

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 

Overall summary

This inspection took place on 19 and 20 February 2015 and was announced. We told the service two days before our visit that we would be coming. At the last inspection of the service on 2 October 2013 we checked the provider had taken action to make improvements in respect of requirements relating to workers. We found this regulation had been met.

Miss Sunita Larka t/a Direct Care and Support Services provides personal care and support to people who have physical, learning or sensory disabilities and needs such

as diabetes, autism and mental health needs. The majority of people receiving support live in small shared tenancies houses known as 'supported living schemes.' This is where people live in their own home and receive care and/or support in order to promote their independence. The head office is based at one of the supported living schemes. The provider has four supported living schemes in the London Borough of Sutton. At the time of our inspection there were 12 people living across the four schemes.

Summary of findings

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

People and their relatives told us they felt safe with the care and support provided by the service. Staff knew what action to take to ensure people were protected if they suspected they were at risk of abuse or harm. Risks to people's health, safety and wellbeing had been assessed by managers. Staff were given appropriate guidance on how to minimise identified risks to keep people safe from harm or injury in their home and community.

There were enough staff to meet the needs of people using the service. The registered manager ensured prospective employees were suitable to work with adults whose circumstances made them vulnerable, by carrying out employment and security checks before they could start work. Staff received appropriate training and support and the registered manager ensured their skills and knowledge were kept up to date.

People's consent to care was sought by the service prior to any support being provided. People and their relatives were supported to make decisions and choices about their care and support needs. Their care and support plans reflected their specific needs and preferences for

how they wished to be cared for and supported in such a way as to retain as much control and independence over their lives. These were reviewed regularly by staff who checked for any changes to people's needs.

People were encouraged to eat and drink sufficient amounts to reduce the risk to them of malnutrition and dehydration. Staff monitored people's general health and wellbeing. People were supported to take their medicines as prescribed. Where they had any issues or concerns they sought appropriate medical care and attention promptly from other healthcare professionals.

People and their relatives told us staff looked after them in a way which was kind, caring and respectful. People's rights to privacy and dignity were respected and maintained particularly when receiving personal care from staff. People were supported and encouraged to take part in social activities at home or out in the community, to go to work and to maintain social relationships that were important to them.

People and their relatives felt comfortable raising any issues, concerns or complaints with staff. The service had arrangements in place to deal with these appropriately.

The registered manager encouraged an open and transparent culture and people, their relatives and staff felt able to share their views and experiences of the service and how it could be improved. There were systems in place to monitor the safety and quality of the service and the registered manager took action if any shortfalls or issues with this were identified through routine checks and audits.

Summary of findings

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 safe. People and their relatives told us they were safe. There were enough staff to care for and support people. They knew how to recognise if a person was at risk of abuse or harm and the appropriate action they must take to make sure people were protected.

Known risks to people's safety and welfare were minimised and managed by staff to keep people safe from injury and harm in their home and out in the community.

People received their medicines as prescribed and these were stored safely.

Good



Is the service effective?

The service was effective. Staff had the knowledge and skills to support people using the service. They received regular training and support from the registered manager to keep these updated.

Staff were aware of their responsibilities in relation to obtaining people's consent to care and support. They ensured people had capacity to make choices and decisions about specific aspects of their care and support.

People were supported by staff to eat and drink sufficient amounts. Staff monitored people's general health and wellbeing and sought advice and assistance from other healthcare professionals promptly if they had any concerns about this.

Good



Is the service caring?

The service was caring. People and their relatives said staff were kind and caring.

Staff ensured people's rights to privacy and dignity were maintained, particularly when receiving care.

Staff supported people to do as much as they could and wanted to do for themselves to retain control and independence over their lives in their home and in the community.

Good



Is the service responsive?

The service was responsive. People and their relatives said they were actively involved in planning their care and support.

People's needs were assessed and support plans set out how these should be met by staff. Plans reflected people's individual choices and preferences and focussed on giving people as much independence as possible. These were reviewed regularly by staff.

The service had arrangements in place to deal with people's concerns and complaints in an appropriate way.

Good



Is the service well-led?

The service was well led. People, their relatives and staff said the registered manager was approachable, accessible and supportive. They were asked by the manager for their views on how the service could be improved.

Good



Summary of findings

There were systems in place to monitor the quality of service people experienced. The registered manager carried out checks and audits and took appropriate action if any shortfalls or issues with the quality of service were identified.

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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 checked 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 inspection took place on 19 and 20 February 2015 and was announced. We did this because the registered manager was sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that they would be available to speak with us on the day of our inspection. The inspection team consisted of a single inspector.

Before the inspection we asked the provider to complete a Provider Information Return (PIR). This is a form that asks

the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed other information about the service such as notifications they are required to submit to CQC.

On the first day of our inspection we went to the provider's main office, which was based at one of the four supported living schemes. We spoke with six people using the service, a visiting relative, the registered manager, and two care workers. We reviewed the care records of four people using the service, four staff records and other records relating to the management of the service. On the following day we visited another supported living scheme where we spoke with three people using the service and a care worker. After the inspection we spoke with a relative of one of the people using service who shared their experiences of the service with us.

Is the service safe?

Our findings

People and their relatives told us people were safe. One person said, “Yes, I feel safe.” Another person told us, “I feel safe and I’m quite happy living here.” A relative said, “I have no qualms. I think people are quite safe.” The service had taken appropriate steps to safeguard adults at risk of abuse. People said they felt comfortable speaking out if they were worried about their safety and knew who to talk to about this. Staff had received relevant training and spoke knowledgeably about their responsibilities for safeguarding the people they cared for, including how to recognise whether a person may be at risk or being abused, and how to report their concerns and to whom. There were policies and procedures in place which set out how these concerns would be dealt with by the service. Records showed where concerns about people were raised the registered manager had worked closely with other agencies to ensure people were sufficiently protected.

People said staff had discussed with them the risks they could face in the home and out in the community to their health, safety and welfare. They told us there were plans in place to reduce these risks to help keep them safe. One person told us due to their history of falls they had discussed and agreed with staff what they could do to reduce the risk to them of falling as well as the support staff would provide them to help keep them safe. Records showed senior staff regularly assessed the risk of injury or harm to people, due to their specific needs and circumstances, in their home, and in the community. There was guidance for staff on how to minimise these risks to protect people from the risk of injury or harm. Staff demonstrated a good awareness and understanding of the risks people faced and how they could support them to stay safe whilst enabling people to retain control and independence to make decisions about what they wanted to do. One member of staff told us how one person loved to cook and was learning new dishes to cook from scratch. They demonstrated a good awareness of the risks to the individual when preparing a meal and how they could and would support them to stay safe.

There were sufficient numbers of staff to keep people safe. People told us staff were available and accessible to them

when they needed them. A relative told us, “Every time I visit there is always a staff member there making sure [my relative] is safe.” From our own observations people received their care and support at the times that had been agreed with them. We looked at staffing levels across the provider’s four separate supported living schemes. Staff did not move between schemes, unless there was an emergency, which helped to ensure continuity and consistency in the support people received. Staffing levels had been planned based on the number of people using the service and their needs. The registered manager told us staffing levels were adjusted according to the needs of people and we saw that the number of staff supporting people was appropriately increased when required.

The provider had robust arrangements in place when recruiting new staff to work at the service. The registered manager ensured people using the service were able to participate in interviews of prospective employees and people were able to ask their own questions of candidates such as ‘how will you help me keep safe?’ Records showed the service had carried out appropriate employment checks of prospective staff regarding their suitability to work. These included obtaining and verifying evidence of their identity, right to work in the UK, relevant training, references from former employers and security checks to ensure individuals were not barred from working with vulnerable adults.

People said they received their medicines when they needed them. One person told us, “I have to have my medicines every day at a certain time and they [staff] give them to me.” People’s individual medicines were stored and kept safely in their rooms. The majority of people were able to take their medicines with prompting from staff. Once medicines had been taken staff signed people’s individual medicines administration record (MAR) to confirm this. Checks of these records showed there were no gaps and this indicated people received their medicines as prescribed. Further checks of stocks and balances of medicines supported this. Records showed all staff had received training in the safe handling and administration of medicines.

Is the service effective?

Our findings

People and their relatives told us staff had the appropriate skills and knowledge needed to care for and support people. One person told us, staff that supported them, had the rights skills and experience. A relative said new staff to the service were trained well so that their family member experienced good continuity in their care and support. A staff member told us, “We get a lot of training.” Another said, “I’ve had a lot of training since I’ve been in this role.” Records confirmed staff received regular and appropriate training. The registered manager ensured staff received training in topics and subjects which were relevant to their roles. They monitored training records to assure themselves staff were up to date with their training and when they were due to attend refresher training to update their skills and knowledge. We noted people using the service attended some of the training courses alongside staff such as person centred care planning and Makaton, which is a language programme using signs and symbols to help people with learning disabilities to communicate.

Staff felt well supported by the registered manager to help them carry out their roles effectively. One member of staff said about them, “They are really helpful and supportive.” Records showed all staff had regular one to one meetings with their line manager and attended staff team meetings once a month. We saw from minutes of these meetings staff discussed the well-being of people using the service, personal performance and progress of targets and objectives, work issues or concerns and personal learning and development needs.

The registered manager had received training in relation to the Mental Capacity Act 2005 (MCA). They had a good awareness of their role and responsibilities in relation to obtaining people's consent to care and ensuring people had capacity to make decisions about specific aspects of their care and support. Records showed none of the people using the service lacked capacity to make decisions or consent to the care and support they received. There was clear involvement and discussions with people about the care and support they wanted and the decisions people made about this were documented. People's care and

support plans reiterated the need for staff to ensure they sought people's consent before they provided any care or support. We visited two of the provider's supported living schemes and observed staff sought consent from people to provide care and support.

Staff said they did not use restraint or other restrictive practices in situations where people's behaviour may have challenged others. Staff told us about the techniques and strategies they used to positively distract people when they became anxious or upset. We saw from records people and staff discussed the specific triggers and situations which could cause them to become upset and how staff could support people in a positive way to distract and calm them if this should occur.

People were supported by staff to eat and drink sufficient amounts to meet their needs. One person said, “I try to prepare meals I like with their [staff's] help.” People's likes and dislikes for the food they ate were discussed with them by staff and used to plan individualised meals that met people's personal preferences. People were able to eat at times which suited them. Staff had a good awareness of people on specialist diets and appropriate support was provided to them. Staff recorded and monitored how much people ate and drank which provided them with information about whether people were eating and drinking sufficient amounts. Where staff had concerns about people's food and drink intake we saw appropriate action had been taken to refer people to specialist advice and support such as a dietician.

People and their relatives told us the service supported them to seek additional support or assistance from other healthcare professionals particularly when they felt unwell. One person said, “They took me to the doctor to have tests I needed.” Another person said, “I want the staff to make sure I'm ok and make sure if I'm not well I get extra support. I think they do that.” A relative told us, “They're very good at letting me know if [my relative] isn't well and the action they've taken.” People's records showed outcomes from all healthcare visits and appointments were clearly documented and any changes or additional support people may need as a result were shared promptly with all staff during handover meetings.

Is the service caring?

Our findings

People and their relatives told us staff were kind and caring. One person said, “The staff are wonderful.” Another told us, “I would give them a hundred out of a hundred. They listen to people and they help you and they stop you feeling sad.” And a relative said, “This is definitely a caring service.” We visited two of the service’s supported living schemes and observed interactions between people and staff. We witnessed many instances of conversations between people and staff which were full of warmth, friendliness and laughter. People spoke with great affection when talking to us about the support they received from staff. People looked at ease and comfortable in the presence of staff. When one person became distressed when discussing something that had happened to them, staff were quick to reassure them and helped to calm and soothe them in a caring and appropriate way.

People had been supported to express their views for how their needs should be met. These were listened to and respected by staff. One person told us they felt able to tell staff what they wanted in terms of their care and support and they were supported by staff to make decisions about what happened to them. A relative told us their family member was supported by staff to make their own decisions about the care they received. Records of meetings with people and their individual keyworkers showed staff enabled people to state their views about the different options of support available to them. Staff used appropriate communication methods, for example Makaton signs and symbols for people who were non-verbal, to ensure they were able to state their views about the support they wanted. The registered manager told us the training people using the service had received in person centred care planning and Makaton had benefitted people in terms of increasing their knowledge and understanding of their rights when planning their care and support. It had also helped to ensure people and staff were able to communicate effectively with each other.

The service ensured people were afforded privacy, dignity and treated with respect. One person said they could go in their room and be given privacy when they needed this. Another person told us no-one could go in their room without their permission. A relative said staff ensured people were always respectful to each other and of each other’s personal space and property. During our visits we observed staff knock on people’s doors and wait for permission to enter their rooms, ask for permission before moving or touching people’s property and speak to people in a respectful manner. When providing personal care staff ensured this was done in the privacy of people’s rooms, that doors were closed and people could not be seen or overhead.

People were encouraged and supported to be as independent as they could be. One person told us staff worked with them to carry out specific tasks independently and they had recently carried out a task by themselves for the first time. They spoke with pride about this achievement and how this helped them feel in control and independent. Another person told us when showering staff enabled them to retain as much control as possible about how this was done and only assisted when they couldn’t finish this themselves in a safe way. All the people using the service had individual goals and aspirations, which had been agreed with them, aimed at increasing their independence at home and in the community. Staff encouraged people to achieve these by supporting people to attend activities, college courses, fitness classes, community discos and meals out. They also supported people to work in the community. In the home, people were encouraged and supported to help in the preparation of their meals and with general tasks around the home.

People were encouraged and supported to develop and maintain relationships with people that mattered to them. People with partners were encouraged and supported to visit with them and go on outings and trips. Relatives told us they were free to visit their family members and there were no restrictions placed on them about when they could do this.

Is the service responsive?

Our findings

People and their relatives told us they were actively involved in planning their care and support. One person told us staff discussed their care and support plan with them and listened to their views. Another person said they had regular meetings with staff and were asked by them what they wanted in terms of their care and support. Records showed each person had a weekly meeting with a staff member where people were able to discuss their care and support and any changes or improvements they wanted to this. People with more complex needs were supported by staff to do this in an appropriate way, such as the use of Makaton signing where people were non-verbal. People's views about the level of support they needed and how this enabled them to retain control and independence was also discussed and used by staff to plan their support in a way that met this. For example for one person who wanted to improve their computer literacy to access the internet, staff had arranged for them to attend, with support, a computer college course.

Staff used information they obtained through discussions with people and their relatives to develop for each person an individualised plan, reflective of people's views and preferences, for how care and support should be provided by staff. They were comprehensive and covered all aspects of people's lives such as the care and support people needed with their daily routines, personal care, to stay healthy and well, undertake activities or work and to maintain social relationships that were important to them. These plans were reviewed regularly with people and their relatives. A relative told us, "They are regularly reviewing [my relative's] needs and always looking for new and meaningful things to keep them active." Where changes to people's care and support needs were identified, people's plans were updated promptly and information about this was shared with all staff through staff meetings.

The provider took account of people's changing needs and made reasonable adjustments to ensure people were supported to retain their independence. For example the provider had adapted the kitchen in one of the supported living schemes to make this more easily accessible to people with reduced mobility and at higher risk of falls.

People and their relatives said they were comfortable raising issues and concern and knew how to make a complaint about the service. One person said, "If the staff were not nice to me I would tell the [registered manager] straight away. Another person told us they felt comfortable talking to staff if they had any complaints about the service. A relative also said the felt comfortable raising any issues or concerns. They said about the registered manager, "[the registered manager] will try and resolve things straightaway."

The provider had arrangements in place to respond appropriately to people's concerns and complaints. People and their relatives had been given a copy of the complaints procedure so that they knew what to do if they wish to make a complaint about the service. This was available in a pictorial, easy to read format for people with more complex communication needs. The procedure set out how people's complaint would be dealt with and by whom. People were also informed about the help they could get from staff or an independent advocate to assist them in making a complaint. The registered manager told us they were committed to resolving complaints promptly and to people's satisfaction. Although we could not verify through records that this happened as the service had not received any formal complaints within the last 12 months, from speaking with people and their relatives, people felt confident that the registered manager would take any complaints they had seriously and deal with it appropriately.

Is the service well-led?

Our findings

People, their relatives and staff told us the registered manager was approachable, accessible and supportive. People and relatives said the registered manager was always available to talk to if they needed them. Staff told us the registered manager was supportive and they felt confident if they had any issues or concerns about the care and support people received they could raise this with them and these would be dealt with appropriately.

The registered manager ensured there was an open and transparent culture within the service, in which people, their relatives and staff could share their views, experiences and ideas about how the service could be improved. One person said, “We have house meetings and people ask me what I think.” A relative told us, “They are very good at communicating with me. I have a very good relationship with [the registered manager].” Records showed each person had a weekly meeting with their keyworker to discuss progress against their care goals and aspirations. Ideas and suggestions about how these could be improved upon were discussed and documented and had resulted in people trying out new activities or new college courses to learn new skills. There were regular house meetings, which we saw minutes of, in each of the supported living schemes and ideas for trips, holidays and new menu plans were discussed and agreed upon with people. Staff ensured everyone was able to take part in meetings by using communication methods that enabled people to participate. For example Makaton signs and symbols were used to help people who were non-verbal to express their views. Staff told us they attended regular staff meetings in which their feedback about what improvements could be made to the service were sought by senior staff. One staff member said, “Your voice and opinion does matter and you can talk freely.”

The registered manager demonstrated a good understanding and awareness of their role and responsibilities particularly with regard CQC registration requirements and their legal obligation to submit notifications of incidents or safeguarding concerns about people using the service. Our records showed the service submitted notifications to CQC promptly and appropriately.

The registered manager checked the quality of care and support people experienced through various means. People, relatives and visiting healthcare professionals were asked to rate their satisfaction with the care and support received through regular questionnaires. Results from recently completed questionnaires showed people were satisfied with the service they experienced. The registered manager carried out regular unannounced spot checks of staff working across the four different supported living schemes to check they were delivering their responsibilities to the required standard. We saw evidence that staff were provided feedback following the spot check and any issues or concerns were addressed immediately. The registered manager had also carried out checks of records maintained by the service and had taken appropriate action to ensure these were kept updated with relevant information. For example people’s records contained a copy of their latest care and support plan and risk assessments. Staff records had all been checked to ensure these contained the relevant information in respect of their right and suitability to work at the service.

Learning from incidents and investigations had been used to make improvements and changes to the service. For example following an investigation into safeguarding concerns about one person using the service, the registered manager decided to improve the service’s recruitment practices by carrying out follow up checks on all references received for prospective employees to ensure these were valid.