

Sussex Partnership NHS Foundation Trust

Sussex Partnership Trust DCA – Avenida Lodge

Inspection report

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Date of inspection visit: 15 January 2015
Date of publication: 13/07/2015

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 15 January 2015 and was announced. We last visited the service in 2012 and we found the service met the regulations we inspected.

Partnership Domiciliary Care Agency (PDCA) is part of Sussex Partnership NHS Foundation Trust, which was inspected at the same time by the hospital inspection team. PDCA is a domiciliary care agency and provides support for adults with learning disabilities, autism and

mental health problem. They live in one of the flats owned by the trust, their family home or attend the flats for support. At the time of our inspection 14 people were receiving support from the service.

The service was run by a registered manager who was available at the end of the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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 were systems in place to keep people safe. People told us they felt safe and happy and staff treated them with respect.

Detailed assessments of risks to people had been completed and reviewed. The service employed enough qualified and well trained staff and people and their relatives were involved in interviewing new staff.

There were safe procedures in place to support people take their medicines.

People and their relatives were involved in planning and reviewing the support provided. Where people were unable to do this, staff said they would liaise with health and social care professionals to review the person's capacity under the Mental Capacity Act 2005.

Induction training was provided for new staff, which included fundamental training, such as food hygiene and

health and safety; as well as specialist training to support people with learning disabilities. Staff had day to day supervision, as well as one to one meetings and staff meetings, so they could discuss their role, share information and put forward suggestions.

People were supported to go shopping, as well as prepare and cook their own meals, and staff ensured people had a nutritional diet.

The needs of people were clearly documented in the support plans. They were reviewed regularly to ensure people received the support they needed, and included clear guidance for staff to follow.

People and their relatives were consulted about the support provided, and if they had any concerns they were confident they would be addressed by the service.

The registered manager and senior staff provided good leadership and support for staff. There was ongoing monitoring of the service by the Trust and additional systems had been introduced to assess the support provided by the service.

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 felt safe with the staff that supported them.

There were clear policies and procedures in place to protect people from abuse, and staff had a clear understanding of what to do if they had any concerns.

Detailed risk assessments were in place to ensure people were safe when they received support in their flats, and when they accessed the community.

There were enough staff to deliver support safely. When new staff were employed interview practices ensured people were involved in the process.

There were systems in place to manage people's medicines safely.

Good



Is the service effective?

The service was effective.

There was a comprehensive training plan in place. Staff had the skill and knowledge to meet people's needs and had a good understanding of people's support needs.

Staff were aware of the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

People were supported to prepare meals and maintain a healthy diet.

Staff supported people to attend healthcare appointments, and liaised with other health care professionals if they had any concerns.

Good



Is the service caring?

The service was caring.

Care staff treated people with respect and protecting their dignity when providing support.

Relatives and health professionals felt people's individual needs were met, that staff understood their needs and listened to them when providing support.

There were policies and procedures for staff on how to treat people with dignity and respect, and training had been provided.

Good



Is the service responsive?

The service was responsive.

People had been assessed and their support needs had been identified. These were regularly reviewed and updated if people's needs changed.

People were supported to develop daily living skills, such as cooking, as well as enjoy activities in the community.

Good



Summary of findings

Systems were in place to support people to manage their own behaviour, to ensure they did not put themselves or other people at risk.

Complaints procedures were in place and people, relatives and health professionals felt confident to raise concerns, and they would be addressed.

Is the service well-led?

The service was well led.

There was a registered manager in place, supported by team leaders, senior staff and support staff.

Staff said the management was approachable and encouraged an open door policy. There were clear aims and values, which staff promoted and felt supported to work towards.

Systems were in place to audit and monitor the support provided.

People were enabled to give their feedback; relatives and health professionals were involved in decisions about the support people received.

Good



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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 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 2010.

This inspection took place on the 15 January 2015 and was announced. We told the staff two days before the inspection we would be coming. This was because we wanted to make sure the registered manager and other appropriate staff were available to speak with us on the day of the inspection. One inspector undertook the inspection, with a specialist advisor who had experience of supporting people with learning disabilities. This agency is part of the Sussex Partnership Trust, which was inspected at the same time, and some areas of the service were inspected by the hospital inspection team, such as recruitment.

Before the inspection we reviewed information held about the service. This included notifications, (A notification is information about important events which the service is required to send us by law) and any complaints we had received. This enabled us to ensure we were addressing potential areas of concern.

During the inspection we went to the agency's office and spoke with the team leader and Service Manager from the Trust. We visited Mayfield Court, a block of flats designed specifically for the agency to support people; to look at records of the service, including policies and procedures, four care plans, staff rotas, complaints procedures and records and accident/incident records.

We spoke with three people who used the service and five staff during the inspection, and two relatives and two healthcare professionals following the inspection.

Is the service safe?

Our findings

People were happy to express themselves. One person said they were, “Happy today.” Another person responded using the questionnaire and stated they always felt safe and staff treated them with respect. Relatives said people were, “Absolutely” and, “Definitely safe”. Health professionals told us staff ensured people were safe, when they were supported in their flats or in the community.

Policies and procedures were in place to ensure staff had guidance about how to respect people’s rights and keep them safe from harm. These included clear systems to protect people from abuse. Senior staff were aware of the local multi-agency policies for the protection of adults. Care staff told us they had received safeguarding training. They were clear about how their roles and responsibilities, and how they would raise concerns, such as risks to people or poor practice in the service. They were aware of the whistleblowing procedures and said they would feel confident reporting any issues; to senior management in the Trust, the local authority or the Care Quality Commission (CQC).

All new people to the service had an initial assessment completed before they were offered support, and this information had been used as the basis of their support plans. Assessments were specific to each person; they included environmental risk assessments and changes had been made to the building to accommodate people. For example, one person’s front door had been moved so they could enter and leave the flats without being observed by other people. Risk assessments had been completed for each activity, such as bathing, cooking, cleaning, shopping, going out for drinks and accessing the community. There was clear guidance linked to each assessment and staff said they followed these, “To the letter”, to ensure that people were safe, while allowing them to do activities they enjoyed. During the inspection one person had baked a cake and another person was drawing. Relatives told us they had been fully involved in the initial assessment process, and there were ongoing discussions about each person’s needs, to ensure the support provided was appropriate and people were safe.

There were arrangements in place to ensure people were protected from the risk of financial abuse. People were supported to be independent and take responsibility for their own finances if appropriate, including paying rent and

council tax. Staff explained how they supported one person to go shopping, which they enjoyed, while ensuring they stayed within their budget with their agreement. Relatives said this was important for some people, to ensure they did not get into debt.

There were sufficient numbers of staff to ensure the support people needed was appropriate and they were safe. Staffing levels were determined on the individual needs of each person; some people had two staff supporting them and others had one staff member. People were supported for up to 10 hours each day, depending on their individual needs and staff were available throughout the night for people who lived in the flats. Staff told us there were enough staff available to support people safely. Relatives said the staff were very good and they felt there were enough to meet people’s needs.

The recruitment practice followed by the agency was quite clear and specific to the service. The team leader told us the prospective employees were interviewed by the registered manager and/or senior agency staff, and if they were successful then went on to be interviewed by people who used the service and relatives. One relative said they had been involved in these and felt they were a very good way of introducing new staff to people and finding out how they felt about them. The interviews were flexible and depended on what people preferred to do, such as sit with applicants, have a drink and a chat. New staff told us they had visited the home after the initial interview and spent time talking to people, staff and a relative. One staff member said they thought this was a very effective way of making sure applicants had a good understanding of the support they would provide, but more importantly it offered people a chance to talk to applicants and be involved in decisions about who was employed to support them. Senior staff told us applicants outside interests were as important as any qualifications, such as swimming or cooking, to ensure staff were able to support people to take part in activities they enjoyed.

Medicine policies and procedures were in place for staff to follow and there were systems in place to manage medicines safely. Staff said they had attended training provided by the pharmacy responsible for medicines, and were aware of the agencies procedures. Records were kept of medicines administered and these were audited monthly as part of the review of support provided. Risk assessments had been completed regarding the

Is the service safe?

administration of 'as required' (PRN) medicines, such as Lorazepam if a person became agitated or distressed, with clear guidance for staff to follow. Staff said the guidance was very clear and PRN medicines were only used as a last resort, if other strategies had failed to reduce any anxiety.

Procedures were in place for staff to respond to emergencies. All but two people were supported in their

own flats or as part of the out-reach process in the same buildings. There were systems in place to evacuate the flats if an emergency arose. Staff said people and staff would be safe in the secure gardens attached to the flats, while they waited for assistance if required.

Is the service effective?

Our findings

Relatives told us the staff understood people very well. One relative said, “The staff are very good and know how to support people.” We observed there was good communication between staff and people they supported, and the atmosphere in the flats was relaxed and comfortable. Health professionals said staff had a good understanding of people’s needs and appropriate training had been provided to ensure the service was effective.

People were supported by staff that had the knowledge and skills to carry out their roles. Care staff told us they had attended fundamental training, including safeguarding, food hygiene, health and safety, infection control and equality and diversity. In addition, specialist training was provided based on a programme of positive behavioural support (PBS), which had been developed by the agency to ensure people’s individual support needs were met. The training is accredited by British Institute of Learning Disabilities. Staff explained the support they provided was specific to each person’s needs and consequently it varied from person to person. The aim was to support people to be independent, make choices and where appropriate take risks so there were no limits on what people could do or skills they could develop. All of the staff said the training was excellent and gave them a good understanding of people’s needs and how they could be met. Using the support plans, the risk assessments and the guidance they felt confident in supporting people without limiting them. They told us they were able to put forward suggestions as they worked well as a team and understood people’s support needs very well.

Staff completed an induction programme of two weeks, with PSB training and updating continuing throughout their employment with the agency. The team leader said the training never stops, “We learn something new about the people we support, and the staff, all the time.” New staff shadowed more experienced staff; gradually working with one person to understand their needs and the support required. A new member of staff explained how the induction training had enabled her to develop a good understanding of a person’s needs, and how they could be supported to live as independently as possible. More experienced staff remained close by, usually just outside the flat where they supported people, so they were available if they had any concerns, and all staff wore an

emergency alarm to call for assistance if required. Senior staff told us this induction phase was assessed and staff were not able to work with people on their own until they had been identified as competent. There were no records of how this assessment was carried out and what action was taken if the competencies were not met by new staff. The team leader said they had discussed this with staff following the inspection and a system for recording the training, the assessments and competencies was to be introduced.

Staff said they received regular supervision on a day to day basis, in terms of ongoing support from senior staff in the flats, and through one to one meetings with senior staff, and there were records to support this. Staff said the meetings were very helpful, they were able to discuss their training needs and ask for additional training in areas of interest. One staff member would like training in mental health issues and the team leader said this was being arranged.

There were policies around the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The MCA is legislation which provides a legal framework for acting and making decisions on behalf of adults who lack capacity to make decisions for themselves. DoLS are the processes to follow if a person has to be deprived of their liberty in order for them to receive the care and treatment they need safely. Staff told us they supported people on the basis that they had the capacity to make decisions, which meant they did not make decisions for them. If there were any concerns about a person’s ability to do so staff worked with relatives and health and social care professionals to ensure appropriate capacity assessments were completed. DoLS applications had been completed for all of the people living in the flats. These had been assessed as not required for all but one person by the local authority, and systems were in place to ensure this person had safe access to the local community for shopping, socialising, meals and drinks. However, the address on the DoLS forms was incorrect and staff contacted the local authority to address this immediately.

Staff supported people to prepare and cook meals and drinks in their own flats. Support plans provided information about people’s food and fluid preferences, with guidance for staff to follow to ensure people’s nutritional needs could be met. Staff said people chose what they wanted to eat and were assisted to prepare meals and

Is the service effective?

drinks depending on their capabilities, which often meant staff spending time with people while they were making their meals, to ensure they were safe. Staff had received training in food safety and were aware of safe food handling practices.

Relatives told us the agency arranged visits for people to GPs if they were needed, and they were always informed if there had been any changes in their family member's health. Visits were arranged for other health care appointments, such as physiotherapists, occupational therapist, dentists and the Speech and Language Team as required. Hospital visits, were usually co-ordinated between the family and the support staff, and staff were available to attend with them as required. Hospital

passports, with details of people's medical diagnosis, their method of communication and any actions/noises/distraction that might distress were recorded. These had been completed for all people and were available for use for appointments and visits to hospital if required. Staff told us if someone had an appointment and staff were going with them, extra staff would be arranged so the number of staff supporting people in the flats were enough at all times. Health care professionals said the agency contacted them if they had any concerns and meetings were arranged to discuss any issues. Such as a person refusing to attend the dentist, and how they would support them to care for their teeth.

Is the service caring?

Our findings

Relatives told us the support staff had very good relationships with their family members and, like in everyday life they preferred some staff more than others, but they were not concerned about this. One relative said the support provided was very good and their family member had developed skills and become more independent since they had moved into the flats. Staff said they viewed their role less as care staff and more as supporting people to make their own choices and decisions.

Staff were clearly aware of people's individual support needs. They looked at people's support plans, which contained detailed information about people's needs, including their personal life stories, medical diagnosis and methods of communication, such as verbally or Makaton. Makaton is a language programme using signs and symbols to help people to communicate. Designed to support spoken speech it was used by some of the people in the flats.

Depending on people's specific support needs a programme of activities had been developed with each person, their relatives, health professionals, commissioners of the service and staff. These were based on people's needs and their interests. Staff said people with autism needed a structured routine, although it also had to be flexible so they had control over their lives. One programme included daily morning and afternoon indoor and outdoor activities, such as games and art and a walk to the park and drinks out. Suggested times for getting up, bathing and dressing in the morning, preparing lunch /dinner and clearing up, laundry and housekeeping were also included.

Feedback from one person was that staff treated them with respect at all times, and the best thing about the service was the staff. Relatives said people were always treated

with respect, their opinions were always sought, if people changed their minds about doing something alternatives were suggested and they made the final decision. Staff had attended training on privacy, dignity, equality and diversity. They demonstrated a good understanding of the importance of supporting people as individuals, and how protecting their dignity was embedded in how they supported people. Staff said they assisted people with their personal care in terms of supporting them to wash and change their clothes, and were clear that male and female staff were allocated to each person depending on their needs and preferences.

Health professionals told us people had the support they needed and they had noted significant improvements in people's quality of life since they had moved into the flats. Although the support packages were developed to keep them safe from harm, they ensured people made decisions within a risk based framework. Relatives said they were very happy with the support team and felt they were caring and supported people to enjoy their lives. Relatives said their family members laughed more, enjoyed the time with staff and went out at least once a day, which they had not always done previously.

Support records were kept secure in the office of the flats. Information was kept confidential and there were policies and procedures in place to protect people's confidentiality. People and their relatives received information about confidentiality as well. Staff were aware of the importance of maintaining confidentiality and told us they never talked to one person about another person.

The team leader said advocacy services were available if required, and the agency had been designed to work in partnership with Community Learning Disability Teams and Mental Health Services. This information was included in the services operational policies, which was available for people and relatives.

Is the service responsive?

Our findings

People were involved in decisions about the support they received and in reviewing their support plans if appropriate. Staff said people's care needs were discussed with people and their relatives on a regular basis and when they changed. This was supported by the relatives who said the staff kept them informed of any changes and they did not have any concerns. They told us any proposed changes to people's support was discussed with them, either by phone, when they visited the flats or at meetings. Staff were aware of people's preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service, based on people making decisions about the support provided.

Complaints procedures were in place, in a pictorial format if required, and details of how to raise issues were included in the information pack available to relatives. Staff said people were encouraged to raise concerns and these were passed on to the management if they could not deal with them at the time. One member of staff said these were usually about people not wanting to get up, clean their flats or make a meal. Relatives and health professionals said they did not have any concerns, and if they did they felt confident they could raise them with the service. One issue they had been discussing with the service was the time it took for management to respond when they had contacted the service to discuss the support provided. They had discussed this with the management before the inspection and hoped this would improve.

The team leader told us detailed pre-admission assessments were completed before people were offered support from the service. This was to ensure it was appropriate for the person and they would benefit from the supportive packages the service provided. Relatives told us they had been fully involved in the assessment process before their family member was offered a flat, and as part of the process they discussed the outcomes people hoped to achieve in a supportive environment. Relatives and

health professionals said they had been involved in ongoing assessments of the support plans with the person, and felt they had been listened to and changes had been made. Such as asking staff to assist one person to keep their flat cleaner and tidier. Staff told us the support plans were up to date and provided them with the information they needed. However, they also said they would have liked to have enough time to look through the care plans at the beginning of their shift, particularly if they had been off duty for a few days, so they felt confident providing the support people needed.

The support was personalised with an appropriate mix of female and male staff, to ensure people's preferences were met. Staff ensured people were enabled to develop everyday living skills such as cooking and housework, as well as enjoy a social life and access the local community. Staff said they were quite flexible, but routine was important for some people with learning disabilities and some changes had been made following discussions with relatives and health professionals. For example, one person did not have a calendar in their flat because previously they had focused on what was planned for later in the day or week, and was unable to concentrate on what they wanted to do at the time. Without the calendar the person relaxed and was able to enjoy the activity of the moment.

Systems were in place to reduce and prevent behaviour which may challenge staff members ability to provide appropriate support. Training had been provided for staff, based on identifying and removing factors that might trigger behaviour, which may put the person and other people at risk. Guidelines were included in the support plans, with clear instructions for staff on appropriate prevention and management. For example, one person did not like to be rushed or left alone for too long or being kept waiting. This was clearly stated in the support plan; the person was supported by one member of staff at all times, and followed a clear programme of activities to enable them to manage their own behaviour.

Is the service well-led?

Our findings

Relatives told us they felt included in decisions about their family members support, and people were listened to and their opinions were respected. One relative said, “We work with them to make sure people have the right support and care.” Healthcare professionals were involved in developing the support plans and said the agency contacted them if they felt changes were needed, or for advice and suggestions.

Partnership Domiciliary Care Agency was part of Sussex Partnership NHS Foundation Trust and worked within their policies and procedures as far as the management structure, lines of accountability and leadership roles were concerned. In recent years the Trust had changed the type of care and support offered to people with learning disabilities from a half-way house, to a residential service and currently supported living in people’s own homes.

Relatives and health professionals felt that the service was well led. They felt the staff worked very well together using a team approach, as the service had developed over the previous year to support people with different learning disabilities. A relative said how the support was delivered was a distinct improvement on previous support packages provided for their family member, and health professionals agreed.

Staff said they were well supported by the management, they felt there was a clear staffing structure in place, with good leadership and clear lines of accountability. One staff member said, “The management are very good and we know we are moving forward more, enabling people to live on their own in the community, with less support than they have ever had.”

At the time of the inspection Mayfield Court had been open for a year and provided support for four people in the eight flats available. Acorn House had been open longer and supported six people in their own flats. In addition two people who lived in their family home received support from the agency and an out-reach service, where people attended the flats for support, had been provided for two people. The flats were owned by the Trust; although a separate but linked company were landlords and the Trust was responsible for the upkeep and repair of the facilities in the flats. This had caused some delays in getting repairs

carried out as quickly as people would have liked, and discussions were ongoing about how this could be resolved, with records kept and action plans in place to improve the response from the Trust.

The agency functioned independently from some of the Trust departments. For example, the team leader said the health and safety team from the Trust had asked to enter the flats to carry out health and safety assessments. The Service Manager from the Trust said they were unable to do this as the flats were not part of the Trust, and the people living there were tenants in their own right.

The vision and the values of the agency were available for people to read in the services Operational Policy. The aim was to provide, “A safe, high quality individualised support service in the community for adults with learning disabilities, who have complex and high risk emotional/behavioural difficulties placing themselves or others at risk of harm.” The policy stated, “Care and support provided for each service user is exactly what is needed, and is provided consistently.” Staff demonstrated an understanding of the purpose of the service; the importance of people’s rights and individuality and respecting their privacy and dignity. Staff told us there was an open culture at the agency with clear lines of communication. Feedback from people who used the service, relatives and health professionals was positive, the agency provided the support people needed and people’s lives had improved since the service started. For example, a relative said their family member was much more relaxed and enjoyed life more, by going out or simply talking to staff.

The team leader said audits were completed in line with the Trust’s systems, such as monitoring the support plans and auditing the medicine records. In addition specific monitoring systems had been introduced to look at the support provided by the agency. For example, records were kept of the activities offered and those completed, as well as incident charts using an ABC system to understand behaviour. The ABC system looks at what happened before behaviour changes, the antecedents; the behaviour itself and the consequences, to enable the development of appropriate responses and reduce behaviour which challenges. The information will be used by a behavioural analyst to see if behaviour is becoming less severe or frequent over time, and if the service is providing appropriate support and care.

Is the service well-led?

The team leader told us questionnaires had only recently been developed to obtain feedback from relatives, health professionals and other health providers, as the service had

only been open for a year. They advised us the results of the feedback would be available to people who used the service, relatives, health professionals and the Commission.