

Sussex Empowered Living Ltd

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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?	Requires Improvement ●

Summary of findings

Overall summary

The inspection took place on 21 November 2018 and was announced. This was the first inspection since the service was registered on 6 July 2015. The provider informed us that regulated activity had been provided since December 2017.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to younger disabled adults who have learning disabilities, autistic spectrum disorder or mental health needs.

Not everyone using Sussex Empowered Living receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided. At the time of the inspection nine people were receiving support from the service and one person was receiving the regulated activity of personal care.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen." Registering the Right Support CQC policy

The service has 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.

Some records had not been completed accurately. Whilst we did not identify a negative impact for the person, this is an area of practice that needs to improve.

There were safe systems in place to ensure that risks to people were assessed and managed effectively. People were supported to take positive risks and one person told us, "I'm really proud of myself and what I have achieved." Staff demonstrated a clear understanding of their responsibilities for safeguarding people. Appropriate safeguarding alerts had been raised with the local authority. Staff supported people to take their medicines safely. Incidents and accidents were monitored and improvements made when things went wrong.

People's needs were assessed in a holistic way. Staff supported people to identify goals and outcomes that they wanted to achieve and supported them to work towards these. Staff had received the training and support they needed to be effective in their roles. A person told us, "They are very good, they have had epilepsy training and they know what they are doing." People were supported to have enough to eat and drink and to access the health care services they needed. People were supported to have maximum choice

and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff understood their responsibilities to gain consent from people before providing care or support. One person told us, "They always ask me, I feel that I am in control."

Staff had developed positive relationships with people and treated them respectfully. One staff member told us a person they were supporting was, "ambitious, creative and inspirational." People were supported to express their views and to be involved in designing their care and support plans. One person told us, "We worked it out while we were having a coffee, we put the plan together, I was totally involved." Staff supported people to maintain their dignity and respected their views. This was reflected within care plans.

People were receiving care in a person-centred way. Staff involved people and where appropriate their relatives in planning and reviewing their care. People were leading full and active lives. One person told us how staff supported them to be able to attend a university course. Systems were in place to monitor people's complaints and respond to their concerns. No people had needed support with end of life care. However, the registered manager described how they would be supported to plan for end of life care if required.

There was clear and visible leadership. Staff described the registered manager as 'inspirational' and 'passionate' about the service. Staff and people were engaged in developments at the service and felt that their views were valued and listened to. Quality assurance systems identified where improvements were needed and actions plans were developed to drive improvements.

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.

Risks were assessed and managed effectively. People were supported to take positive risks. Staff supported people with their medicines.

Staff understood their responsibility for safeguarding people. There were enough, suitable staff to meet people's needs and recruitment systems were robust.

People were protected from risks of infection. Incidents and accidents were monitored and lessons were learned.

Is the service effective?

Good ●

The service was effective.

People's needs were assessed in a holistic way. Technology was used to support people to remain independent.

Staff had received the training and support they needed to care for people. They understood their responsibilities about seeking consent from people.

People were supported to have enough to eat and drink and to access health care services.

Is the service caring?

Good ●

The service was caring.

Staff knew the people they were supporting well and had developed positive relationships with them. People were treated with kindness.

People were supported to be actively involved in planning their support.

Staff treated people with respect and supported their dignity.

Is the service responsive?

Good ●

The service was responsive.

People were supported in a person-centred way. Care and support plans reflected their views and choices. People were supported to lead full and active lives.

Complaints and concerns were recorded and responded to. Staff used learning from complaints to make improvements to the service.

Is the service well-led?

The service was not consistently well-led.

Records were not always maintained in line with the provider's policy.

There was strong and visible leadership. Staff described a positive culture where their views were valued.

People and staff were included in developments at the service. Staff had made connections within the local community to support partnership working.

There were systems for monitoring the quality of the service and driving improvements.

Requires Improvement 

Sussex Empowered Living Ltd

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.

This inspection took place on 21 November 2018 and was announced. We gave the service two days' notice of the inspection site visit because the service is small. We needed to be sure that staff would be in and that we would be able to talk to people. The inspection team consisted of one inspector.

Before the inspection we checked the information that we held about the service and the service provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us by law. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to decide which areas to focus on during our inspection.

We spoke with one person. We spoke with the registered manager, the operations manager, and two staff members. We looked at a range of documents including policies and procedures, care records for one person and other documents such as safeguarding, incident and accident records, medication records and quality assurance information. We reviewed two staff records including recruitment, supervision and training information as well as team meeting minutes and we looked at the provider's information systems, which included the allocation of care visits.

This was the first inspection since the service registered on 6 July 2015. This was because the service was not providing the regulated activity until December 2017.

Is the service safe?

Our findings

The person we spoke with told us that staff helped them to live safely in their home. They said, "The staff make sure I'm safe, they check for trip hazards because I have nearly fallen over things before. I can call them at any time, I do feel safe."

Risk assessments were completed to identify risks and hazards and to guide staff in how to keep people safe without restricting their freedom. There was clear guidance in care plans to support staff in how to mitigate the risks and support people to remain safe in their home. For example, environmental risks assessments considered the risks of trips, slips or falls for either the person or the staff member. People were protected by the prevention and control of infection. Staff demonstrated good knowledge in this area and said they had access to the personal protective equipment (PPE) that they needed.

Staff demonstrated a good understanding of people's needs and risk assessments were detailed and comprehensive. For example, one risk assessment identified triggers that were known to cause epileptic seizures. There was clear information for staff on the different types of seizure that a person had. This included the frequency and duration of a seizure and described how staff would recognise what was happening. Guidance for staff included clear information on what to do and how the person preferred to be supported when a seizure occurred. Staff we spoke with were aware of this guidance and told us how they would support the person both in their home and when out in the community. The person told us this helped them to feel safe saying, "The staff will ring me to check if I am ok."

Staff members could describe how they supported people to take positive risks whilst maintaining their safety. One staff member told us, "We are constantly trying to support people's independence and encourage their autonomy." They described how they supported one person to become more independent with managing their medicines. A risk assessment and care plan provided clear guidance for staff in how to monitor that medicines were being taken regularly. The person was supported to order supplies of medicines when they needed them. This demonstrated that people were supported to receive their medicines safely. The provider had policies and procedures in place to guide staff and to ensure medicines were managed safely. A person told us, "The staff check that I am taking my medicines regularly."

Systems and processes were in place to record and monitor incidents and accidents. The registered manager explained how this information was used to identify patterns and themes so that lessons could be learned. For example, records of epileptic seizures were analysed to identify likely triggers. A staff member explained how this information was helpful when the person reviewed their symptoms with the specialist epilepsy nurse.

Staff were consistently recruited through an effective recruitment process that ensured they were safe to work with people. Appropriate checks had been completed prior to staff starting work which included checks through the Disclosure and Barring Service (DBS). These checks identified if prospective staff had a criminal record or were barred from working with vulnerable people. The provider had obtained proof of identity, employment references and employment histories.

The registered manager explained how visits were allocated to staff. They explained that the service was provided within a small geographical area so staff travelled short distances and did not need to use a car. Staff told us that they were enough suitable staff employed to provide all the visits that people needed. One staff member said, "There are always enough staff, if we are ever short of staff the office staff can go out too but usually we can cover for each other. It's not a problem because we are a small service." Another staff member told us, "Calls to people are always covered, there has never been an issue. All the staff are very flexible and can cover any calls as needed".

Staff demonstrated that they understood their responsibilities about safeguarding people. They could describe signs that might indicate abuse and knew what action to take. One staff member said, "We all have safeguarding training and I would report any concerns to the manager straight away." They described an incident of discrimination and explained the actions that were taken to report this. They said, "It was really important to help the person understand what had happened. They needed support to keep themselves safe and avoid similar situations. We did that by offering them choices to get the support they needed, including from an advocacy service." Records showed that staff had raised appropriate safeguarding alerts with the local authority in line with the provider's policy. We noted that one person's care plan included clear guidance in a pictorial form to help them to know what to do in an emergency situation or if they felt threatened or unsafe. This included a simple process diagram showing what to do and telephone numbers to call and seek help.

A person told us that they would feel confident in seeking support from staff if they were subjected to abuse or discrimination. They gave an example about how some people had said they couldn't live on their own, saying, "I think it was discrimination because I am disabled." They described how the registered manager had helped saying, "They sorted it out, it was stressful but now I am really proud of myself, I'm a determined person."

Is the service effective?

Our findings

Staff told us they received the training and support they needed to be effective in their roles. One staff member said, "The induction was very good, I have had training and support to help me get to know people and what they need." Records showed that staff had completed training that was relevant to the needs of the people they were supporting including, autism and Asperger's training. One staff member explained how training had helped them to communicate with people more effectively. They said, "I discovered how you can use a person's interests to aid communication, for example, I sometimes use music to help motivate them with a boring task like cleaning."

Staff told us that they could request additional training. One staff member told us, "The manager is very supportive and encouraged me to complete qualifications." A person told us that they felt staff were well trained. They told us, "They are very good, they have had epilepsy training and they know what they are doing."

Staff were receiving regular supervision and described this as "helpful" and "supportive." Supervision is a mechanism for supporting and managing workers. It can be formal or informal but usually involves a meeting where training and support needs are identified. It can also be an opportunity to raise any concerns and discuss practice issues. One staff member told us, "I can talk about anything and I always get good feedback about practice issues."

Staff described effective systems to support team work and spoke of positive working relationships. There were regular team meetings and staff described being engaged with changes and feeling that their views were sought, listened to and acted upon. One staff member said, "We have helpful discussions, including when things go wrong. It's important to have that openness so that we can continue to improve."

People's needs and choices were assessed in a holistic way to take account of people's physical health, mental health and their social needs. Protected characteristics under the Equality Act (2010), such as disability were considered as part of this process. Appropriate assessments were undertaken to identify how to achieve effective outcomes for people. For example, one person was identified as being at risk of discrimination due to their disability. Their care plan included clear guidance for staff in how to support the person to maintain their safety and minimise opportunities for harassment or discrimination.

Staff were using technology to support people to maintain their independence. For example, a person had a sensor mat under their mattress which would alert staff if they were to have a seizure during the night. Staff told us that this meant that the person could live as independently as possible whilst ensuring their safety was maintained.

People were being supported to maintain a balanced diet. Staff described helping people to make appropriate choices when buying and preparing food. One staff member said, "It's important that people are in control and have choice about what they want to eat and drink but we can guide them and offer advice and help to choose healthy options." One person told us, "I do have some help preparing food, I don't

have a lot of time for cooking so my key worker helps me make batches of food that I can heat up easily." A staff member told us how they ensured that people were having enough to eat and drink. They described monitoring discreetly and said, "We would notice if someone was losing weight or if food was left untouched. We would talk to them and look for solutions together."

Staff supported people to access the health care services they needed. One person said, "The staff help me to make appointments because I missed some hospital appointments before. They will come with me if I want them too." One care plan included a health action plan and this included records of a range of health care appointments with the epilepsy nurse, dentist, opticians and GP.

Staff involved people in monitoring their health. For example, staff worked with one person to review their medicines on a regular basis. A staff member described the importance of this so that the person could continue to manage their own medicines independently. The person told us, "If I forget to take my medicines too often my health will suffer so we go through it together and if I need a reminder the staff will ring me to check I have taken the tablets."

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.

Staff demonstrated a clear understanding of their responsibilities with regard to the Mental Capacity Act 2005 (MCA). One staff member said, "We have to respect the decisions that people make as long as they have capacity to make them." Another staff member said, "If we felt someone didn't understand or lacked capacity to make a specific decision we would have to check whether they had capacity to make the decision or not. It might mean involving a social worker, an advocate or family member." Staff described supporting people to make choices and records showed that people's decisions were respected. For example, one person had been offered an appointment to have their hearing assessed but had decided not to attend. Staff had recorded their decision and noted that they would ask again in the future. A person told us that staff always checked with them before providing care or support. They said, "They always ask me, I feel that I am in control."

Is the service caring?

Our findings

Staff had developed positive relationships with people and knew them well. One person said, "I am very happy with the staff, they are all kind." Staff spoke respectfully about the people they were caring for and described them in positive terms. One staff member told us a person was, "ambitious, creative and inspirational." Staff were knowledgeable about people's needs, preferences and their personal backgrounds.

Staff supported people with their emotional needs and gave examples of how they recognised when people needed this support. This demonstrated that they knew people well and had developed trusting relationships. One person said, "The staff are good, we get on well." They described having confidence that their personal information would be protected. They said, "The staff don't talk about people's private matters, that wouldn't be professional." People's records and personal information were kept securely. The provider used an electronic record system and information was treated confidentially in line with General Data Protection Regulations (GDPR).

Staff described the importance of supporting people to be as independent as possible. One staff member told us, "It's all about promoting independence. Most clients don't like us to do things that they can do themselves. We are there to support and facilitate them to be independent." They described how they had supported one person when shopping saying, "It can take them a while, but they will ask me if they need help." Care plans guided staff in how to support people's independence. For example, one care plan identified the adapted equipment that a person needed so that they could be as independent as possible in the kitchen. The care plan included clear guidance for staff about the tasks that the person wished to do themselves and identified tasks that staff were required to help with. The person told us, "They don't do it for me, they supervise. Sometimes I can drop things and need a bit of help. The staff know how to support me."

Staff supported people to express their views about the care and support they received. One person told us how they had been involved in the development of their care plan. They said, "We worked it out while we were having a coffee, we put the plan together, I was totally involved." Care plans included people's views and gave specific information that guided staff about how they wished their care and support to be provided. For example, one care plan identified circumstances that could lead to the person becoming angry or frustrated and gave clear guidance to staff about how they preferred staff to support them if this happened.

One person described the importance of feeling in control of their care and support, they told us, "I feel like king of my own home now."

People were supported to maintain their dignity. Staff described how they would support a person when out in the community. The care plan confirmed how their actions would support the person's dignity. The person told us, "The staff respect me and provide me with privacy, for example, they leave me alone when I want them to."

Is the service responsive?

Our findings

People were receiving a personalised service. People and their families had been involved in developing care plans. The provider used an outcome star assessment tool to help people to assess their needs and abilities in a holistic way. The outcome star tool had been developed to support people with autistic spectrum disorder, learning difficulties and mental health problems.

The registered manager told us that the assessment process varied according to the different needs of people. Use of the outcome star enabled outcomes to be measured using a star shaped diagram. This helped people to see how they were progressing towards specific goals. One person told us how this had helped them to achieve goals by providing structure. They described the outcome star process and said that they could see where they were making progress from changes in the shape of the star.

Care and support plans were stored electronically and one person told us that they could access their care plans with an application on their phone. Staff also had access to care plans and relevant information via their mobile phone. Pictorial flow charts and photographs were used to make care plans more accessible for people. Staff told us they had facilitated a video link with one person's family so that they could take part in a review of the person's care and support. The person told us that it had been important to them that their family remained involved. They described ways that staff supported them to stay in touch with people who were important to them.

Assessments and care plans were regularly reviewed, including when people's needs changed. One person told us that staff were responsive when they were unwell and described how the staff member would stay with them until they recovered. Staff confirmed that they could spend additional time with people when they needed them too. One staff member said, "I would let the office know but we can just stay and take care of whatever is needed. There is never an issue about spending more time with people, it's about making sure they get the support they need when they need it. We can be flexible."

From 1 August 2016, all providers of NHS care and publicly-funded adult social care must follow the Accessible Information Standard (AIS) in full, in line with section 250 of the Health and Social Care Act 2012. Services must identify, record, flag, share and meet people's information and communication needs. Care plans for communication and sensory differences identified any communication needs that people had. This included how disabilities or sensory loss might affect their communication and identified strategies that supported people. For example, one care plan guided staff in how to support the person to understand social interactions and identified specific techniques that were relevant to them.

People were leading full and active lives. Staff told us how they supported people to access community activities, education and where possible opportunities for work. One person described how staff supported them to attend a university course. They said staff helped them to manage their time and enabled them to meet course deadlines. They told us, "I can sometimes get very stressed, it's a lot of pressure to complete the course work and attend lectures. The staff help me to stay focussed and to manage my time. They are always supportive." Care plans identified people's interests and needs. One person told us, "We meet up and

socialise quite often and the staff support trips out. I love going bowling it's always good fun."

Staff gave us examples of how they had provided support to meet the diverse needs of people using the service including those related to disability, gender, ethnicity, faith and sexual orientation. These needs were recorded in care plans and all staff we spoke with knew people well.

The provider had a system to record and monitor any complaints received. This included a tracking system to ensure that people received timely response to any complaints they raised. The registered manager told us that as well as complaints, they also took note of 'slight concerns.' They explained, "People don't like to make complaints but we encourage them to raise any issues they have so we can address their concerns. We get a lot of compliments too." One person told us they would feel comfortable to raise any concerns they had. They told us, "If I wasn't happy I would contact the manager, my social worker or CQC." A staff member said, "If anyone raised a complaint I would report it to the manager straight away. Another staff member said, "We support people if they are not happy about something. We would also signpost them to advocacy services if they need more independent support."

The registered manager told us that no end of life care had been provided by the service. However, they were able to describe how they would support and include people in planning for their end of life if appropriate to do so. Staff told us they had made links with the local hospice and staff would be able to access training in end of life care if needed.

Is the service well-led?

Our findings

The provider had clear governance arrangements and management systems in place. Some systems to monitor risks were not consistently followed. One person was being supported to manage their medicines independently. They needed to take their medicines regularly but had a history of forgetting to do so occasionally. This risk was being managed through staff monitoring to support the person to take their medicines. The provider's medicine's policy included guidance for staff in what to do if a dose of medicine was missed or refused. This included recording why the dose had been missed and noting actions taken, such as obtaining advice from the GP. Records showed that this guidance was not consistently followed. We found some records that noted doses had been missed but records did not identify what actions staff had taken. Records of seizures had been regularly analysed and continued to show a downward trend. This showed that there had not been a negative impact for the person. The Operations Manager confirmed that appropriate actions had been taken and this was a recording issue. Maintaining accurate records is an area of practice that needs to improve.

Staff spoke highly of the registered manager and described an open culture where they felt able to raise any concerns. A staff member told us about regular team meetings and described how all staff were encouraged to take an active role. They said, "Staff do feel able to make suggestions and our views and ideas are accepted." They gave an example of how a staff member had felt that support plans did not link well with the spectrum star outcomes. They told us, "It's much better now we have one system. The managers do take on board feedback from staff." Another staff member described how mistakes were handled. They said, "When things go wrong we discuss it and staff get feedback so we can learn from any mistakes."

Staff told us that they had a clear understanding of their roles and responsibilities. They demonstrated a clear awareness of the person-centred values described in the provider's statement of purpose including promotion of health, well-being and independence.

They described how the registered manager provided leadership and inspired staff. One staff member said, "They have a lot of passion for the service and that drives them to look for better ways to do things." Another staff member said, "They are very inspirational and it influences how the team operates. It's a very positive place to work."

There was a strong emphasis on engaging with staff, people who used the service and their families. Results from a quality assurance questionnaire provided positive responses from people and staff. Where areas for improvement were identified in responses from family members, there was a clear action plan to make improvements.

Incidents and accidents were recorded and monitored to identify any patterns or trends. Systems were in place to monitor the quality of care plans and ensure that people's needs were identified and supported. The registered manager undertook checks to ensure that staff were providing care in line with care plans. This included spot checks to ensure that staff were completing visits to people as planned. Staff described these checks in a positive way, one staff member said, "When there's a spot check they observe our practice

and give us feedback. It helps us identify areas for improvement which we discuss in supervision."

People who used the service were involved in developments. A person told us they had been invited to talk to staff at a team day about the difference the service had made to their life. The registered manager said that this had been motivating for the staff team. People who used the service were included in the interview procedure for new staff. They were asked to set specific questions for candidates to ensure that they had meaningful involvement in the process.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. The registered manager had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken. The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent and it sets out specific guidelines providers must follow if things go wrong with care and treatment.

The registered manager was committed to keeping up to date with best practice and updates in health and social care. They were co-chair of a local forum for providers of services for people with learning disabilities. Staff described positive links with local organisations including advocacy services, health care services, schools, colleges and universities. Records confirmed positive working relationships with other organisations.