

East Sussex County Council

Eastbourne Community Support Service

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We undertook an announced inspection of Eastbourne Community Support Service on 27 January 2017. We told the registered manager two days before our visit that we would be coming. We did this because they were sometimes out of the office supporting staff or visiting people who use the service and we needed to be sure they would be in.

Eastbourne Community Support Service provides specialised community support to people with learning disabilities living in their own homes. The aim of the service is to promote and maintain people's ability to live independent lives, improve their health, well-being and confidence. Eastbourne Community Support Service provides support for 60 people. At the time of the inspection eight people received support with personal care which is a regulatory activity registered by CQC. This inspection focused on the care and support provided to these eight people.

At the time of the inspection there was no registered manager at the service. However there was a manager in post and they had submitted an application to register with the Care Quality Commission (CQC). 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.

People's support was personalised to reflect their individual goals, needs and what was important to them. The manager and staff had a good understanding of the support people required, their individual needs, choices and preferences. They also knew people well as individuals, their personal histories and personalities. People's support was developed with them and visit times were arranged at times that suited them and helped them meet their needs. People and their relatives spoke positively about the care, support and service they received.

People were involved in developing their own support plans and setting their own goals. These were reviewed regularly, people's successes were celebrated and their changing needs were responded to. People told us staff were kind and offered comfort when they were distressed.

Risks were safely managed and staff had a good understanding of risks associated with supporting people and support plans contained appropriate information and guidance. Some people required support to take their medicines and there was guidance in place to ensure this was managed safely.

Staff understood their responsibilities in ensuring people were protected from the risk of abuse or harm and were aware of what steps to take to help people remain safe. There were enough staff with the appropriate knowledge and skills employed to support people. There were systems in place that ensured only staff were appropriately employed.

Staff understood the principles of the Mental Capacity Act and the requirements of the legislation. They understood how this related to the people they supported. People's feedback was regularly sought, their views were listened to and acted upon.

Some people received support with their meals. Staff encouraged people to eat healthy, balanced nutritious diets of their choice.

Staff knew people well and recognised when they may need to be referred to an appropriate healthcare professional for example the GP or dentist. They supported and encouraged people to attend healthcare appointments.

The manager had developed an open and positive culture which focussed on improving the experience for people and staff. She welcomed suggestions for improvement and acted on these. Staff were supported and listened to by the manager and were clear about their responsibilities.

There was an effective quality assurance system. Audits were analysed to identify where improvements could be made and these were implemented. There was an on-going development plan for the service to ensure it continued to develop and sustain improvements made.

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 ●

Eastbourne Community Support Service was safe.

Risks were managed safely without restricting people's independence.

People's medicines were managed safely.

Staff understood what to do to protect people from the risk of abuse

There were enough staff to meet people's needs.

Procedures were in place which ensured staff were recruited safely.

Is the service effective?

Good ●

Eastbourne Community Support Service was effective.

Staff understood the MCA and ensured people were provided with choice.

Staff received the training and support they needed to look after people effectively.

Staff understood people's health and support needs and responded to these when they changed.

Where required, staff supported people to eat and drink and maintain a healthy diet of their choice.

Is the service caring?

Good ●

Eastbourne Community Support Service was caring.

People were treated with dignity and respect by staff who took the time to listen and communicate.

People were supported to make decisions about their individual goals to promote their independence.

People were encouraged to express their views and to make choices.

Is the service responsive?

Good ●

Eastbourne Community Support Service was responsive.

People's support was individualised to reflect what was important to them.

People received support that was responsive to their needs because staff knew them well.

People were involved in planning the support provided. Their changing needs were responded to.

People's views were listened to and acted upon.

Is the service well-led?

Good ●

Eastbourne Community Support Service was well-led

There was an open and positive culture which focussed on providing high quality support for people.

Staff were supported and listened to by the manager. They were clear about their responsibilities.

Audits were analysed to identify where improvements could be made. Action was taken to implement improvements.

Eastbourne Community Support Service

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection of Eastbourne Community Support Service took place on 27 January 2017 and was an announced inspection. We told the manager two days before our visit that we would be coming. We did this because they were sometimes out of the office supporting staff or visiting people who use the service and we needed to be sure they would be in.

Before our inspection we reviewed the information we held about the service. We considered the information which had been shared with us by the local authority and other people, looked at safeguarding alerts which had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

During our inspection we went to the office and spoke to the manager, three staff members and two senior managers who work for the provider. We reviewed the records of five people that used the service, including assessments, support plans and weekly reviews.

We looked at three staff recruitment files, supervision and training records, and spoke with the manager about the systems in place for monitoring the quality of support people received. We looked at a variety of the service's policies such as those relating to safeguarding, medicines, complaints and quality assurance.

Following the inspection visit we undertook phone calls to four people and relatives of one person to obtain their views of the service. We also contacted health and social care professionals for their feedback.

Is the service safe?

Our findings

Risks to people were safely managed. Staff had a good understanding of the risks associated with supporting people. They were able to tell us what actions they took to help people remain safe. The aim of the service was to promote people's independence and this was reflected within the risk assessments. Risk assessments in place contained details and guidance for staff. Each risk assessment included information that was relevant to the individual and their support needs such as medicines or mobility and risks associated with behaviours that may challenge people or others. These included clear guidance for staff to follow. Risk assessments also included guidance for staff in the event they were unable to contact the person they were supporting. There were lone working policies to protect staff and ensure they were safe. All staff were issued with a device which they used to log in and out of each visit so their whereabouts could be tracked if necessary. This device could also be used discreetly as an alert to summon help if staff were in danger.

People were supported to stay safe at home and when out. The manager sent out information leaflets to people with their weekly rotas. These included information about internet safety, telephone scams and information about Control of Substances Hazardous to Health (COSHH) products. This was presented in a format appropriate for people to understand. Some people lived in a supported living environment. Although not everybody received personal care they all received support from the service. The manager had discussed fire safety with people and what they should do in an emergency. This had included a visit from the fire service and a practice fire drill. A staff member told us they had rung the doorbell of a person who had a call entry system to their flat. The staff member said, "I didn't need to ring the bell but I wanted to see what the person did I was worried they may just press the button and let me in without checking who was there first." The staff member said the person had answered the bell appropriately.

Some people required prompting and reminding to take their medicines and they were supported to receive their medicines safely. Prompting and reminding people supported them to retain and improve their independence. Staff received regular training and competency assessments to enable them to prompt people to take their medicines as they had been prescribed. They were aware of the procedures to follow to ensure this was done safely. Staff did not routinely administer medicines to people. The manager told us if people did require their medicines to be administered there were systems in place to enable this to happen. Staff would be supported by colleagues from another service until they had completed competency assessments in administration. Medicine Administration Records (MAR) in place showed people had received their medicines as prescribed. Some people were able to take their own medicines without staff support. Whilst not directly involved, staff were alert to changes in people and aware of signs they may not be taking their medicines. The manager told us if staff observed people's medicines had not been taken they would report this for review and ensure people received the support they needed.

Staff had a good understanding of abuse, how to identify it and protect people from the risk of harm or abuse. They were aware of the importance of ensuring people were safe in their own homes and when they were out. All concerns were reported to their manager or the senior person on duty. They told us if this was not appropriate they were able to report to another manager in the organisation. Staff gave us examples of

when they had previously identified concerns and the action they had taken to make sure people were protected. Staff received regular safeguarding training and competency assessments. When concerns were identified we saw these had been raised appropriately with the safeguarding team. These referrals had been followed up by the manager to and appropriate action would be taken.

Risks to people were safely managed. Staff had a good understanding of the risks associated with supporting people. They were able to tell us what actions they took to help people remain safe. The aim of the service was to promote people's independence and this was reflected within the risk assessments. Risk assessments in place contained details and guidance for staff. Each risk assessment contained information that was relevant to the individual and their support needs such as medicines or mobility and risks associated with behaviours that may challenge people or others. These included clear guidance for staff to follow.

There were enough suitable staff were on duty to look after people who needed care and support. A weekly schedule was sent to people and staff so they were aware of what visits were to be completed by whom. The schedules confirmed that staff were allocated time between each visit to allow for travelling. Staff told us they had enough time to provide the support people needed. When there were staff absences such as holiday or sickness, this was covered by other staff on the team.

People were protected by safe recruitment practices. Staff files included application forms, identification, references and a full employment history. Each member of staff had a disclosure and barring checks (DBS) these checks identify if prospective staff had a criminal record or were barred from working with people. Further checks were in place to demonstrate staff were safe and competent to drive. This included a copy of their driving licence and the appropriate car insurance.

Is the service effective?

Our findings

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. We checked whether the service was working within the principles of the MCA. The provider had policies in place to provide staff guidance about how to respect people's rights and to work in accordance with the MCA.

Staff received training and completed competencies in relation to the MCA. They demonstrated a good understanding and how they used this to support people. Staff were clear that people using the service had capacity to make their own decisions with the appropriate support. Some people had made larger decisions for example in relation to purchasing equipment to support their care. This was recorded and showed how the person had made the decision and included reasons why the person had made the decision. This had been done with the support of staff and involvement of people's family and friends. Some people had power of attorneys in place in relation to their finances, this was recorded in their support plans. People told us they were supported to make their own decisions. One person said, "It's up to me what I do, staff let me do what I want."

People were supported by staff who had the appropriate knowledge and skills to meet their needs. Staff completed a range of essential training such as infection control, health and safety and first aid. Staff told us, "As well as training we have to do, we can always go on other training, if it's something we need we can just ask. There's always different courses' being offered." When staff had completed their training, competency assessments in relation to medicines, safeguarding and mental capacity were completed. These demonstrated staff had understood the training they received. One person's relative told us, "Staff are good, they do what they should be doing."

When staff started work at the service they completed an induction which introduced them to the provider's policies, essential training and people's support plans. They then shadowed other staff to get to know people and understand the support they required. There had been no new staff employed at the service for five years. However, staff we spoke with told us they had felt supported during their induction. The manager told us future staff would complete the care certificate as part of their induction. The care certificate ensures staff who are new to working in care have appropriate introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

Staff received regular supervision and this gave staff an opportunity to discuss people they were supporting, their own support needs, areas for development and any further training. Staff also received 'spot checks' when they were observed by senior staff working directly with people. During spot checks staff competencies were observed in relation to the support provided. Staff supported people at community events and on occasions these were attended by a manager from another service who observed and provided feedback about staff.

Some people required support from staff in relation to their nutrition. For some this was to make sure they had their main meal each day and for others it was to learn new skills such as cooking a meal from scratch. Staff supported one person to go shopping and buy ingredients which they would then support them to cook. People's nutritional needs were discussed at their assessment and at reviews. This meant if people had not been receiving support and staff identified concerns or people's needs changed appropriate support would be introduced. Nutritional assessments identified if people were able to use equipment to support them with cooking for example a toaster or microwave. Due to other physical conditions some people required support and adaptations to equipment to enable them to remain independent. There was an emphasis on healthy eating and people were assessed to identify if they were aware of how to make healthy choices. One person's support plan stated they used 'ready meals'. The person had acknowledged although this may not be the healthiest option it worked for them. Staff had a good understanding of people's dietary needs and choices. They were aware when people required encouragement to follow specific diets for example in relation to their diabetes.

People's health and wellbeing was monitored at each visit and they were supported to maintain good health. They knew how to identify changes in people's health and what actions to take. There was information about people's health needs within their support plans. One person had been unwell and required regular blood tests. Staff made sure the person had these, they followed up the results and made arrangements for future appointments. Staff encouraged and supported people to attend their health appointments; this included their GP, dentist, chiropodist and general health checks.

Is the service caring?

Our findings

People we spoke with told us the staff were kind and they enjoyed being with them. One person said, "They are really good." Another person told us, "They will give me a cuddle if I'm feeling upset, it makes me feel better."

Each person had a key worker. A keyworker is a staff member who spends dedicated time with people to maintain communication and to support people with their needs and wishes. They were also responsible for developing individual goals with people and regularly reviewing these goals.

When people started using the service the manager matched them to a suitable keyworker. The manager looked at people's interests and personalities to determine who would be more suitable. People were able to choose a different keyworker if they wished. People were introduced to their keyworker by the manager or team leader prior to supporting them to ensure the person was comfortable with the staff member. When other staff were required to support the person they would be introduced by the person's keyworker. Each person had a small team of regular staff to support them. People knew who was visiting them and staff were aware of people's individual needs and preferences. This is important for building trusting relationships between people who use services and the staff who provide their support.

People were involved in decisions about their day to day support. They spoke regularly with staff and their keyworker about their care and support needs. Their support plans and risk assessments showed they were fully involved in the planning of their individual goals. Staff told us people were able to decide if they did not want to participate in their support. One staff member said, "We are there to encourage and prompt people but at the end of the day it's up to them, we can't make people do what they don't want to."

Staff promoted people's independence and encouraged them to do as much as possible for themselves. Support plans clearly recorded people's individual strengths and independence levels. Staff worked with people to help them develop their independence. They told us about one person who wanted to improve their health and fitness. They supported the person to start walking rather than using public transport to get where they wanted to go. Staff had supported another person to attend a sporting event. This had been some distance away and the person had identified this would not be a journey that would be practical. However, they had identified another town on the bus route they would like to visit. Staff supported the person to identify bus routes and times. They then travelled the journey with the person and then the person led the trip. The staff member said, "The next step is for him to travel there himself and I will meet him." They went on to say once the person was confident they would be able to do this on their own.

Staff described how they treated people with respect and dignity and talked about maintaining people's privacy. They told us how they prompted people to maintain their own personal hygiene whilst allowing the person privacy. One staff member said, "If I need to be in the bathroom to prompt I will turn away from the person." Staff told us ensuring people were able to attend to their own personal hygiene promoted their dignity. Staff also remembered they were guests in people's homes and respected this. One staff member said, "I remember I am going into someone's home."

Staff spoke about people with genuine affection and compassion. They told us the focus of the service was to improve people's lives. One staff member told us how they had visited a person in hospital in their own time. They told us the person was very ill and it was important for them to know someone was there for them. They said, "I couldn't let them go through something like that on their own. I understand the person; I know how to communicate with them. Sometimes you have to go the extra mile."

Staff supported people who wished to be involved in developing their future support plans. Staff had supported one person to plan their own funeral through a supported decision. There was clear detail about the person's wishes and the staff member had gone to great lengths to ensure there was clear information about where the person's final resting place would be.

Staff understood the importance of maintaining people's confidentiality. Records were kept at people's homes if they wished. If people chose not to have their support plans at home these were accessible to staff electronically. Staff were also able to update people's records electronically.

Is the service responsive?

Our findings

People were usually referred to the service by their social worker who had identified they may benefit from the services offered by Eastbourne Community Support Service. Before people started to use the service the manager undertook an assessment to ensure people's individual needs and choices could be met. This assessment helped the manager to identify a key worker for the person. People we spoke with told us they could choose what they wanted to do with staff. One person said, "I don't go out much on my own, so I like going to town with them." We asked another person if they made their own decisions about what they done. They told us, "Oh yes, it's up to me what I do."

People received support that was personalised to them, their individual needs, aspirations and choices. One staff member said, "We remember everyone is completely different." People had support plans in place. These had been developed with the person and were regularly reviewed. They included information about the person, their history, the support they needed, their communication and decision making skills. Each support plan painted a picture of the person which enabled staff to provide the support people needed. Support plans were accessible, one person liked to have their lunch in cafes and their support plan contained a photograph of their favourite café. Some people required prompting to maintain their personal hygiene. One person needed to be encouraged to remain in the shower long enough to wash properly. The guidance in the support plan informed staff how to do this and it was written in a way the person could understand.

People had schedules in place so they knew when they would be receiving support. These were sent to people in an accessible format. Some people preferred to have their schedule by telephone. The manager had identified one person became anxious about their support so staff had arranged to telephone the person and give details of their support for the week. The call was booked for a regular time so the person knew when to expect it. The schedules were flexible and took account of changes in people's support needs. For example some people needed support to attend health appointments therefore staff needed to change visit times to accommodate these.

Where people made choices that may be considered unwise the support plans informed staff about the person's understanding of the choice they were making. It also included information about what the person would do to make sure they remained safe and healthy. This included ensuring one person had their mobile phone with them and there was enough credit to make telephone calls. Where people displayed behaviour that may challenge themselves or others there was guidance for staff to follow. This included providing appropriate support if the person was distressed and what to do to prevent the situation escalating.

People had set goals for themselves and outcomes they wanted to achieve. These goals were set annually and reviewed regularly throughout the year. These looked back and celebrated what had gone well and what had not gone so well. They also looked forward to what new goals the person wanted and what they would like to continue with. One person had achieved their goal of not being late for their work placement, and looking clean and tidy, although on occasions they had not been up when the staff member arrived to support them. Another person had a new goal to get fitter and would also like to go swimming. Staff told us

this person had now started walking to improve their fitness and they done this with staff. Reviews took place with people and their keyworkers. In addition to the person's current support needs the keyworker reviewed all aspects of the person's health and social care needs to identify if further support or skills development was required. Following the review there was an opportunity for the person, key worker, manager and person's representative to provide their feedback. This feedback was positive and acknowledged the progress people had made.

Staff identified areas in which they could help people retain their independence. One person had poor sight and staff had identified an electronic device which was able to 'read' the medicine box and tell the person what they tablet was. Staff had worked with the local pharmacy to put this system in place and promote the person's independence.

In addition to their support there were opportunities for people who used the service to get together. There were regular club evenings and a weekly bowling group. Throughout the year the manager arranged a further selection of activities such as the pantomime. Previously people and staff had taken part in Race for Life. Staff were arranging for people with similar goals and interests to meet up. One person wanted to improve their fitness and staff were arranging for the person to meet with another person who used the service and staff member to walk together and increase their social contacts.

People were listened to and regularly asked for their feedback about the service during their support visits, through review meetings and questionnaires. The manager rang people or their representatives monthly to receive feedback about the service to ensure everybody who used it received a positive experience. The manager told us phone calls were usually made after a support visit which enabled people to reflect on their most recent experience. We saw feedback was positive. One relative said their family member was now able to tell the time, another said their family member was better able to manage their finances. Staff also recorded compliments they had received as part of their daily work. One staff member had been complimented by a member of the public on the way they were supporting a person whilst out.

The manager responded to any concern or negative feedback reported to prevent issues escalating into formal complaints. The complaints policy explained how to make a complaint, and how the service would respond. The policy was included in the information pack given to people on the commencement of a service. The policy set out the timescales that the organisation would respond in, as well as contact details for outside agencies that people could contact if they were unhappy with the response. The registered manager and staff took all complaints and concerns seriously and records showed that where concerns were raised these were acted on.

Is the service well-led?

Our findings

Feedback about the management of the service was positive. The staff team had worked together for many years and knew each other well and worked as part of a supportive team. All staff said they felt supported by the manager and could talk to them at any time. One staff member said, "The manager is friendly and approachable," another said, "Anything you say is treated in confidence." A further staff member told us, "At supervision you can genuinely say what you think." Staff said in the absence of the manager they were supported by the wider management team. One staff member said, "If the manager's not available there's always someone at the end of a phone." People we spoke with told us they could contact the office at any time. One relative said, "I can call at any time, I have no hesitation. If something's gone wrong we'll work it out together."

There were effective systems in place to monitor the quality and safety of the service and make continuous improvements. There were monthly audits and these included support plans, staff files, medicines and training. Where shortfalls were identified action was taken to address this and followed up at the next audit to check it had been completed appropriately. Incidents and accidents were recorded and these were then analysed to identify any themes or trends. Records and support plans we saw were up-to-date and contained information about people's current support needs. A compliance officer from the provider undertook regular monitoring visits to examine and improve the quality of the service and their monitoring processes.

Following an incident at a location where a number of people who used the service lived, and as part of the service development plan the manager had developed a committee of people and their representatives to oversee and ensure safety. A safety planning meeting took place with the manager and an elected committee, a risk assessment was completed and shared with everybody. Prior to any future social events the manager completed checks, updated the risk assessment and shared the information with people. This has enabled people to continue to plan and enjoy their independence safely.

There was a service development plan which showed the on-going changes and improvements that were taking place. Part of the plan was to develop more person-centred schedules to send to people, which would also include more support information. Staff showed us how these were being developed and included some information in pictorial format. One staff member told us they were not confident in using the computer and were currently being supported to develop a schedule.

All staff that provided specialised community support to people with learning disabilities throughout East Sussex were asked for their feedback about the service they worked for. This information was jointly analysed and an action plan was in place. Although, not all feedback related to Eastbourne Community Support Service there was information about steps being taken to respond to staff. For example some staff had stated they needed more support to develop their computer skills. The action plan identified administration staff may be able to support other staff and staff were to discuss in supervision any areas of training needed. We saw the staff member being supported to use the computer to develop the schedule.

There was a positive culture at the service. The manager was visible and worked at the service most days. The manager and staff had a clear aim to provide a high quality service to people. Their philosophy was 'Achieving Independence Together' and this was evident in discussions and through reading support plans. All staff had a clear understanding of their individual roles and responsibilities, they knew who to report to in the absence of the manager.

There were team meetings alternate weeks and staff told us they were able to raise issues and discuss people's needs. One staff member said, "At team meetings we can say what we like, we debate ideas." Records showed that staff were informed about changes at the service, health and safety issues and people's current needs. One staff member said, "It's really useful hearing about other people. It means we know a bit about everybody. If there's an emergency and we need to cover at least we have some background knowledge."

People's representatives were asked for feedback through an annual survey but this had not been done during 2016. There had been changes to the funding of the service therefore individual consultations had been undertaken during the year. During 2016 changes meant people were now required to pay for the services they received. People and their representatives were consulted prior to and throughout the process through questionnaires, letters, meetings and presentations. People's feedback was listened to and their questions answered. Throughout the process people were supported by the manager and staff to ensure they understood the changes and how this would affect them. Throughout the process feedback from people's representatives was positive and said they felt the service was good.