Sussex Grange Limited

Sussex Grange Home Care

Inspection report

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Date of inspection visit:
25 April 2016

Date of publication:
31 May 2016

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?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 25 April 2016 and was announced.

Sussex Grange Home Care provides personal care to 50 people in their own homes. They ranged in age from 46 to 101 years.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Whilst each person had a care plan these were not in sufficient detail to show how care workers should meet people's needs and how people preferred to be helped.

Staff were trained in adult safeguarding procedures and knew what to do if they considered people were at risk of harm or if they needed to report any suspected abuse. People said the staff provided safe care.

Care records showed any risks to people were assessed and there was guidance of how those risks should be managed to prevent any risk of harm.

Sufficient numbers of staff were provided so people's care needs were safely met. Each person was provided with a schedule of care appointments which included the names of staff and the agreed times they would be providing care and support.

People received their medicines safely.

Staff were well trained and supervised and had had access to a range of relevant training courses, including nationally recognised qualifications.
The CQC monitors the operation of the Mental Capacity Act (MCA) 2005. The service had policies and procedures regarding the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). People's consent to care was sought and the registered manager and staff were aware of the principles of this legislation.

People were supported with the preparation of meals where this was needed.

People's health care needs were assessed, monitored and recorded. Referrals for assessment and treatment were made when needed.

Staff had positive working relationships with people. Staff acknowledged people's rights to privacy and choice. People told us how staff treated them with kindness with comments such as, "They are like my

friends. I do have different carers but it's like a rota system and I know them all. They are kind and respectful. 'They respect my privacy and dignity more so than I do. They always listen to me."

The service had a complaints procedure, and people said any concerns or queries were responded to.

People and their relatives' views were sought as part of the service's quality assurance process.

There were a number of systems for checking the safety and effectiveness of the service such as regular audits.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

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.

The service had policies and procedures on safeguarding people from possible abuse. Staff knew what to do if they suspected any abuse had occurred.

Risks to people were assessed and guidance recorded so staff knew how to reduce risks to people.

Staffing was provided to meet people's assessed needs.

People received their medicines safely.

Is the service effective?

Good

The service was effective.

Staff were trained in a number of relevant areas and had access to nationally recognised qualifications in care. Staff were supported by regular supervision.

People's consent to care was sought and staff were aware of the principles of the Mental Capacity Act 2005 (MCA). The registered manager recognised this was an area of practice that needed to be developed to ensure the MCA Code of Practice was always followed.

People were supported with eating and drinking where this was needed.

Health care needs were monitored and people were supported so they received the appropriate health care.

Is the service caring?

Good

The service was caring.

Staff treated people with kindness and respect. Staff had good working relationships with people.
Care was personalised to meet people's needs and to suit their

personal preferences. People were supported to maintain their independence.

People's privacy was promoted in the way they were treated by staff.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Care plans did not always reflect the care being provided nor give sufficient information of how staff should support people with specific needs.

The service had a complaints procedure and people knew what to do if they wished to raise a concern.

Is the service well-led?

Good

The service was well-led.

The service sought the views of people as part of its quality assurance process.

The provider stated its values of treating people with kindness and respect which was reflected in the service provided to people.

There were a number of systems for checking and auditing the safety and quality of the service.

Sussex Grange Home Care

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The 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 25 April and was announced. We gave the provider 48 hours notice of the inspection because it provided personal care to people in their own homes so we needed to be sure the registered manager or staff were in the office.

Before the inspection, the provider completed 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 any improvements they plan to make. We reviewed information we held about the service, including previous inspection reports and notifications of significant events the provider sent to us. A notification is information about important events which the provider is required to tell the Care Quality Commission about by law.

The inspection was carried out by one inspector and an Expert by Experience, who had experience of services for people who used domiciliary care. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of service.

During our inspection we looked at care plans, risk assessments, incident records and medicines records for seven people. We looked at supervision, training and recruitment records for staff and spoke to four staff. We also looked at a range of records relating to the management of the service such as staff rotas, complaints, records, quality audits and policies and procedures.

We spoke with ten people (or their relative) who received a service from Sussex Grange Home Care to ask them their views of the service they received.

We also spoke to a commissioner from the local authority who monitored the provider's standards of care and purchasing arrangements for care as well as to a member of the local authority team who monitored the standards of the service. These people gave their permission for their views to be included in this report.

The service was last inspected on 18 December 2013 when no concerns were identified, although it was noted care plans lacked sufficient guidance for care workers to follow when providing care.

Good

Is the service safe?

Our findings

People said they received safe care from the care workers. When we asked people or their relatives if they felt safe with the staff each replied that they did. Comments from people included, "Always feel safe," and, "Yes, absolutely safe."

People said they received a reliable service and that care workers arrived promptly and stayed for the agreed length of time. Support was given to people with their medicines and people were satisfied with this.

The service had policies and procedures regarding the protection of people from harm and what to do in the event of someone experiencing neglect or harm as well as local authority guidance on how to report concerns of this nature. Staff were aware of their responsibilities to report any concerns of a safeguarding nature to their manager and knew they could also make contact with the local authority safeguarding team .Training was provided for staff in safeguarding procedures and this was also included in the induction of newly appointed staff. The provider told us the safeguarding training was updated every two years and involved an assessment of care workers' understanding of the principles and procedures for protecting people. Staff confirmed they received training in safeguarding procedures and that this was included in their induction when they first started work.

Each person's care records included details about any risks to people and the measures which needed to be taken to minimise these. The risk assessments included the person's own home environment, risks when providing personal care, risks when moving and handling people, risks to staff regarding any contact with body fluids and safe temperatures for bathing people. Moving and handling risk assessments included a risk score and guidance for staff on how to safely move people. Where appropriate, the provider had also carried out falls risk assessments, which gave a score to indicate the likelihood of a fall and measures to reduce the possibility of this happening. Records showed any accidents to people, such as a falls, were looked into and further measures put in place to prevent further incidents.

Staff said they considered people received safe care and said the provider operated an 'on call' system whereby staff and people could make contact with a manager in the event of an emergency.

Sufficient numbers of staff were provided by the service to meet people's needs. People said staff always provided care at times agreed with them. Each person was supplied with a schedule of the times and names of care workers who would be attending to them. The provider organised staff duty times on a duty roster and used a smart phone application to inform staff of their care calls. The smart phone application was coded so data was kept secure and confidential. Records were made each time staff provided care and support to people and these matched the times agreed with people as recorded in care plans. Staff said they had enough time to provide care at the times agreed with people.

We looked at the staff recruitment procedures for three staff who had recently started work for the provider. References were obtained from previous employers and checks with the Disclosure and Barring Service (DBS) were made regarding the suitability of individual staff to work with people in a care setting. Records

showed prospective staff were interviewed regarding their suitability to work in care and completed an 'on line' assessment so the provider could check if prospective care workers understood people's rights and the definition of good care. This ensured the provider could make safer recruitment decisions.

The provider used an assessment tool to check what level of support people needed so they received their medicines safely. People's care plans included a medication risk management and agreement plan. The level and type of support people needed was recorded in each person's care plan. For example some people were assessed as being able to handle and administer their medicines whilst others needed staff to support them with taking their medicines. These assessments were reviewed and updated. Where staff supported people to take their medicines a record of this was maintained on a medicines administration record (MAR). People were also given support with specific medicines which required more complex procedures and liaison with the community nursing services. The registered manager informed us that this sometimes involved having to prompt the community health services of their responsibility to carry out specific tests to manage people's health conditions. Where people's dosage of medicine was variable we saw the care workers had administered the medicine in line with the guidance and instructions.

The service had policies and procedures regarding the handling, administration and disposal of medicines. Staff were trained in the safe handling of medicines which included observation and assessment of their competency before being permitted to do so.

Good

Is the service effective?

Our findings

People considered the staff were skilled in providing the right care. For example, one person told us, "They are very professional but personable too." Another person had written to the provider saying, "We have found all your staff to be excellent in every respect and could not wish for better." People told us they were consulted about their care, that their care was reviewed with them and they had a copy of their care plan.

Support was provided to people with meals where this was requested or needed; people said they were satisfied with this support.

Newly appointed staff received an induction to prepare them for their role. This involved enrolment on the Care Certificate, a vocational, work-based qualification. Records of staff induction were maintained, which were comprehensive and included the completion of a workbook. The induction also included training in areas considered mandatory to the role of care worker such as moving and handling, safeguarding, infection control, working with people living with dementia, diet and nutrition and first aid. Staff confirmed they received an induction before they worked independently and that this involved a period of 'shadowing' more experienced staff followed by an assessment of their competency. All of the 27 staff had completed the Care Certificate or Skills for Care Common Induction Standards.

There was a training plan for the staff and a record was maintained of the training of each care worker so the registered manger could check when training needed to be updated. As well as the mandatory training, staff were supported in more specialist courses such as diabetes awareness, epilepsy awareness, falls prevention, record keeping and safety of people and premises. The registered manager was qualified to train staff in moving and handling. Staff had access to nationally recognised qualifications in care such as the National Vocational Qualification (NVQ) and the Diploma in Health and Social Care. These are work based awards that are achieved through assessment and training. To achieve these awards candidates must prove that they have the ability to carry out their job to the required standard. Twelve of the 27 care staff were qualified at NVQ level 2 or above. The registered manager was qualified at NVQ level 3 and the Care Coordinator at NVQ level 5. Staff described the standard and range of training courses as good. The provider had plans to extend and improve the training courses for care workers as part of its ongoing review of its own performance.

Records showed staff received regular supervision and appraisal of their work. The provider aimed to provide one appraisal, two supervision sessions and two observations of staff working with people per year. Staff confirmed they received one to one supervision with their line manager on a regular basis as well as observations of their work with people. Staff felt supported in their work.

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.

Staff were trained in the MCA and knew the basic principles of the legislation and of the need to gain people's consent before providing care. People said they were involved in any decisions about their care and we saw this was recorded in people's care plans. The registered manager and a representative of the provider told us their understanding of the MCA was that where people lacked capacity to consent to their care, that staff from the service did not then assess capacity, but instead referred on to someone 'professionally' trained in assessing this, such as a medical practitioner. This was contrary to the provider's written policy on the MCA which included reference to the service's own staff assessing capacity to consent to care. This indicated the provider and registered manager did not have a full understanding of the MCA and the associated Code of Practice. This included a lack of understanding of when the provider needed to assess capacity. Following the inspection the registered manager conveyed their intention to revise the policies and procedures regarding the MCA to ensure they and the staff were aware of their responsibilities in this area; this would involve additional training.

Where applicable people's care records included details about any dietary needs and support to prepare meals. The registered manger told us fluid charts were maintained where people were at risk of dehydration, which enabled staff to monitor if people had enough to drink. The registered manager also told us how concerns regarding food and fluid intake were referred to the person's GP or the Speech and Language Therapy services.

Care records showed people's health care needs were monitored and referrals made for specialist support and treatment where necessary, such as the person's GP and community nursing services. If needed, referrals were made to the occupational therapy team for adaptations to the person's home environment to meet their mobility needs. The registered manager also said people were supported to attend health care appointments as arrangements were made to facilitate or provide transport.

Good

Is the service caring?

Our findings

People spoke highly of the care workers, who reflected values of treating people with kindness and dignity as well as involving them in decisions. Comments included the following, "I cannot speak highly enough of them. Couldn't ask for nicer people. They are very caring. They chat and talk to me, there is a rapport and they always ask me if I'm ok or need anything. It makes life easier for me." Another person told us, "They are like my friends. I do have different carers but it's like a rota system and I know them all. They are kind and respectful. They respect my privacy and dignity more so than I do! They always listen to me." Relatives told us how the care provided by staff helped them by giving respite from their own role of caring.

The provider ensured staff provided care in a caring manner and which promoted people's rights and dignity. The staff recruitment process involved staff completing an assessment about people's rights, communicating with and empowering people to make decisions as well as checking on the prospective staff member's caring nature. This assisted the provider to recruit staff with a caring and respectful approach to people. Once recruited staff received training in treating people with dignity and compassion. The provider monitored the performance of staff by direct observation of care workers when supporting people. This included the completion of a specific staff assessment tool, where a staff assessor checked if the care worker listened and responded in a manner people could understand, whether people were supported to participate in their care and if any discrimination was shown by care workers.

Staff demonstrated a caring approach to people by describing their own values of always treating people with kindness and dignity. For example, one staff member said they treated people in the way they would like to be treated themselves or if they were providing care to one of their own family.

People confirmed their privacy was promoted when they received care. Staff knew of the importance of providing privacy to people by always knocking on people's front doors when entering people's homes.

People and their relatives said staff listened and acted on what people requested. For example, one relative told us how their request for more mature care workers was responded to and that this helped the person maintain their dignity.

The provider supplied a Client Handbook to each person with details about the service provision. People said they received information about the service and had copies of their care plan in their homes. The care plans were generally personalised to reflect people's preferences and needs, although we noted some care procedures were either not included in the care plan or were lacking specific detail; this is also included in the Responsive section of this report.

Training in end of life care was provided to a limited number of staff via links with a local hospice. The provider intended to extend this training to more staff.

Requires Improvement

Is the service responsive?

Our findings

Care plans were variable in the detail they contained. Some had clear details to reflect how people needed help and how they wished to be supported, whereas some lacked the required information so staff would not know how to support the person. We spoke to the registered manager about this and it was evident the provider relied on the information supplied in assessments and care plans supplied by the referring social services' staff. One person's care records detailed how they needed to use a wheelchair but there was a lack of guidance of how staff were to do this. One person's care records did not include a personal care routine where staff applied cream to the person's skin. Where a person had diagnosed mental health needs there was a lack of information about this and how staff should support the person with this. In another care plan, the details for staff to follow in providing personal care were unspecific such as "assist to shower" and "dressing- needs assistance."

The provider had not ensured care records included sufficient details of the care needed to meet people's needs. This was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they were involved and consulted in the assessment and any reviews of their needs. People were satisfied with their care arrangements, which they said were reliable and could be changed to suit their wishes.

Care records included an initial assessment of people's needs which included a medical history, plus assessments of the person's mobility, nutrition, communication, continence and mental state. Details were included about what the person needed support with. Care needs were reviewed with people and any comments made by people were included in this. For example, one person commented, "I am impressed by the quality of my care provision looking at all aspects of my life challenges…" People had recorded their signature to acknowledge agreement to their six monthly care review. People said they had a copy of their care plan and that their care needs were regularly reviewed. For example, one person said, "Yes I have a care plan. The agency do come to see me once a month to ask me if I need anything or if anything needs changing," and another said, "The office assess the care plan once every few months. If I need to I only need to pick up the phone and there is someone there."

People were supported with social needs such as going to the shops with staff and accessing other community facilities.

People said they felt able to raise any concerns or requests they had which were responded to. For example, two people said how they made requests for amendments to their care schedule or for a change of care worker which the provider promptly responded to. People said they received a reliable and responsive service.

The complaints procedure was included in the information supplied to people so they had the details of who to contact. When we asked people about the complaints procedure they responded by saying they had

never had to make a complaint.

The provider maintained a record of any compliments of complaints. Nineteen people had given positive feedback to the provider about the standard of care they received and one person had made a complaint. Records showed the complaint was looked into and action taken to address the person's concern.

Good

Is the service well-led?

Our findings

People reported they were able to contact the provider's office if they had a query. The provider stated there was a policy of openness and transparency whereby people and staff were encouraged to raise any concerns. People told us how their care reviews gave them the opportunity to raise any issues they needed.

The provider sought the views of people by the use of satisfaction survey questionnaires. The results of these were available for us to see and showed people were satisfied with the service they received; 100% of people surveyed were satisfied with the standard and reliability of care. Staff also confirmed they had opportunities to give their views on the service provision by completing a feedback survey. Staff said they were able to discuss and raise issues about the care of people and the service's policies and procedures at the regular staff meetings. Staff confirmed the provider's management team were approachable and they had good communication with their line manager including out of hours advice and support.

The provider had a Statement of Purpose setting out the service's values of treating people with kindness and respect as well as individuals. These values were reflected in the way the service was managed. Checks were made that staff promoted the values of the provider by direct observation and assessment and at the time care workers were recruited.

The registered manager and provider used a number of audits and checks to monitor standards and to make improvements where these were needed. There was an audit checklist with each person's care records to show how the provider had audited the care plan against the Care Quality Commission standards. This had, however, failed to identify where care plans lacked sufficient detail about how care was to be provided. A record was maintained of any accidents along with a record of any actions taken to prevent a reoccurrence.

There was a system of governance where the provider held eight board meetings a year which involved the registered managers and directors of Sussex Grange Limited. These meetings looked at health and safety issues, staffing, contracts with the local authority and the service's IT system.

The provider is a member of the West Sussex Partners in Care which is a provider's forum which also meets with the local authority to discuss developments in care practices. The service was subject to an audit by the local authority who purchased care from Sussex Grange Home Care. The local authority staff member who completed the audit informed us they visited and assessed the service in January 2016 and found it was meeting people's needs and operating to an acceptable standard. We also spoke to the local authority commissioning team who said the provider worked with the local authority to deliver care to people as set out in the purchasing contract.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The design of care provided to people did not always adequately reflect their needs and preferences .Regulation 9 (3) (b)