately with the local authority for them to review.
• Staff were trained on equality and diversity and understood the risk of discrimination. The registered manager worked with staff to ensure any form of discrimination was not accepted. They told us, "We treat everyone as individuals this includes our staff and clients."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong
• People and any associated risks were assessed and managed safely. Risk assessments provided staff with information and actions to reduce the risk that covered the individual and the environment. For example, moving and handling assessments confirmed the correct equipment and practice. One person used a

mobile hoist and staff were familiar with how to connect the lings correctly.
• People's homes were assessed for any risks. This was to ensure staff safety and improve the safety of people living at home. For example, risks associated with fire were assessed and the local fire and rescue service was used for advice when people agreed with a referral.
• There were good systems for the recording accidents and incidents, along with any actions taken to reduce any reoccurrence. For example, one person was falling regularly. The registered manager arranged for a medicine review which resulted in a change to medication and a reduction in the number of falls.
• The registered manager reviewed all accident and incident forms to ensure the appropriate responses were completed and any lessons were learned. When appropriate, referrals to other organisations were considered and these included the local authority or safeguarding team. This allowed for lessons to be learned and for areas for improvement to be addressed. For example, staff gained support on guidance when people were resistant to support, which had led to self-neglect.
• The security of people's homes was assessed, and key safes were used when necessary to maintain the security of people's homes. Staff kept this information secure.
• Risks about the running of the service in the event of bad weather and staff shortages had been considered. People were assessed for their dependency on the support provided and whether they had any other people to support them, contact was made with relatives and staff deployed on priority.

Staffing and recruitment
• There were enough staff to meet people's needs and people felt safe with the staff visiting them.
One person said, "I feel secure when they come." Another said, "When we have new staff they are introduced to me before they come on their own. They are never strangers."
• People and their relatives told us staff were reliable and visited at the expected time. People knew what staff member was coming and the time of the visit. This was recorded within schedules sent to people a week in advance. One person told us, "I know who is coming, and when. I know the carers and like them." The rota system identified the hours needed and highlighted staff availability and ensured correct staffing allocation.
• Staff recruitment checks were undertaken before staff began work for the service. This helped to ensure, as far as possible, only suitable people were employed. This included an application, two references, the completion of a Disclosure and Barring Service (DBS) check to help ensure staff were safe to work with adults. Employment history was not always fully explored and the registered manager confirmed the recruitment documentation was being reviewed to ensure this fully recorded people's employment history.

Preventing and controlling infection
• Staff completed infection control training and there was an infection control policy. Staff understood the principles of cross infection. For example, staff washed their hands at the beginning and end of each visit.
• Staff were provided with personal protective equipment (PPE) including gloves and aprons to use as necessary during their visits. Staff understood the importance of using protective equipment.
• Staff completed food hygiene training to ensure they safely supported people with meal preparation when needed.

Good

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

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
• People's needs were assessed in their own home before the provision of a service was considered. People told us the registered manager visited them and discussed what care they needed and wanted. They felt they were central and important to this process. One told us, "She talked at length to me and asked me about everything that I wanted. "
• The PIR recorded the assessment process included "listening carefully to people's needs, wishes and preferences. We focus on how they would like us to help them, respecting what they wish to do for themselves."
• These assessments were regularly reviewed to ensure people received the right support and it was changed as people's needs changed. This ensured care met required standards. For example, one person's mobility was reducing, and the registered manager worked with the occupational therapist to secure the correct equipment to meet their care needs.
• Individual care plans reflected the care and support provided. Recording the time and length of visits that had been agreed with people.

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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
• We checked whether the service was working within the principles of the MCA. Staff had training in MCA and understood the importance of people making their own choices. Staff were given a key ring that reminded them of the five key principles for the MCA.
• People who received personal care had the capacity to make their own decisions and choices about their daily care. People told us, and records confirmed these choices were respected, and people were given the opportunity to decline and change their mind. For example, staff constantly asked people what they wanted, they asked people what they wanted to eat how they wanted to be moved and what they wanted to be covered with. The registered manager told us, "People have the right not to have us in their home."
• When there was a concern about people's capacity to make a particular decision a mental capacity assessment was completed. Relevant people were then involved as necessary to make a best interest decision. For example, one person was unable to manage and understand their medicines, these were administered by staff and a best interest meeting had been held.

Staff support: induction, training, skills and experience

• Staff received the training and support they required to meet the needs of people who used the service. People told us staff were, "Well trained," and "Always able to care for me, and do the things I need."
• All staff went through an induction programme. This was comprehensive and included classroom and computer-based e-learning along with shadowing training to develop competency in practice. A training handbook was used and all new staff completed the Care Certificate. The Care Certificate ensures 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.
•Training was ongoing, and a monitoring system was used to ensure all staff completed essential training each year. An external trainer was used along with senior staff to deliver key class room training that was supplemented with e-learning. Staff were also supported to develop and complete qualifications in health and social care including diplomas.
•Staff told us the training provided them relevant skills and knowledge and they felt confident to undertake roles designated to them. One told us, "We have a lot of training. We have had training on using the hoist, so we can all use it safely." Another told us "We can choose to do additional training in areas that interest you. I am interested in end of life care."
•Staff were supported with regular supervision and appraisals. Staff told us they felt very well supported. On call systems were effective. Staff were able to contact the registered manager or general manager for support and guidance at any time. One staff member told us, "You are always told to ring them at any time if you need them. You can always go to the office too."

Supporting people to eat and drink enough to maintain a balanced diet
• Staff supported people to maintain a healthy diet including adequate drinks. When staff were concerned about the amount of food and drinks being taken they used fluid and food intake charts. These records were then used to monitor and liaise with family or health care professionals as appropriate.
• One person had a poor appetite and staff made every effort to encourage them to eat and drink a healthy diet. For example, staff tried different small dishes of food that they knew they liked. One staff member said, "They love bananas mashed in yoghurt."
• During the hot weather staff ensured people had plenty of water. The registered manager said, "We bought people bottles of water to make sure they were drinking."
Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
• The registered and general manager worked closely with other agencies to provide consistent and effective care. For example, a specialist nurse had worked with them to change the frequency and time of visits to ensure medicines and treatment was tailored to their individual need. This joint working ensured effective care and best outcomes for people.
• Staff were knowledgeable about people and any health conditions they were living with, such as Parkinson's disease and dementia. They noticed if people's needs were changing and contacted other organisations as appropriate. For example, when people became less mobile or people's memory deteriorated further. Their needs were reassessed, and the care and support provided was reviewed and changed to meet their needs. For one person this had led to an increase in the number of visits to ensure they were safe.
• People were supported to access healthcare services, as necessary. Staff supported people to attend health care appointments and to use local options for health promotion. For example, one person was encouraged and supported to have a flu vaccination at the local medical centre.

Good

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

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 were supported by staff who were committed to providing kind and caring support to people. Staff formed positive relationships with people. They knew people well as individuals with personalities and past lives. Staff were introduced to people and read the care plans before providing support.
• People and their relatives were complimentary about the staff and their approach. One person said, "They are all a good lot, they are all so kind and helpful." One relative told us, "I cannot speak highly enough about the staff. They are so understanding and always go the extra mile."
• People and staff's individuality and diversity was respected and responded to. For example, the service had matched a staff member to a person who shared the same cultural background. The person was delighted to be able to converse in their own language. The registered manager had also arranged a suitable day to interview a prospective staff member that took account of their religious beliefs.
• Staff respected people's belief's and life style choices. For example, one person did not eat meat on Fridays. Staff ensured an alternative was available to them and had in the past purchased fish and chips for them.
• Staff spoke with kindness and compassion about the people they supported. They enjoyed their work and told us they were treated well by the organisation. One explained how they had been supported when a family member was unwell. One told us, "They ring to find out how you are, as well as how the clients are, they do not push you to work."

Supporting people to express their views and be involved in making decisions about their care
• Care plans were written with people and where appropriate their relatives were involved. These were reviewed regularly to ensure people's wishes continued to be respected. The care plans included people's life histories and people's views and decisions on how they wanted their care delivered. For example, people chose the time of their visit.
• Staff consulted with people on a daily basis and we observed that staff had a caring approach and consistently asked for people's views and wishes and responded to these.
• The registered manager and the management team maintained regular contact with people and their relatives. They contacted them by telephone and carried out monitoring visits. In this way care and support was tailored around the views and wishes of people. One person told us, "The manager comes, and we chat about all sorts of things."

Respecting and promoting people's privacy, dignity and independence
• People's independence was promoted. One person told us how staff supported them with a shower. "They make sure I am safe in the shower and wash my back, I do the rest. I like them all they are all cheerful and helpful, without interfering." Staff understood the importance of supporting independence and enabling

people to stay in their own homes.
• People's privacy and dignity was respected, and staff took account of people's dignity when providing care and support. For example, they closed curtains when providing personal care. One person told us, "I have a key safe, but staff would never just let themselves in they always ring the bell. They respect my privacy and home."
• Confidential information was handled appropriately by staff and this included the use of any electronic information. There was a policy and procedure on confidentiality, and confidential records held in the office and were locked in cabinets. The staff training programme included handling information, and data protection laws.

Good

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control
• People received personalised support in line with their individual care plans. These gave detailed information on care and support. For example, one included information on 'touching the skin gently to avoid damage'. Staff read the care plans before attending to people and new staff worked with another staff member on their first visit. Staff told us this gave them the information they needed to provide person centred care.
• People's interests and preferences were also considered and reflected in the care plans. For example, one person liked chocolates to be left close by them to snack on. Another liked to watch the soaps on television. One care plan recorded how a person wanted their neighbours involved in their support.
• People's care and visit times were agreed as part of the assessment process. These reflected people's individual needs and their preferences. Each person received a weekly rota to confirm time and staff member that would be visiting. If changes were necessary, then people were informed by telephone. One person told us, "Staff always come when expected and often stay longer than they should."
• From 1 August 2016, all providers of NHS care and publicly-funded adult social care must follow the Accessible Information Standard (AIS). Services must identify, record, flag, share and meet people's information and communication needs. People's communication needs were assessed and planned for appropriately. For example, one person had poor eyesight, and would not be able to read the staff rota to recognise any changes. The management team contact them by telephone to tell them who will be attending and to confirm if there had been any changes to the rota they were used to.
• Staff knew people well and recognised if there had been any changes in their needs. They knew how to respond to these contacting the management team to ensure a review of care was completed to ensure responsive care.
• For some people, part of their assessed needs included support to engage in social activity. One person was supported to visit a family member in a care home. This activity was very important to them and staff valued being able to support them with this.

Improving care quality in response to complaints or concerns
• People and their relatives knew how to complain and told us they would if they needed to. There was a complaints procedure that was shared with people within their care documentation retained in the home.
• When complaints were received they were responded to quickly and in a positive way. Investigations were robust and meetings to resolve concerns were held to secure positive outcomes from complaints. For example, a complaint about late visits resulted in a change to the staff rota system. In addition, people were asked to notify the management team if staff were overdue by 15 minutes. This allowed for appropriate action to address the problem quickly.
• People were positive about how concerns were dealt with. They felt they had their views and concerns taken into account and responded to. One person told us, "I did not gel with one staff member, I spoke to

the manager and they did not return. It was a personality thing."

End of life care and support

• At the time of inspection, no one required end of life care. The registered manager advised when people needed end of life care, they would work with the person, their families and health professionals to support them. They told us, "Staff are encouraged to take their time and not to rush when providing any care but particularly when people were at the end of their life's."

• Specific staff training on end of life of care was available and was being completed by staff. One staff member told us, "I like providing in depth care and have completed the training on death and bereavement.

• Where people had views on their end of life care these were discussed and recorded. This included people's choices and decisions around resuscitation. Appropriate forms were stored safely, and staff knew to make sure they were available to health care professionals as agreed.

Requires Improvement

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

Service management and leadership was inconsistent in some areas. Some regulations may or may not have been met.

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

• The service was registered in June 2018 and had grown in size and extended the services delivered. Although there were some quality monitoring systems in place these had not been fully established and embedded into practice. For example, audits on medicines had not ensured safe practice was established in all areas.

• The service had policies and procedures to inform the practice of the service. However, these had not been fully reviewed to reflect the service provided. Some records were not complete. For example, interview records were not dated or signed and confirmation that staff had car insurance were not in place. Some people had not been provided with terms and conditions for the service provided. These areas were identified to the registered manager for improvement.

• After completing the PIR the registered manager had recognised the need to develop and improve the quality monitoring systems to promote safe and effective care that met the relevant legislation. They had developed an action plan and were progressing this. However, this needed to be embedded into daily practice. They had also recruited an additional staff member to focus on quality issues including the safe management of medicines.

• The registered manager was also the company director and was committed to developing a service that provided, high quality care and support to people. They led by example and often worked with people and staff. They were involved with the assessment, care and review of people individual needs. People and relatives were very positive about the approach and leadership provided by the registered manager. Comments included, "The manager comes to see me and makes sure I am well looked after. She chats and has a laugh with me," and "The manager sorts everything out. She has sorted out everything, she even offered to sort out my appointments for the doctor."

• There was a clear management structure that had been strengthened recently with the appointment of a general manager. This provided a strong management oversight of performance as the service developed.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility; Continuous learning and improving care.

• The registered manager worked in an open and honest way. The PIR reflected on the importance of working with staff in a transparent way. For example, it recorded, "Staff are encouraged to report concerns and where appropriate are updated on progress on the matter." Annual staff questionnaires were completed anonymously to facilitate honesty and transparency.

• Staff felt well supported and were paid for their time when attending any training, supervision or meetings.

Regular supervision and meetings with staff gave them the opportunity to raise concerns and ideas for improvement. One staff member told us, "Supervision is used to review work and any concerns or issues you may have."
• It was important to the registered manager that the culture of the service promoted person centred care. All staff were inducted on the values and ethos of the service. The PIR confirmed these were based on compassion, empathy, involvement, respect, equality and diversity. Staff told us the values of the service were discussed at team meetings.
• The registered manager was aware of the statutory Duty of Candour. This aims to ensure providers are open, honest and transparent with people and others in relation to care and support and to be open and honest when untoward events occurred. All accidents were reviewed by the registered manager. As she lived locally she was notified of accidents and incidents and attended to ensure appropriate actions were taken in response. The service had notified us of all significant events which had occurred in line with their legal obligations.
• The registered manager worked continuously to improve the service. She told us about changes made in light of the concerns identified and discussions with staff. This demonstrated that lessons were learned, people were listened to and actions taken to improve. For example, in order to reduce costs for people staff completed shopping for a group of people instead of individual shopping trips.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
• There was regular contact with people who used the service and their representatives which allowed them to provide feedback on the service provided. This included telephone contacts, annual surveys and spot checks completed by a member of the management team. These were observed supervision of staff when completing a scheduled visit. During these supervisions people and relatives were asked for their feedback, both about the staff providing care and the service they received in general. They were also able to communicate any changes that they would recommend.
• The registered manager promoted an effective working relationship with all staff. She fostered an open and honest approach and valued staff views. One staff member said, "I can share my views at any time." Staff received constructive feedback following any supervision and this was reflected within staff records.
• The general manager engaged with the local community to understand the local needs of people in order to tailor the service and to enable people to use the local resources effectively. For example, links had been established with the Older People Network updating the service on local events and services. People using the service benefited from these links with additional advice and support available to them. Work was progressing in order to hold a health and well-being event, in conjunction with other organisations.

Working in partnership with others
• The registered manager and staff worked closely with other services. For example, one person had skin damage. Staff recorded and reported any changes to the district nursing team. Staff knew the local GPs and worked with them and social care professionals when appropriate to support the health and well-being of people. For example, one person had increasing mobility needs and a review with a social worker increased the support available to them.
• When people were admitted to hospital or a care home, the management team worked with them to enable a smooth transition. Important information was shared with consent. When people returned home communication between professionals was maintained to ensure a safe discharge.
• Links had been established with local community groups including a dementia, sight impairment and stoke group. The management team use these links to provide people with opportunities to extend support systems and their social interaction.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Systems and procedures did not ensure all medicines were administered safely and in a consistent way. Regulation 12 (1)(2)(g)