

Miss Sunita Larka

Miss Sunita Larka t/a Direct Care and Support Services

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Miss Sunita Larka t/a Direct Care and Support Services provides personal care to people who live in supported living accommodation. The service specialises in supporting people with physical, learning or sensory disabilities. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of our inspection the service was supporting two people living in a supported living setting and one person who lived more independently in the community, with their personal care and support.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service

People were safe using this service. Staff knew how to protect people from abuse or harm. They were given the information they needed to help reduce risks to people's safety and wellbeing. Staff followed current practice when providing personal care and when preparing and handling food which reduced hygiene risks. There were enough staff to support people. The provider undertook checks on staff they employed to make sure they were suitable to support people.

People and their representatives were involved in planning the care and support people needed. People's care plans set out how their needs should be met by staff. Staff were given relevant training to help them meet these needs. The provider made sure staff had regular opportunities to review and improve their working practices to help them provide effective support to people.

Staff used people's preferred method of communication to engage with them. This helped them to develop good understanding of people's needs, preferences and wishes. Staff were warm and friendly and knew people well. They asked people for their consent before carrying out any care or support and respected their wishes and choices about how this was provided. People were encouraged to be as independent as they could be. People were helped to learn and maintain the skills they needed for independent living.

Staff supported people to participate in activities and events of their choice. People were helped to build new relationships and to maintain existing relationships with the people that mattered to them. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff helped people stay healthy and well. People were encouraged to eat and drink enough to meet their

needs and to take their prescribed medicines. Staff made sure people could access healthcare services when they needed to. Staff worked well with other healthcare professionals to ensure a joined-up approach to the care and support people received.

People and their representatives were happy with the care and support provided by staff. The provider had arrangements in place to fully investigate any complaints, accidents and incidents involving people. This included keeping people involved and informed of the outcome.

People, their representatives and staff were encouraged to have their say about how the service could improve. The provider used this feedback along with other checks, to monitor, review and improve the quality and safety of the support provided. They worked proactively with other agencies and acted on recommendations to improve the quality and safety of the service for people.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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

Rating at last inspection

The last rating for this service was good (published 1 July 2017).

Why we inspected

This inspection was planned based on the previous rating of 'Good'.

Follow up

We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned in line with our inspection schedule or in response to concerns.

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 was safe.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

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Detailed findings

Background to this inspection

The 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

This inspection was undertaken by one inspector.

Service and service type

This service provides care and support to people living in a 'supported living' setting so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider would be in the office to support the inspection.

What we did before the inspection

Before the inspection we reviewed the information we held about this service including notifications the provider is required by law to send us about events and incidents involving people. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We visited the provider's main office and spoke to the provider, the deputy manager and to the training and development officer. We looked at three people's care records and staff records relating to training, supervision and recruitment. We also looked at other records relating to the management of the service, including policies and procedures.

We visited one of the supported living settings and spoke to a person using the service. We also spoke to a senior care support worker. We observed interactions between people and staff. We reviewed medicines management arrangements while we were there.

After the inspection

We spoke to three relatives about their experiences of the care and support provided to their family members.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- Relatives we spoke with had no concerns about the safety of their family members. One relative said, "I know [family member's] safe, happy, warm and very well looked after." Another relative told us, "I feel [family member's] safe there. That's our priority and they look comfortable and relaxed every time I see them."
- Staff received training in how to safeguard people from abuse. There was a well communicated procedure for people, staff and visitors to follow to report a safety concern about an individual to the appropriate person or agency, so that they could investigate this.
- There had been no safeguarding concerns raised about people using the service since our last inspection. The provider was aware of their responsibility to liaise with the local authority if a safeguarding concern about a person was reported to them.

Assessing risk, safety monitoring and management

- Senior staff undertook comprehensive assessments to identify risks posed to people from their specific health and medical conditions and by their home environment.
- Information from these assessments was used to develop plans for staff about how to manage identified risks to keep people safe from harm. For example, we saw plans in place for one person which informed staff how to support them to stay safe when accessing the community.
- Staff understood the risks posed to people and how they could help people to stay safe. They had been trained to deal with emergency situations and events if these should arise.

Staffing and recruitment

- There were sufficient numbers of staff to support people. Staff rotas had been planned to take account of the level of care and support people required each day to make sure there were enough staff to meet their needs.
- We observed staff were present, accessible and responding promptly to people when required.
- The provider carried out pre-employment checks on staff to check their suitability and fitness to support people. We noted for one staff member employed since our last inspection, the provider had accepted a reference that had not been signed by the referee. We discussed this with the provider who told us they would put in an additional check in their recruitment process to seek assurances about the authenticity of references in these types of instances.
- All new staff had to complete an induction programme before they could work with people unsupervised

Using medicines safely

- People were supported to take their prescribed medicines. Our checks of stocks and balances of medicines and records showed people consistently received the medicines prescribed to them.
- Staff had been trained to manage and administer medicines. Senior staff checked staff's working practice in relation to medicines. This helped the provider make sure staff were working in a consistently safe way when supporting people with their medicines.

Preventing and controlling infection

- Staff had received training in infection control and had access to supplies of personal protective equipment (PPE) to help them reduce infection risks associated with poor cleanliness and hygiene.
- Staff were also trained in food safety and understood the procedures that needed to be followed to prepare and store food safely.

Learning lessons when things go wrong

- The provider had arrangements in place to fully investigate accidents and incidents involving people should these occur. These arrangements would help them to identify and take appropriate action to address any safety issues when required.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant 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

- Prior to using the service, people's care and support needs were assessed by the provider. Information was obtained from people, their representatives and others involved in their care about their health and medical conditions and the support they needed for this.
- The provider referred to current guidance when assessing people's needs and the type of support they might require. For example, one person required additional support when eating and drinking. The provider used current guidance to develop information for staff on how to provide this support in a way that kept the person safe from harm.
- Information from assessments was used to develop individualised care plans for people which set out how, when and from whom they received support. This helped to make sure staff provided support in line with people's wishes and needs.

Staff support: induction, training, skills and experience

- All staff received relevant training to help them meet the range of people's needs. This included specialist training to support people with their health and medical conditions such as epilepsy and diabetes.
- The provider made sure staff also had refresher training at appropriate intervals to help keep them up to date with current practice.
- Staff had supervision (one to one) meetings and yearly appraisals with senior staff. This provided them opportunities to discuss their working practices and any further training or learning they needed to help them provide effective support to people.

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

- People's records set out information about their dietary needs including any specialist needs they had, for example due to their health conditions. We saw for one person who had specific dietary needs due to their faith, there was detailed information for staff about the foods they could and could not eat, to help them observe this.
- Staff understood people's dietary needs and took this into account when supporting people to plan and prepare meals. They monitored whether people were eating and drinking enough and if they had concerns about this, they sought support from the relevant healthcare professionals and acted on any recommendations they made.

Supporting people to live healthier lives, access healthcare services and support; staff working with other agencies to provide consistent, effective, timely care

- Relatives told us their family members were supported by staff to maintain their physical and emotional

health and well-being. One relative said their family member had become less anxious and grown in confidence to do more for themselves since they started using the service.

- People's records set out in detail how staff needed to help them manage their health and medical conditions. Staff understood the care and support they needed to provide to help people stay healthy and well. They were observant and alert to any changes in people's health and wellbeing and sought support for this promptly.
- People had access to a range of healthcare professionals when needed. People were supported to attend medical appointments and regular health checks and staff kept people's representatives up to date and informed of the outcome of these.
- When people needed to go to hospital, information was sent with them about their current health, existing medical conditions and their medicines. This helped to inform ambulance and hospital staff about the person and their needs when they had to make decisions about the person's treatment.

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. 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. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, an application can be made to the Court of Protection who can authorise deprivations of liberty.

- Assessments were undertaken of people's capacity to make and consent to decisions about specific aspects of their care and support.
- There were processes in place where if people lacked capacity to make specific decisions the provider would involve people's representatives and healthcare professionals to ensure decisions would be made in people's best interests.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- Relatives told us people were looked after well by staff. One relative said, "[Family member's] been very well cared for." Another relative told us, "[Family member] responds very well to the staff. The staff are so good...and look after [family member] well."
- We observed positive interactions between people and staff. Staff were warm and friendly and people appeared relaxed and comfortable with them. Staff engaged people in conversations and encouraged people to communicate with them about things that were of interest or important to them.
- When assessing people's needs the provider took account of their specific wishes in relation to how their social, cultural and spiritual needs should be met. These were recorded in people's records so that staff had access to information about how people should be supported with these. We saw for one person staff supported them to practice their faith and celebrate key religious festivals and events, which was important to the person and their family.
- Staff received equality and diversity training as part of their role. This helped staff understand what discriminatory behaviours and practices might look like to help them make sure people were always treated fairly.

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

- A relative told us, "They understand [family member] very well despite the fact that [family member] can't always verbalise."
- There was detailed information for staff about how people wished to communicate and express themselves. This helped staff understand how to support people to have a say about what they wanted in terms of their care and support. Staff used people's preferred communication methods when interacting with them.

Respecting and promoting people's privacy, dignity and independence

- A relative told us, "They do [family member's] personal care in a sensitive and kind way."
- Staff were respectful and asked for permission before providing any support to people. They explained the support they were about to provide and made sure people did things at their own pace.
- People's choices about how they wanted support provided were respected. When people wished to have privacy and spend time alone, staff made sure they could do this without unnecessary interruption.
- People were supported to be as independent as they could be. Staff helped people to develop skills to undertake tasks such as cleaning, laundry, shopping and preparing and cooking meals. Staff provided positive encouragement and praised people to help build their confidence to do as much as they could for

themselves. They only took over when people could not manage or complete tasks safely.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's records contained detailed information about them, their life history, their likes and dislikes, hobbies and interests, their preferred routines and their preferences and choices for how care and support was provided. This helped to ensure people received personalised care and support from staff that was responsive to their needs.
- Staff understood people's care and support needs and how these should be met. Staff supported people to do tasks and activities in the way people preferred.
- People's care and support needs were reviewed with them and their representatives to make sure this continued to meet their needs. Any changes to people's needs and the support they required was recorded on their care plans and shared with staff promptly.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs had been identified, recorded and highlighted so that staff had access to relevant information about how they should be supported with these.
- A range of information had been adapted to meet people's needs. For example, information about how to make a complaint or raise a safeguarding concern was available in easy to read pictorial formats to make this easier for people to understand.

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

- A relative told us, "They are trying lots of different activities with [family member] and they're always encouraging [family member] to try something new."
- People undertook a wide range of activities and events with staff's support. These included attending drop in centres, weekly discos and community based events, shopping trips and going out for meals or to places of interest.
- People were encouraged to take up and complete college courses in subjects they were interested in. One person who wanted to work was helped to find a voluntary job in the community which they enjoyed very much.
- People were encouraged to develop new relationships. The provider had recently delivered training to all

staff on how to support people to express their sexuality and to have their needs met. Since this training had been delivered, staff had been actively looking at ways to help people meet others and some people had started to build and maintain new relationships.

- People were also encouraged to maintain relationships with the people that mattered to them. Staff made sure people were able to see their family members whenever they wanted.

Improving care quality in response to complaints or concerns

- Feedback from relatives indicated they were satisfied with the care and support provided to their family members. One relative said, "We meet regularly with the staff and have meetings and they are constantly checking that we're happy or for any issues we might have." Another relative told us, "All I can say is the service is very good. They deliver [family member's] care to a good standard." Another relative said, "I'm quite happy with everything. If there is any issue or problem I can always speak to the staff."
- There were arrangements in place to deal with concerns and complaints in an appropriate way. The provider confirmed there had been no complaints made about the service since our last inspection.

End of life care and support

- None of the people using the service required end of life care and support at the time of this inspection.
- We noted the provider did not routinely ask people and/or their representatives about their wishes for the support they wanted to receive at the end of their life. The provider told us they would make sure this information was collected and provide relevant training to staff. This would ensure that staff would know what to do to make sure people's wishes and choices were respected at the appropriate time.

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.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People's representatives spoke positively about communication and management of the service. A relative told us, "I see the [provider] on a regular basis and she goes through things with me so there is a lot of good communication between us."
- The provider held regular team meetings with staff to make sure they were clear about their responsibilities for providing high quality care and support to people. Staff were encouraged to give ideas and feedback about how care and support could continually be improved for people. For example, we saw recent discussions had focussed on introducing new activities that may be of interest to people.
- Staff were well supported and motivated. There were opportunities for staff to progress further in their roles and take on more responsibilities at the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; how the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- All staff had clearly defined roles and duties. Senior staff checked that staff were up to date in their knowledge of the care and support needs of people using the service and informed about any changes to the service's policies and procedures.
- The provider understood their legal responsibilities and when to submit statutory notifications about key events that occurred at the service as required. This was important as we need to check that the provider took appropriate action to ensure people's safety and welfare in these instances.
- The provider had arrangements for investigating any accidents and incidents that happened. This included keeping people and their representatives involved and informed of the outcome of investigations.
- There were arrangements in place for monitoring and checking the safety and quality of the service. Senior staff undertook regular audits and checks of key aspects of the service. Where issues were found through these checks these were addressed promptly and improvements were made.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; continuous learning and improving care; working in partnership with others

- People, their representatives and staff were provided regular opportunities to have their say about the service and how it could improve. Staff used people's preferred method of communication to gain their views so that people would not be excluded from having a say in how the service could improve.
- Good relationships had been developed with a range of health professionals involved in people's care.

The registered manager made sure recommendations and advice from professionals was used to design the care and support provided to people. This helped to ensure that care and support was up to date with current practice in relation to people's specific needs.