

Sussex Grange Limited

Sussex Grange Home Care

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

The inspection took place on 27 and 28 June 2018 and was announced.

Sussex Grange Home Care provides personal care to 43 people in their own homes. They ranged in age from 59 to 99 years and had needs regarding physical health care and mental health needs. This included those who were living with dementia.

At our last inspection we rated the service 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. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At the previous inspection we served a requirement notice regarding the care plans for people as they did not contain sufficient information and guidance for staff to follow. The provider sent us an action plan of how this was to be addressed. At this inspection we found care plans included clear details regarding the procedures for providing personal care. This requirement and regulation are now met.

People told us they felt safe with the care workers. Care workers had a good awareness of safeguarding procedures and knew what to do if they had concerns about people's safety or well-being.

Risks to people were assessed and there was guidance in care plans so that care workers were able to mitigate these.

Sufficient numbers of staff were provided so that people's care needs were met. People said they received a reliable service and that staff arrived on time.

People received their medicines safely.

Care workers were trained in infection control and hygiene. People and their relatives confirmed care workers followed procedures to prevent the spread of infection.

Care workers were well trained and knowledgeable about relevant care matters. A range of training courses were provided including access to nationally recognised qualifications in care. The provider supported care workers to develop their skills and knowledge and to recognise good practice.

People were supported to have maximum choice and control of their lives and care workers supported them in the least restrictive way possible. The policies and systems in the service support this practice.

People received care from staff who demonstrated the provider's values of kindness, respect, treating people as individuals, and, that people mattered. There were examples of care workers going over and

beyond their role to ensure people were treated well and their quality of life enhanced.

The provider had introduced a system whereby care records were accessed by care workers, and, people if they wished, on an IT system. Care workers accessed this on smart phones. This enhanced the access to information for staff and people and allowed the provider to monitor care was being provided as agreed with people.

The provider excelled in providing a service which went above and beyond what was agreed with people. This included supporting people to access the community and social groups facilitated by the provider. This helped reduce the social isolation of people.

The provider had an effective complaints procedure.

Whilst there were no people in receipt of end of life care the provider had policies and procedures for this as well as access to staff who were experienced in this.

The culture of the service was open and transparent. People and their relatives felt able to raise any issues or concerns. The provider worked well with other agencies to ensure care needs were met and information regarding current care procedures was updated.

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.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service has improved to Good.

Is the service well-led?

Good ●

The service remains Good.

Sussex Grange Home Care

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 was 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.

This inspection took place on 27 and 28 June 2018 and was announced. The inspection was carried out by one inspector. We gave the service 48 hours notice of the inspection visit because we needed to make arrangements to visit people in their own homes and to ensure staff would be at the provider's office.

Before the inspection we checked information that we held about the home and the service provider. This included information from other agencies and statutory notifications sent to us by the registered manager about events that had occurred at the service. A notification is information about important events which the provider is required to tell us about by law. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we visited two people in their homes at the time they were receiving care from care workers and observed how they supported people. We also spoke with four relatives of people who received care.

We sent survey questionnaires to 33 people and 12 of these were completed and returned to us. We also sent survey questionnaires to 33 relatives and two of these were completed and returned. Twenty-three surveys were sent to care workers and 11 were returned. The collated information contained in these surveys has been used in the inspection report.

On the second day of the inspection we visited the provider's office where we spoke with the registered manager, the provider and a care worker. We spoke also with two care workers when we visited people in their homes and to a further two care workers after the inspection.

We looked at the care plans and associated records for seven people. We reviewed other records, including

the provider's internal checks and audits, staff training records, staff rotas, incidents, records of medicines administered to people and complaints. We looked at staff training records and staff supervision records.

Is the service safe?

Our findings

People told us they felt safe with the care workers. Relatives said they trusted the care workers and the provider. Staff were trained in safeguarding procedures and knew what to do if they considered someone was at risk of harm.

The provider assessed and managed risks to people. Care records included risks assessments for areas such as the moving and handling of people and medicines procedures. Care plans included details about how care workers supported people to be safe and to mitigate these risks. For example, care records regarding the moving and handling of people included clear guidance for care workers to follow. People were supported to access the community and to maintain their independence, such as by accessing local shops and facilities. This included people being supported to maintain their independence to access their bank account; this was assessed and procedures recorded for staff to assist people whilst maintaining people's finances securely.

People received consistent care because there were sufficient numbers of care workers to support them and meet their needs. All people that we spoke to said their care workers arrived on time and stayed the agreed length of time. Some people also said care workers provided more care than they were contracted for. One relative, for example, said, "The carers from Sussex Grange really are the best – they go above and beyond what I would expect them to do."

Care was organised on a rota system. Care workers confirmed they had sufficient time in their schedule so they could support people as arranged. People were also supplied with a rota of the names of care workers and the times care was arranged for. Since the last inspection the provider has introduced a system whereby care workers have access to care records and their work schedule via a specially designed smart phone. This also allowed the management team to monitor when and where care workers were attending to people.

We looked at the staff recruitment procedures. References were obtained from previous employers and checks with the Disclosure and Barring Service (DBS) were made regarding the suitability of individual staff to work with people in a care setting. This meant that new staff were recruited safely.

Medicines were safely managed. People were supported with their medication based on an assessment of the level of support they needed. Records were maintained by care workers on their IT smart phone devices which gave staff details of the amount and times medicines needed to be given. Where specific medicines procedures were carried out, the care records showed the provider liaised with health services on a regular basis and that people received the correct medicines. Care workers were trained in the handling and administration of medicines which involved a practical assessment and observation that they were competent in this.

Care workers were trained in infection control and wore protective clothing and gloves to help prevent the spread of infection. People confirmed care workers followed safe hygiene procedures and used protective equipment and hand gels.

Incidents were looked into and action taken to review errors. For example, the provider took action to liaise with the relevant agencies regarding a medicines error, as well as implementing additional training for care workers and having improved checks of medicines administration records.

Is the service effective?

Our findings

The service provided effective care to people from well-trained care workers. Each person (or their relative) we spoke to said the care workers had the skills and knowledge to provide the care and support they needed. Care workers were motivated to provide a good standard of care and were proud to talk of their achievements. For example, one care worker commented, "Sussex Grange Home Care is a lovely company. The client's needs are always met and staff go above and beyond. Care and support plans are now on work phones so carers can access them 24 hours before visiting a client (before they were in a filing cabinet in the office) so this makes things much easier."

Care workers told us they received training which enabled them to meet people's needs, choices and preferences. The provider used a spreadsheet to monitor care workers training to ensure this was updated when needed. The provider supported care workers to develop their skills and knowledge by investment in training. This included care workers having access to nationally recognised qualifications in care. Fourteen of the 29 care workers had a National Vocational Qualification (NVQ) or Diploma in Health and Social Care at levels 2 and above. Two of these had achieved level 5 management and leadership qualifications and the registered manager was completing level 5. These are work based awards that are achieved through assessment and training. To achieve these awards candidates must prove that they have the ability to carry out their job to the required standard. Training in equality and diversity was provided to care workers who understood the principles of treating people equally irrespective of age or disability.

Care workers said they received an induction which prepared them fully for their role. There was a system of staff supervision and appraisal which involved observation of care workers working with people. Care workers said they felt supported and could ask for advice and guidance when they needed it.

People were supported with dietary needs where this was needed. For example, we saw one person was supported to eat and drink where this was identified as a need. The care records demonstrated the person was supported to eat appropriate high calorie meals and that the provider worked with the NHS dietician to support the person. A record of the person's weight was maintained which showed the person's weight had increased, as intended.

Care records showed the registered manager and staff liaised with health care services where this was needed. This included NHS warfarin clinics, dietitian services and community nurses.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). Care workers said they sought the consent of people when they supported them and had a good awareness of the procedures to follow when people did not have capacity to consent to care and treatment. Where people did not have capacity to consent there were mental capacity assessments. Where decisions were made on behalf of people, there were records to show these were made in line with the MCA as part of a 'best interests' decision with relevant health and social care professionals.

Is the service caring?

Our findings

Care workers treated people with kindness, love and compassion. Each person or their relative said care workers were kind, caring and treated them with respect and dignity. For example, one relative said of the care workers who provided care to his relative, "They are kind and understanding. They love her and she loves them."

Care workers demonstrated they treated people as individuals and as they would treat a family member. For example, one care worker said, "It's not like dealing with a business. The service users are like close relations."

A number of people and their relatives referred to care workers going 'over and beyond' what they were expected to do. Care workers had a good understanding of people and emphasised that their role involved the provision of emotional support and companionship.

People said they were involved in decisions about their care and received care from familiar and consistent care workers. Care records demonstrated people were consulted and involved in decisions about their care.

People were provided with a handbook which outlined the provider's values of treating people with kindness, respect and as individuals. These values were reflected in the care and support people received and in the values of care workers. The provider emphasised these values in staff recruitment procedures and in the ongoing training and supervision of care workers.

People said they able to make choices about how and when they received care. The care plans were individualised to reflect people's needs and preferences. Care workers said they offered choices to people regarding care and promoted people to be independent which was also confirmed by people and their relatives.

We observed care workers respected people's privacy when they supported them. This included ensuring privacy was respected when providing personal care.

Is the service responsive?

Our findings

At the last inspection we found the care plans did not give enough information in order that care workers could meet people's physical and mental health needs. We made a requirement notice for this in the inspection report. The provider sent an action plan of how they would be addressing this. At this inspection we found the care plans were well recorded and gave care workers details of how care was to be provided. The delivery and recording of care plans has been greatly enhanced by the introduction of an IT system. This operated by care records and care schedules being entered on records which care workers accessed on smart phones when they were out working with people. Care workers said the system worked well and showed us the way records were made immediately following the completion of care procedures. Each person also had a written care plan in their home. The care plans gave guidance to care workers on moving and handling of people, supporting people with personal care and for entering people's homes. Therefore the regulation is now met.

People and their relatives said the care and support was responsive to people's changing needs and care records were reviewed and updated to reflect changing care needs. For example, a relative said the provider was "so responsive" and would adjust care as requested as well as visiting people outside of the agreed times if this was needed. Another relative said, "The office are very responsive. They know you, and are accommodating. They were very responsive when I needed help myself."

The provider and care workers excelled in meeting people's social needs. For example, care workers said the service made a real difference to those who lived alone. One care worker said it was important to get to know people and their background as well as having time to talk to people. There were examples of care workers supporting people at times when they weren't providing care such as helping people with shopping and helping people get a daily newspaper if they wanted this. It was clear this approach was valued by the provider; the registered manager had asked care workers to give examples of 'acts of kindness' which were displayed in the office. Examples given by staff included: arranging for a client to have a haircut on the care worker's day off, ordering books for a client and their husband, staying after a visit to read a medication leaflet to the person, mowing a person's lawn and taking a person to church. The provider took steps to support people locally in events which combatted isolation and enhanced the experience of community and social inclusion for people. This was done by the provider sponsoring and coordinating a lunch club and a local voluntary group called Selsey Chat. These facilities were offered to people at the time of the initial assessment of their needs. People were also able to attend social events at the care home run by the provider such as parties and fetes. We viewed this as an example of good practice where people were encouraged and supported to develop relationships as well as links with their wider community.

We looked at how the service was meeting the requirements of the Accessible Information Standard (AIS) as required by the Health and Social Care Act 2012. This requires service providers to ensure those people with disability, impairment and/or sensory loss have information provided in an accessible format and are supported with communication. People's communication needs were assessed and care plans included details about people's communication needs. Information was provided to people in a way they could understand, such as the care schedules sent to people in large print. The provider was in the process of

developing a policy regarding the AIS.

The provider had an effective complaints procedure. People and their relatives said they felt able to raise any concern or issue which they said was responded to and resolved. People were provided with a copy of the complaints procedure. The provider informed us that one complaint had been made in the 12 months preceding the inspection which was resolved.

At the time of the inspection there were no people that required end of life care. However, the provider had policies and procedures regarding this and some care staff were experienced in providing end of life support.

Is the service well-led?

Our findings

The service was well-led with clear visions and values. People were provided with a handbook which contained the provider's aims and objectives as well as its values of kindness, respect, treating people as individuals and everyone matters. Care workers demonstrated these values and these values were also reflected in the service people received. Care workers were proud of the work they did. People and their relatives said the care workers and management team were approachable and responsive, reflecting a culture which was open and transparent. Staff performance was monitored and appraised to ensure the care workers upheld the provider's values.

The provider was forward thinking and had introduced new technology which improved the delivery and monitoring of care to people. This also allowed people and their relatives to access the records if they wished. Staff were supported to develop their skills and knowledge and were encouraged to recognise good practice. The provider had links with a number of forums and organisations so that information on care policies and care delivery were updated, such as with local health and social care services. The provider was also involved in a forum called Selsey Dementia Action Alliance which aimed to make improvements in the community for people who lived with dementia. Care records and discussions with care workers showed the provider worked with other agencies to ensure people received care which was coordinated between different services.

The service had a registered manager. This 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. There was system of delegation to senior care workers and staff reported they felt supported and could ask for advice when they needed. Regular staff meetings were held and there was a newsletter so staff were updated about any events or relevant information they may need. Care workers said they felt able to raise concerns or issues and said they were listened to.

Records were well maintained and the provider was aware of the need to protect information on both staff and people. There were policies and procedures regarding the General Data Protection Regulation (GDPR), which was effective from 25 May 2018. These policies included details about accessing information and the retention of records.

People's views were sought by the use of an annual survey; the latest survey showed 98.7% of people were satisfied the standard of service provided to them. The views of staff were also sought by the use of a survey. We also saw feedback from a local authority social worker and a relative which was complimentary about the service provided.

The provider used a number of audits to monitor the quality and safety of the service. These included checks on care records. Where incidents had occurred, these were looked into and changes made to ensure a reoccurrence did not take place.

