

Sutton Court Associates Limited

Direct Support Professionals

Inspection report

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Date of inspection visit:
03 December 2018

Date of publication:
09 January 2019

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

The inspection took place on 3 December 2018 and was announced. This is the first inspection since the provider changed location and re-registered with CQC in October 2017. When services register they are assessed to check they are likely to be safe, effective, caring, responsive and well-led.

Direct Support Professionals is a domiciliary care agency. It is registered to provide personal care to people with a learning disability and/or other types of disability, including autism, living in their own homes or specialist housing. At the time of our inspection, one person was receiving personal care as defined by the regulated activity.

A registered manager was in post. 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.

Staff had completed relevant training that enabled them to understand how to keep people safe and protect them from potential abuse. Risks to people had been identified and assessed and were managed to minimise any risks. Staff had the time they needed to support people in their own homes. Staff were trained in the administration of medicines and checked with one person that they had taken their medicines when they visited.

Staff completed a range of training to provide effective care and support to people. They received regular supervisions and annual appraisals. People were encouraged to eat a healthy diet and staff supported them in the preparation of meals. Where needed, staff could support people when attending healthcare appointments. Referrals were made to health and social care professionals as needed. Care records showed that people had access to healthcare professionals and services. 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.

People were supported by kind and caring staff who knew them well. People received care in a personalised way and were involved in decisions relating to their care. People were treated with dignity and respect.

Care plans were written in an accessible format according to people's communication needs. Care was person-centred and staff had a good understanding of people's needs and how they wished to be supported. People were encouraged to be as independent as possible. Complaints were managed in line with the provider's policy; one complaint had been received in the past year.

A system of audits measured and monitored the service provided and identified any improvements required. People and staff were asked for their views about the service through surveys. The culture of the service was one of empowerment and enablement that encouraged people to live independently and have

control of their lives.

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.

People were protected from the risk of abuse by staff who had been trained in safeguarding adults. Risks to people were identified, assessed and managed appropriately.

Staff were trained in the administration of medicines.

People's needs were identified so they received support from staff as required.

Systems were effective in the recruitment of staff.

Is the service effective?

Good ●

The service was effective.

Staff completed a range of training and received regular supervisions and annual appraisals.

People were supported in the preparation of meals and to eat a healthy diet.

People had access to a range of healthcare professionals and services; staff could accompany people to their healthcare appointments.

Consent to care was gained lawfully and in line with the Mental Capacity Act 2005.

Is the service caring?

Good ●

The service was caring.

People were treated with kindness and respect by staff who knew them well.

People were treated with dignity and respect and were encouraged to make decisions and choices about their care. People were supported by staff to be as independent as possible.

Is the service responsive?

The service was responsive.

Care was personalised to meet people's individual needs. Care plans documented people's care and support needs in an accessible format according to people's communication needs.

Complaints were managed according to the provider's policy.

Good ●

Is the service well-led?

The service was well-led.

The provider had a clear vision about the service provided. This promoted a positive culture that was person-centred, open and inclusive.

Audits set up by the provider measured and monitored the service delivered and were designed to drive improvement.

People and staff were involved in developing the service and their feedback was sought through surveys.

Good ●

Direct Support Professionals

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 took place on 3 December 2018. We gave the service 48 hours' notice of the inspection visit because it is small and the registered manager may not have been in the office. We needed to be sure that they would be in. The inspection was carried out by one inspector.

Prior to the inspection we reviewed the information we held about the service. This included information from other agencies and statutory notifications sent to us by the registered manager about events that had occurred at the service. A notification is information about important events which the provider is required to tell us about by law. The registered manager had completed a Provider Information Return (PIR). The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with one person who used the service. We visited them at their home and were accompanied by a member of staff. We spoke with the registered manager, the company administrator and a support worker.

We reviewed a range of records about one person's care and the support they received. We also looked at staff training, support and recruitment records and other records relating to the management of the service.

Is the service safe?

Our findings

People were safe and systems were effective in protecting people from abuse. Staff had completed training in safeguarding and knew what action to take if they suspected abuse was taking place. For example, the risk of financial abuse had been minimised for one person because the local authority managed their affairs. Permission had been given to ensure the local authority were authorised to do this. The person had given their agreement to this arrangement.

We visited a person in their home and were accompanied by a staff member. The staff member knocked on the front window of the person's flat, so that the person could then see who had come to call. This worked well and the person told us they felt safe being able to see who was visiting before they let them in.

When accidents or incidents occurred, these were reported to senior staff and the outcomes recorded. The Provider Information Return stated, 'Support staff will report any incidents or accidents to the office and these are recorded in a log which shows trending for each service user across the year. If any safeguarding issues are reported, the duty team at West Sussex County Council will be notified immediately. The company has a safeguarding officer and all staff have undergone safeguarding training as part of their induction which is certificated. Our policies and procedures reflect that of the Sussex Safeguarding Adults policies and procedures. Taking into account 'making safeguarding personal' we promote and practice open communication with our service users and acknowledge their requests when raising concerns, whilst respecting confidentiality'.

Risks had been identified and assessed and were managed safely. Care plans assessed people's risks and documented in detail the action staff should take to mitigate risks. The risk of falls had been recognised for one person and a referral was made to the local authority's falls team when the person sustained some falls. The person now had a pendant around their neck which they could press should they need help in an emergency. The pendant also used a form of technology which meant the person pressed the button at particular times of the day to let the service know they were safe and well. This enabled the person to retain a level of independence which they told us they valued. A staff member told us that the person was, "reluctant to go out in the winter, because he is unsteady and he worries about being blown over". Whilst encouraging the person to be as independent as possible, staff recognised it was important for the person's wishes to be respected with regard to whether they went out of their home. A staff member explained that if the person became unwell, their needs could change. The support they required was tailored accordingly and the staff member said they could spend as much time as was needed with the person.

Staffing levels had been assessed based on the person's care and support needs. Two staff provided this care and support over a two-weekly work cycle. One staff member told us they never felt rushed and said, "I am flexible and I can spend time with the client". They added that if they were running late, they would contact the person to let them know, but that this hardly ever happened. The person told us they were happy with the amount of support they received and with the staff who supported them.

Systems had been established to ensure that new staff were recruited safely. References were obtained and

checks made with the Disclosure and Barring Service in relation to staff suitability to work with vulnerable people. We checked one staff file and all appropriate checks had been completed. The staff member had worked for the provider for several years.

Staff had been trained in the administration of medicines and medicines were managed safely. The person who received support did not require any assistance with their medicines as they managed these independently. A staff member said they would routinely check with the person when they visited that they had taken their medicines as needed. Daily charts had been signed by staff which stated they had reminded the person to take their medicines. We saw the person had a 'self-medicating agreement plan' that included consistent guidance for staff.

People were protected from the risk of infection. Staff had access to personal, protective equipment. Staff wore disposable aprons and gloves when preparing meals or when assisting with personal care.

Is the service effective?

Our findings

People received effective care and support from staff who had completed a range of training. Training was delivered to staff either face to face or as online training. The staff training plan showed that staff had completed all training as needed and this was up-to-date. Training considered to be essential by the provider for staff to carry out their roles and responsibilities included moving and handling, health and safety, first aid, mental capacity, learning disability, food hygiene and nutrition. One staff member said, "The person who delivers the training uses his own experience, so it really helps me to understand". We were told that staff who supported people at this service also worked at one of the provider's other homes. New staff gained experience at the provider's other homes before working with people in their own homes. This meant that the provider could be assured staff had all the necessary skills and experience when working more independently.

Staff were supported by senior staff. Staff received regular supervisions and had an annual appraisal. One staff member told us they felt supported by their line manager and by the staff at the provider's office. The registered manager explained they had developed a new format for supervisions making them more specific to cover a wider spectrum of topics with staff. A new, more in-depth lone worker risk assessment had also been designed and put into practice to protect people and staff. Spot checks were made to ensure staff provided the right kind of support to people that was of a high standard. In the Provider Information Return (PIR), it stated, 'Spot checks are performed by Direct Support Professionals to ensure that all of the service user's needs and outcomes are being met and that they are satisfied. These are performed regularly throughout the year and more often if required'.

People were supported by staff in the preparation of meals. Staff encouraged people to maintain a healthy diet and ensured people had sufficient quantities of food and drinks. One person required their food to be of a soft texture and fork mashable as they had been assessed as being at risk of choking by a speech and language therapist. A staff member explained how they prepared the lunchtime meal, which was the main meal of the day for one person. The staff member then sat with the person to make sure they ate their meal safely. The staff member explained that the suppertime meal and breakfast were either light snacks or of a soft consistency, so the person could eat these independently.

The provider worked with the local authority to provide effective care and support to people. The registered manager told us that people who used the service were directly referred by the local authority. Representatives from the local authority contacted the provider when they had identified people who would benefit from a service. The registered manager, or another staff member, would then complete a pre-assessment to see whether the person's needs could be met.

People were supported to live healthier lives and had access to a range of healthcare professionals and services. One care plan showed the person had received support from a speech and language therapist, chiropodist, GP and from an occupational therapist. As a result of occupational therapy input, adaptations were planned for a wet room to be installed so the person could shower independently. Care passports were completed so that if a person needed to be admitted into hospital, healthcare staff had all the relevant

information they needed to care for the person. Staff could accompany people to their healthcare appointments if required. People were encouraged to have regular health checks and, with their consent, to have an annual 'flu jab.

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 had completed training in mental capacity and understood their responsibilities under this legislation. The person receiving a service had mental capacity to make their own decisions and was supported by staff if needed. The local authority had powers granted under the Court of Protection to manage the person's property and finances.

Is the service caring?

Our findings

People were supported by kind, friendly and caring staff. We visited a person who received support with their personal care in their own home. We observed that staff knew the person well and asked them about their family and what plans they had for Christmas. The person obviously enjoyed the conversation and talked enthusiastically about what they had been doing. We asked the person what they thought about the staff who supported them and they were very complimentary. They told us they had no concerns at all about the staff or the service they provided. Staff treated them with kindness and respect. The person explained how staff assisted them not just with personal care, but with everyday tasks around their home outside of their normal duties. For example, helping them to put up their Christmas decorations to make their home look festive.

Staff supported people to express their views and to be involved in all aspects of their care. During the home visit, the person explained it was always their choice about what they wanted to do when staff supported them, including how they wanted things to be done. Sometimes the person wanted to go out and on other occasions, they preferred to be supported in their home. Staff were flexible in their approach and provided the support required that was completely personalised and in line with the person's wishes. Staff told us they had enough time to spend with people. One staff member told us, "We encourage [named person] to make choices". They added that the person was, "fiercely independent" and was very much involved in deciding how they wanted to use the hours of support allocated. Staff were flexible with this and could adapt their ways of working to fit in with the person's needs and choices.

People's privacy was respected and all information relating to their care and support was kept confidentially. Staff understood the importance of promoting people's independence to enable them to live in their own homes. One staff member told us of the support provided when assisting a person to shower, how they did this in a dignified way and encouraged the person to do as much for themselves as they could. In the Provider Information Return (PIR), it stated, 'Empowering our service users is important and ensuring they are able to express their views and preferences and have an active input into their support planning is at the forefront of the service we provide. We therefore promote advocacy services and will support our service users to access these when required'. People's communication needs were taken account of and staff sought accessible ways to communicate with people in relation to decision making.

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. From August 2016 all organisations that provide NHS care or adult social care are legally required to follow the Accessible Information Standard. The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand so that they can communicate effectively. According to the PIR, the provider has, 'been looking at the accessible information standards and formatting the information in the service users' files to make it more person centred and easy read for the service users. The font and size of the font has been changed on all documents as we update the files. Staff are actively encouraged to contribute more to the service user's support plan, guidelines and risk assessments along with the service user. We have been utilising the West Sussex Learning and Development Gateway for training and this has ensured that our staff are trained to the level in which the local authority recommend'. Records confirmed this, for example care plans were written in an accessible format and according to people's communication needs, where they were able, people signed their care plans to show their agreement.

We looked at the care plan in the home of one person and this was accessible, including detailed information about the person and how they were supported on a day-to-day basis. We also looked at this person's care plan which was kept at the provider's office. This mirrored the information held in the person's home file and included the person's likes, dislikes and preferences. The person's medical, mental, physical and emotional needs had been assessed and documented providing clear information and guidance to staff on how to support the person. Information relating to the person's health condition was included and the equipment they required to assist them with their mobility. The care plan had been reviewed and changed as needed, for example, following a number of falls and a referral to the falls team.

We asked the provider how they would interpret and meet people's diverse needs, without discrimination. The provider explained how they supported people in a personalised way and gave examples of staff providing prompts for one person to aid their memory. These related to the person remembering to take their front door key and other items, such as money, when they went out. A calendar in the person's kitchen noted any trips that were planned or appointments that needed to be booked or had been booked. Contact details of the provider and staff were on-hand so the person could call if they needed assistance, at any time of the day or night. All these measures enabled the person to live an independent life. The provider said they had previously sourced an English tutor to work with staff where English was not their first language. This enabled staff to provide effective support to people and to understand their needs and requests. In the Provider Information Return (PIR), it stated, 'We are a progressive company and are happy to work with people [staff] of all cultures so that they are able to meet the needs of our service users effectively'.

Complaints were responded to in an effective way. The provider had a complaints policy and this was available in an accessible format. One complaint had been received within the last year and this was resolved within 24 hours. Following discussion with the person's relatives and allocated social worker, the complaint was settled to the satisfaction of all concerned.

Is the service well-led?

Our findings

The governance arrangements were robust and the provider ensured that responsibilities were met in relation to quality performance, risks and regulatory requirements. Information regarding people was kept in a way that maintained their privacy and data was held in accordance with the General Data Protection Regulations 2018 (GDPR). The GDPR is a legal framework that sets guidelines for the collection and processing of personal information of people. The provider had a policy and procedures relating to GDPR to protect the rights, freedom and personal data of people and employees. The provider stated that risk assessments, guidelines, support plans and assessments were regularly updated.

There was a clear vision in place to deliver high quality care and support to people that was person-centred, open and inclusive. According to the Provider Information Return (PIR), there was an, 'ethos of independent living at the forefront of any decisions made and service provided. Each service user has a person centred support plan, guidelines and risk assessments to ensure that their support package includes their individual goals, preferences and interests. They are able to live safely and independently and they are able to meet their goals and desired outcomes whilst ensuring that their rights, their privacy and their dignity are preserved and promoted at all times'.

A system of audits had been set up to monitor and measure the quality of the service provided. Audits identified whether staff required any additional training, had regular supervisions and that spot checks were made at people's homes throughout the year. Care plans were reviewed at least six monthly or when required.

People and staff were involved in developing the service. The provider had introduced a new format for satisfaction surveys across all their locations which were more person-centred. The provider stated this had been successful and that more responses had been received as a result. The feedback received would enable the provider to continually review and improve the service delivered to people. The survey for the current year had just been sent out to people. A staff member told us that in addition to surveys sent out by the provider, the local authority also sought feedback from people who had been referred to the service. The staff member added that they assisted the person they supported to complete the surveys and that the person was happy with the service they received. Staff were also asked for their views through surveys. As this service was registered within the last year or so, surveys had only recently been sent out, so no results were yet available. Staff said they felt supported in their roles and that the management team were always available and accessible; there was an 'open-door' policy.