

Royal Mencap Society

East Sussex Dom Care Agency

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

We undertook an announced inspection on 23 November 2016.

We gave the provider 48 hours' notice of our intention to undertake an inspection. This was because the organisation provides a domiciliary care service to people in their homes and or the family home; we needed to be sure that someone would be available at the office.

East Sussex Domiciliary Care Agency is owned by the Royal Mencap Society. The provider registered this service with us to provide personal care and support for people with learning disabilities. They provide care in supported living housing schemes. At the time of our inspection 33 people received support with personal care.

There was a registered manager for this service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered providers and registered managers 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.

People we spoke with said they had support from regular staff who knew them well. Staff we spoke with recognised the different types of abuse. There were systems in place to guide staff in reporting any concerns. Staff were knowledgeable about how to manage people's individual risks, and were able to respond to peoples' needs. People were supported to receive their medicines by staff that were trained and knew about the risks associated with them.

Staff had up to date knowledge and training to support people. Staff always ensured people gave their consent to the support they received. The management team regularly reviewed how people were supported to make decisions. People were supported to eat and drink well. They explained they were supported to make their own decisions and be as independent as they could. People and their relatives told us staff would access health professionals as soon as they were needed. We saw there was effective communication with people, staff and health care professionals.

People and their relatives said staff and management team were caring and kind. They said people were treated with dignity and respect, and encouraged to be as independent as possible. People said they were involved in making choices about what they were supported with. Relatives told us they were involved as part of the team to support their family member. The management team were adaptable to changes in peoples' needs and communicated changes to staff effectively.

People and their relatives knew how to raise complaints and the management team had arrangements in place to ensure people were listened to and appropriate action taken. Staff were involved in regular meetings, training and meetings to share their views and concerns about the quality of the service. People and staff said the management team were accessible and supportive to them.

People using the service were included in recruitment procedures for new staff. This encouraged staff to understand the importance of people using the service from the start of their employment.

The management team monitored the quality of the service in an inclusive way. The registered manager ensured there was a culture of openness and inclusion for people using the service and staff. The management team had systems in place to identify improvements and action them in a timely way.

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 ●

People benefitted from support received from regular staff that knew their needs and managed their identified risks in a safe way. People were supported with their medicines to ensure they had them as prescribed.

Is the service effective?

Good ●

The service was effective

People were supported by staff who knew how to meet their needs. Staff were knowledgeable about how to support people. People received support from staff that respected people's rights to make their own decisions, where possible. People were supported to access health care when they needed to.

Is the service caring?

Good ●

The service was caring

People benefitted from compassionate and caring support from a staff team that listened to their views. Staff respected peoples' dignity and worked with people to achieve as much independence as possible.

Is the service responsive?

Good ●

The service was responsive

People were involved in how they were supported by staff who listened and were adaptable to their needs. People benefitted from regular reviews of their support needs. People and their relatives were confident that any concerns they raised would be responded to appropriately.

Is the service well-led?

Good ●

The service was well-led.

People, relatives and staff felt supported by the management team. The culture of the service was open and inclusive, with the focus on each person as an individual and involving them with all aspects of their care.

East Sussex Dom Care Agency

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.

This was an announced inspection which took place on 23 November 2016 by one inspector. The provider was given 48 hours' notice because the organisation provides a domiciliary care service and we needed to be sure that someone would be available.

We looked at the information we held about the provider and this service, such as incidents, injuries to people receiving care, this also included any incidents of abuse. We refer to these as notifications and providers are required to notify the Care Quality Commission about these events. We asked the local authority if they had any information to share with us about the services provided at the agency. The local authority are responsible for monitoring the quality and funding for people who use the service.

We spoke with seven people, and seven relatives. We spoke with nine staff and the registered manager.

We looked at the care records for seven people including medicine records, and other records relevant to the quality monitoring of the service.

Is the service safe?

Our findings

People we spoke with said they felt safe because they had support from staff who knew them well. One person told us they felt confident with staff, which helped them feel safe. Relatives we spoke with said their family member was safe and well looked after by staff. Relatives told us their family member received care that supported their needs safely. They said staff supported their family member's well-being. One relative said, "They (staff) are proactive at ensuring [family member] is as independent as possible but very safe too."

The registered manager and staff explained their responsibilities to identify and report potential abuse under the local authority reporting procedures. All the staff we spoke with had a clear understanding of their responsibility to report any concerns and who they could report it to. They told us training on potential abuse formed part of their induction and was regularly updated. Staff also said this was reviewed in team meetings to support their knowledge.

People told us they regularly discussed their support needs with staff. This included identified risks to their safety and welfare. For example, supporting people with their medicines and accessing the community. Staff explained how they managed risks to people while maintaining people's independence as much as possible. For example, one person needed support with their medicines and it was clearly documented on their care plan with a risk assessment to ensure the risks were mitigated. Staff we spoke with said they kept up to date with people's care plans and risk assessments so they were aware of what support the person needed and what support people received. Staff were aware of how to manage people's risks and how they were reflected in the risk assessments for each person.

People told us there were enough staff. One person said staffing levels were discussed at their regular meetings so they were aware if there were any problems. The registered manager explained there were some staffing shortages in some areas where they provided support. He went on to say there was a continuous recruitment drive, which was reviewed regularly by the management team to ensure it was effective. Staff said they had enough staff to meet the needs of people using the service. Two members of staff explained there were vacancies in their area, the management team arranged cover and were recruiting to the posts.

People told us they were consistently supported by staff who knew them well. Staff told us they had met people as part of their recruitment process. They told us there was a core established staff group who provided continuity for people using the service and supported new staff. They knew how important it was to people that they knew the staff supporting them.

Staff told us they completed application forms and were interviewed to check their suitability before they were employed. Interviews included input from the people they would be supporting as well as the management team. The registered manager checked with staff members' previous employers and with the Disclosure and Barring Service (DBS). The DBS is a national service that keeps records of criminal convictions. This information supported the registered manager to ensure suitable people were employed, so people using the service were not placed at risk through their recruitment practices.

Some people needed support with their medicines. The registered manager said this was discussed with people using the service and they were included in decisions about how they were supported. We saw people's plans guided staff in how to support people with their medicines. Staff told us that these plans were updated when needed and they were aware of any changes. Staff said they had received training about administering medicines and their competency was assessed. One member of staff explained how they were given time to feel confident when administering medicines; they said they felt supported through the process by colleagues and the management team. They said they received regular spot checks by the management team to observe their administration practices. The registered manager told us people's medicine records were reviewed by staff and the management team to ensure that they were completed correctly and people received their medicines as prescribed.

Is the service effective?

Our findings

People we spoke with said staff knew how to support them. One person told us about staff, "They really know what they are doing." Relatives we spoke with said staff knew how to support their family member. One relative told us, "I have great confidence in the staff that support [family member] they are very knowledgeable about what they do."

Staff told us that they had received an induction before working independently with people. This included training, reading people's care plans, as well as shadowing with experienced staff. Staff said they met all the people they were supporting and had experienced staff share their best practice with them so people were supported effectively. They said the management team checked when they were ready to support people on their own. Staff said they felt prepared and had received training in all areas of care delivery. One member of staff explained they had attended training about potential abuse situations. They told us this had improved their understanding and they felt more aware when supporting people using the service.

Staff told us they were well supported and had regular supervisions and team meetings. They were encouraged to complete training to improve their skills on a regular basis. This training included Mental Capacity Act 2005 (MCA); staff had a good understanding of what this meant for people they supported. One staff member said, "We support people to have the maximum input into their informed choices."

The 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.

People told us staff always asked for their consent before supporting them. Staff we spoke with told us they were aware of a person's right to refuse their support and they explained how they would report this when they needed to. Staff told us they always ensured people were in agreement with any support they provided. Staff were aware of who needed support with decision making and who would be included in any best interest decisions for people. The registered manager had an understanding of the MCA and was aware of his responsibility to ensure decisions were made within this legislation. For example, we saw a best interest meeting had been arranged for one person who needed support with a particular decision. We spoke with their relative and they explained how they were involved with ensuring the decision was made in the person's best interest.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA. Any applications to deprive someone of their liberty for this service must be made through the Court of Protection. The registered manager had worked with the Court of Protection when they needed to. They were aware of this legislation and were happy to seek advice when required.

People we spoke with had help with shopping, cooking and meal preparation as part of their support needs.

They told us they were offered choice and encouraged to maintain a healthy diet. One person explained how they met weekly with staff to choose their menu and agree their shopping list. They went on to say how staff listened to them and they had meals they enjoyed. Relatives we spoke with said their family member was supported to make their own choices about what they ate. Staff knew people well and were aware of what level of support each person needed.

People we spoke with said staff helped them if they needed support for any aspect of their health care. Relatives told us staff supported their family member to attend health care appointments. One relative said, "They [staff] always follow up hospital appointments and keep me in the loop." Another relative explained how they had supported, with staff, their family member to visit the dentist. They went on to say how staff had taken time to ensure their family member was relaxed and confident during the visit. Staff had involved other health agencies as they were needed in response to the person's needs. For example, one member of staff explained how the occupational therapist had visited one person to support them with equipment to improve their safety.

Is the service caring?

Our findings

People told us the staff and management team were caring and kind. One person said about the staff, "They are all lovely and I like them." Another person told us about staff, "They listen to me." Relatives said staff were kind and considerate. One relative said, "All the staff are really caring and try hard to make sure [family member] is happy with everything they do."

People said staff supported them to make their own decisions about their daily lives. One person told us, "I choose what I want to do." Relatives said they were involved with their family member's support. Staff we spoke with explained how important it was that people who used the service were listened to and had influence over how their care was provided. One member of staff explained about the ethos of the provider was to focus on people and facilitate them to have a voice in how they were supported. For example, one member of staff told us about the different methods of communication they used to ensure people were able to understand them. They told us they used sign language, pictures and symbols to support communication, and these were tailored for each individual. The service manager for one area explained how they prepared copies of the minutes from the monthly meetings in different formats. This was to enable the people who were involved with the service to understand what had been discussed.

People told us they received support from regular staff who knew them and their needs well. This reassured people because staff knew their needs and were familiar to them. One relative said their family member was supported by regular staff and they had built a good rapport with them. Staff told us they were not usually rushed and had the time to provide the support people needed.

People we spoke with told us they were involved in making decisions about how they were supported. They told us about weekly planning meetings where they discussed what they wanted to do during the week, planned their menu's and shopping lists. Relatives we spoke with said their family members were encouraged to have as much choice as possible. One relative told us about a regular event their family member enjoyed, and how staff supported their family member to attend as often as possible. They told us this had made a real difference to their family member's well-being to be able to achieve this.

People we spoke with said they were supported to be as independent as possible. For example one person explained how they managed their own money and how much this meant to them. Relatives told us their family member was encouraged to be as independent as they could be. One relative explained how their family member wanted to change their diet, and staff had supported this person to research this change and plan their food accordingly.

The registered manager showed us a newsletter that was distributed to people using the service across the different areas. This was to support people to link up across the services and share experiences and ideas. This had only just started and was part of an overall plan to create a 'social hub' across the different services. The vision of the registered manager was to link people with similar interests to improve social inclusion. He also told us about events arranged between groups of people living at the different services, for example bowling which he said had been a success.

People said staff respected their dignity. One person told us, "I am happy with my key worker." Relatives said staff always treated them and their family member with dignity and respect. One relative told us, "I supported my [family member] at an appointment and [staff] treated them with real dignity in a difficult situation." Staff we spoke with showed a good awareness of people's human rights, explaining how they treated people as individuals and supported people to have as much choice as possible. The registered manager showed us forms they were developing to support people at their doctors and bank. These would enable people to be more independent and increase their dignity by managing their own meetings with their doctor and their bank.

Is the service responsive?

Our findings

People we spoke with said they were involved in decisions about their support, for example through their weekly planning meetings. Relatives told us they were included in reviewing the support their family member received. One relative explained how they attended a meeting with their family member and staff to reflect on the support provided already and look at planning what support was needed in the future. Staff told us people had yearly meetings to review what had happened over the year and to set goals for the future. The service manager explained how one person had a particular interest and they had planned this in stages to overcome the different obstacles to them following their interest. They told us they now followed their particular interest on a regular basis.

Relatives said staff kept them involved and one relative told us they felt 'part of the team' to support their family member. One relative explained how extra support was arranged when their family member was unwell. They went on to say how the registered manager had arranged extra staff to support their family member for a length of time. They said this had ensured their family's well-being was supported.

Staff knew about each person's needs, they said they knew people really well and from the beginning they were given all the information they needed to support people. They could describe what support people needed and we saw this was reflected in people's care plans along with people's choices and outcomes. We looked at care records and could see people's likes and dislikes were recorded for staff to be aware of. People we spoke with confirmed their individual needs were met. Where more complex needs were identified, staff were aware of how to support the person. There were clear plans in place and staff could describe how they supported people.

People said they had interesting things to do. One person told us how they were supported to attend clubs and workshops and explained how much they enjoyed participating in them. All the people we spoke with said they had weekly planning meetings with staff to agree what they were going to do for the following week. Staff told us the weekly diary was monitored by the service manager, and if people did not attend the activities they had chosen then this was discussed with the person and rescheduled if they wanted it to be. Relatives we spoke with said their family members were always busy and enjoyed their lives. One relative told us, "[Family member] visits us often, but is always happy to return back to their home and the staff who support them."

People told us their support was regularly reviewed and where changes were needed they were implemented. People we spoke with said they felt able to say if anything around the support they received needed changing or could be improved. Relatives said they could contact the management team at any time and they would listen and support them. For example, one relative said when they raised a particular concern they were listened to and the situation was resolved satisfactorily. Another relative told us, "They [staff] really listen and are flexible and accommodating when supporting [family member]." One member of staff told us how one person had changed how they were assisted so they could spend their support time following their hobby instead. Staff told us that plans were updated quickly if there were any changes to people's needs.

All the people we spoke with told us they had monthly meetings to discuss what was happening in the houses they lived in. This included staffing changes, ideas for improvements and interesting things to do. One person said they had agreed changes in the garden and these had happened. They went onto say how much they enjoyed the garden now.

The people we spoke with said they felt comfortable to raise any concerns, and knew who to speak to. One person said, "I can say anything at the house meeting." Relatives said they were confident to speak to the management team if they had any concerns. The management team investigated any concerns raised and actioned them appropriately. For example, we saw one complaint had been investigated and a meeting held to discuss and agree the outcome. There were clear arrangements in place for recording complaints and any actions taken. Staff told us learning from complaints was shared with them at their team meetings.

Is the service well-led?

Our findings

The registered manager managed the seven supported living schemes with support from service managers. People we spoke with said they were well supported. Relatives we spoke with said they felt the service was well managed. They said they could always speak with the management team at any time, and they would always take the appropriate action.

During our visit the management team were open, most of them were fairly new in post and getting to know the staff and people they supported. Staff told us the management team often worked along-side staff to help the management team get to know people and ensure they were supporting people effectively. The registered manager described the provider's vision of the service, their philosophy of providing care to a standard that would be satisfactory for themselves and their relatives. The vision and values were clearly set out, staff understood them and they were explained during induction training and regularly revisited. The registered manager was implementing many new strategies to improve the quality of the service provide. For example they were reviewing how they sought feedback to ensure this captured people's thoughts and feelings.

Staff told us the culture of the service was about the importance of each person who was supported by the staff team. They explained how this was emphasised through the ethos of their managers through team and one to one's meetings. All the staff we spoke with were passionate about supporting people with all their needs and being responsive and adaptable to people in how care was provided. One member of staff said, "We support people to do what they want to do, it's brilliant." Staff said they all communicated well and worked together to support people with the involvement of the person using the service and their families.

The registered manager explained the ethos of the provider was to ensure people who used the service were at the heart of the support they provided. For example, the registered manager was reviewing how people were involved in the recruitment of staff. New staff we spoke with had been interviewed by people who were using the service they were going to work in. One member of staff explained how important it was for one person to be involved in the recruitment of potential new staff to relieve their anxiety of new people. The management team said this was working well and the registered manager explained how they were reviewing the process to ensure consistency through their services. A new member of staff explained how this inspired them from the beginning to see how important people using the service were in all aspects of their service delivery.

Staff said they were supported by the management team. They told us they could always speak to someone if they had any concerns about a person using the service. For example, one member of staff told us there was an out of hour's service who would support them when needed and resolve any concerns. Another member of staff said about the management team, "We share ideas and they listen to us." A further member of staff said, "I love my work, I wouldn't go anywhere else."

Staff told us they had regular meetings and they were able to share information and ideas. They said they felt well supported and listened to. For example, one member of staff told us how they were supported by

the management team with a person with whom they had difficulty communicating. They explained how they worked with their manager and the rest of their team to improve how they communicated with this person.

Staff told us how any compliments were shared with them, and they could be nominated for the provider national awards which they said made them feel valued and appreciated.

The management team completed regular checks to ensure they provided quality care. For example the registered manager said they had identified where improvements were necessary, and completed an action plan to ensure these improvements were completed in a timely way. We could see that the management team regularly reviewed their plan to ensure actions were completed. For example, the registered manager told us in one area they were struggling to recruit staff. They said they had identified different approaches to improve recruitment to the vacancies for this area, and would continue to monitor the effectiveness of this approach. The registered manager said he used any feedback from people using the service to improve and evolve the service. For instance he was improving people's access to their social network, and had instigated a newsletter to link people across the different services. The management team were looking at ways that this could be developed as part of their service delivery.

Staff told us they always reported accidents and incidents. They said they received training about completing documentation effectively. The management team investigated the accidents to ensure any actions needed were made in a timely way. The management team explained how they would review through a practice discussion with staff and resolve any on-going actions when needed. For example, one person had regular falls, the management team arranged support from other health care professionals which reduced the number of falls. The registered manager had an overview of the accidents and incidents to monitor trends to ensure improvements were made when needed.