

Brighton and Sussex Care Limited

19a Rock Street

Inspection report

19A Rock Street
Brighton
East Sussex
BN2 1NF

Tel: 01273628701

Date of inspection visit:
07 February 2019

Date of publication:
18 March 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? | Requires Improvement ● |

Summary of findings

Overall summary

About the service: 19A Rock Street is a domiciliary care agency and provides support with personal care to people living in their own homes. At the time of the inspection two people received personal care from the service.

At this inspection we found the service to be Good overall. However, the well-led question remained Requires Improvement. For more details, please see the full report which is on the CQC website at www.cqc.org.uk

People's experience of using this service:

We found some improvements were needed to people's records to ensure they contained all the information about people and fully reflected people's risks and support needs. We made a recommendation about this.

Staff had a good understanding of the risks associated with the people they supported. Risk assessments provided further information for staff. People were protected from the risks of harm, abuse or discrimination because staff knew what actions to take if they identified concerns.

People were supported to receive their medicines when they needed them. There were enough staff working to provide the support people needed, at times of their choice. Recruitment procedures ensured only suitable staff worked at the service.

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. People's health and well-being needs were met. They were supported to have access to healthcare services when they needed them. Staff received training that enabled them to deliver the support that people needed. Staff received support from the manager and their colleagues.

People were supported by staff who knew them well. Staff understood people's needs, choices and histories and knew what was important to each person. People were treated with kindness, respect and understanding. They were enabled to make their own decisions and choices about what they did each day.

People received support that was person-centred and met their individual needs, choices and preferences. People's hobbies and interests were included in their support to ensure their well-being needs were met. Complaints had been recorded, investigated and responded to appropriately.

The manager was well thought of and supportive to people and staff. They had a good overview of the service. There were systems in place to assure quality and identify if improvements to the service were needed.

Rating at last inspection: Requires improvement. (Report published 22 February 2018).

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

19a Rock Street

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

The inspection team consisted of one inspector.

The service is required to have a registered manager:

There was no registered manager at the service. However, there was a manager working at the service and responsible for the day to day running. They were in the process of registering with Care Quality Commission to become the registered manager. The registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Service and service type:

This service is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a service to people living with a learning disability, those on the autistic spectrum and people living with mental health needs.

Not everyone using 19A Rock Street 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 twenty two people were using the service but only two people received support with personal care.

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because we needed to be sure the management would be in the office. We visited the office on 7 February 2019 to see the manager and to look at the records.

What we did:

Before the inspection we reviewed the information, we held about the service and the service provider. The registered provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law. During the office site visit we looked at records, which included two people's care and medicines records. We checked training records and looked at a range of records about how the service was managed. We also spoke with the manager, a senior manager from the provider the duty manager and nine support workers. We spoke with one person to gather their views about the support received.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Staff received safeguarding training and were able to tell us what actions they would take if they believed someone was at risk of harm, abuse or discrimination.
- The provider had a safeguarding policy for staff to follow.
- Where concerns were identified these had been referred to the appropriate authority. The manager worked with relevant organisations to ensure appropriate outcomes were achieved.

Assessing risk, safety monitoring and management

- Risk assessments provided guidance for staff to follow. Risk assessments contained information about individual and environmental risks. These included risks associated with people's mental and physical health, behaviours that may challenge and risks associated with the person's home environment.
- Some risk assessments had not been recently reviewed. Risks associated with one person's support needs had very recently changed. The risk assessments had not been updated. However, this did not impact on people's support because staff had a very good understanding of the risks and how to support the person safely.
- Staff told us how they supported people to minimise any risks. They told us they were updated about changes to people's risks and support needs before they supported people each day.

Staffing and recruitment

- A robust recruitment process was followed to ensure staff were suitable to work in the care environment.
- There were enough staff working to ensure people received the support hours they needed, at times of their choice.

Using medicines safely

- There were systems in place to ensure medicines were managed safely.
- Staff completed medicine training and medicine competencies before they provided support to people with medicines.
- The manager had identified improvements were needed with the medicine system. This was to ensure medicine records were well completed. A staff member explained they had been supporting a person with their medicines. Before they had completed the medicine record an incident had occurred and the record had not been completed. Therefore, staff had completed further medicine training and two staff were now present when medicines were given.

Learning lessons when things go wrong

- Accidents and incidents were recorded and where appropriate were referred to other organisations such as safeguarding teams and CQC.

- Staff took appropriate action following accidents and incidents to ensure people's safety and this was recorded. Details and follow up actions by staff to prevent a re-occurrence were documented.
- Following any accident, incident or safeguarding concern information was shared with staff. This helped to ensure, where appropriate, they were all aware of what steps to take to prevent a reoccurrence.

Preventing and controlling infection

- Staff received infection control training and there was an infection control policy.
- Protective Personal Equipment (PPE), such as aprons and gloves, were available to staff to use when they supported people with personal care and the application of creams.
- Staff completed food hygiene training to ensure they safely supported people with meal preparation.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence. People's outcomes were consistently good, and people's feedback confirmed this.

At our last inspection in January 2018, this key question was rated "requires improvement". This was because improvements were needed to staff training and supervision. At this inspection, we found the service had taken steps to address this. Therefore, the rating for this key question has improved to Good.

Staff support: induction, training, skills and experience; Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

- Induction training included first aid, safeguarding, mental capacity and health and safety. Staff also received training that reflected the needs of people using the service. This included an awareness of learning disability and autism and an awareness of mental health.
- There was an overview of training that staff had completed. The manager used this to identify when staff required training updates. Work was ongoing to ensure staff completed these. Staff told us they received training updates and were supported by the manager and staff.
- Staff who were new to care completed the care certificate. This is a set of 15 standards that health and social care workers follow. It helps to ensure 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.
- Competency checks had been completed for staff who administered medicines. However, assessments of other competencies had not been recorded. A senior manager from the provider told us other competency checks were available but were not being used at the service. We recommend the provider use these to record competencies and evidence staff learning.
- Staff told us, and records confirmed, staff were supported in their roles. They had regular one to one meetings to discuss their practice and identify further learning.
- There had been no new admissions to the service in the past year. The manager told us staff would receive appropriate training to ensure they could meet people's needs before they started using the service.

Supporting people to eat and drink enough to maintain a balanced diet

- Where required, staff supported people to have enough to eat and drink throughout the day. There was guidance about encouraging one person to make healthy choices at mealtimes and to eat regularly throughout the day. A second person was supported to eat breakfast each day. They came to the office each day and staff prepared a breakfast they enjoyed. The person told us they benefitted from this support as it meant they could take their tablets after they had eaten.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care.

- People were supported and encouraged to maintain and improve their health. Records showed people were supported to attend regular health appointments to maintain and improve their mental and physical

health.

- Staff recognised the importance of working with people to maintain their health. Where appropriate staff arranged and attended health appointments with people, if they wished for this support. Where staff were concerned about people or recognised a change in their health referrals would be made to the appropriate professionals.
- People had a health action plan and these contained information about the person's health needs, what they needed to do to remain healthy, how they expressed themselves when unwell and who was involved in their health care support.

Ensuring consent to care and treatment in line with law and guidance

- People who received personal care had the capacity to make their own decisions and choices. One person told us, and records confirmed that these choices were respected.
- People's consent was sought and agreed before support was provided.
- 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.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect. People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- Staff demonstrated a caring attitude to people. Staff knew people well, including their backgrounds and histories, likes and choices and what was important to each person. They understood their needs and used this information to support people.
- Staff recognised when people needed emotional support. They told us about a person who had received some news that had upset them. Staff spoke about the person, and the situation, with understanding and compassion. They explored ways in which they could comfort and support the person, both on that day and for the future.
- There was a small meeting area at the office. Staff told us people would visit throughout the day for a chat and reassurance. We saw one person (who did not receive the regulated activity) had called in and was being supported with kindness and understanding by a member of staff.
- Staff had a good understanding of dignity, equality and diversity. They were aware of the importance of treating people equally. This was demonstrated through discussions and records.
- People were supported by regular staff, of the person's choice. This helped people develop good relationships with staff who they trusted and who understood their needs. People were sent rotas so they knew who was supporting them each day.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to express their views and choices. They were involved in developing and reviewing their support plan.
- People had support for a number of hours each day. This gave them time and opportunity to discuss their needs and choices with staff.
- One person told us they were supported to identify their support needs and develop their support plan. They told us they were happy with the support but today they wanted to spend time on their own and did not want any support. This was respected by staff.

Respecting and promoting people's privacy, dignity and independence

- We were speaking with one person at the office. A member of staff asked if the person would like to talk with us alone. The person asked the staff member to stay. This demonstrated staff understood the importance of privacy and also that the person was comfortable and reassured by staff presence.
- The manager told us the aim of the service was to improve and promote people's independence. Each person had goals which were meaningful to them with the aim of promoting their independence. These had short and long-term objectives. People's progress was monitored and reviewed to support them to develop their own skills at their own pace.
- Information in support plans showed staff understood the importance of promoting people's dignity and privacy. This included reminding people to close their curtains when changing their clothes and

encouraging them to maintain their personal hygiene.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs. People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received personalised support specific to their needs and preferences. Staff had a good understanding of seeing each person as an individual, with their own social diversity, values and beliefs.
- The person-centred culture was embedded at all levels. For example, staff valued people and knew their preferred daily routines, likes, dislikes and wishes.
- People received support from a regular team of staff and at their choice. Staff understood that due to people's complex needs they may not want their support at the arranged time. Therefore, there was some flexibility in the staff team so that people's support hours could be amended, wherever possible, at short notice.
- People's support plans were designed and reviewed with them to help ensure they reflected people's support needs.
- There was information about people's interests and hobbies and what they liked to do each day. This information was used to develop individual support plans. For example, one person enjoyed walking and this was included within their daily support routines.
- Support plans provided guidance for staff about the support people needed. This, for example, included information about personal care needs and why this was important to maintain the person's health and well-being.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and the records reflected complaints received by the service were recorded, investigated and responded to.
- Information from complaints was shared with staff, when appropriate, to prevent a reoccurrence.
- There had been no complaints in the last year in relation to people who received personal care.

End of life care and support

- 19A Rock Street did not provide end of life care. However, support plans demonstrated people were given the opportunity to discuss end of life wishes if they chose to. This information would be used to develop future care and support for people when required.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture. Service management and leadership were inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Regulations have been met.

At our last inspection in January 2018, this key question was rated "Requires Improvement". This was because the provider had not identified and addressed shortfalls in a timely way. At this inspection, we found the service had taken steps to address this. However, improvements were needed to ensure records were well completed. Therefore, the rating for this key question remains "Requires Improvement".

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Some aspects of record keeping needed to be improved. The risk assessments for one person had not been reviewed since November 2017, however staff were clear about the risks associated with supporting the person and how these were managed. The person was also following a healthy diet, staff told us the person had lost a lot of weight and were clearly proud of the person's achievements. However, this had not been recorded. We could see from the records this person often declined to be weighed but the record had not been completed since October 2017.
- We noted that monthly reviews of care plans and key worker reviews had not been recorded. The senior manager from the provider told us these were not part of the provider's paperwork. They had been in place from the previous provider and were not part of the current expectations to complete. We recommend that the provider review the paperwork to ensure it is current and reflects their policy. These issues did not impact on people because staff knew people well and had a good understanding their needs and the support they required.
- There was no registered manager at the service. However, there was a manager working at the service and responsible for the day to day running. They were in the process of registering with Care Quality Commission to become the registered manager.
- Staff had clearly defined roles and were aware of the importance of their role within the team.
- There was a management structure, which gave clear lines of responsibility and authority for decision making.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The manager planned and delivered person-centred, high-quality support to achieve positive outcomes for people. This considered all aspects of a person's life, and ensured support reflected people's individual needs and choices.
- The manager understood their responsibilities for duty of candour and took the appropriate action to inform all the relevant people when incidents occurred.
- Staff told us the manager was supportive and approachable. They told us there had been considerable improvements since the manager had started work at the service. One staff member said, "Rotas are settled,

we know when meetings are, I can plan my life now." Another staff member told us, "Things have improved, it's more structured, there's more senior staff and more support. The manager is approachable and it's nice to have a manager here as part of the team."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were given opportunities to provide feedback about the service. People had regular reviews, they could provide feedback at that time. They were also able to provide feedback during their support times, and people regularly contacted the office if they had concerns. Surveys were also encouraged for people and relatives to complete.
- People were involved in interviewing new staff. The manager told us this had been helpful to people and to staff. Some people did not like meeting new staff and may decline new staff shadowing other staff when they first started work. The manager said, because people had already met the new staff member they were happy for them to provide support.
- There were regular meetings where staff teams discussed people and their support needs and identified areas where changes to support may be needed. Staff attended regular meetings to identify any concerns, provide feedback and be informed about changes and planned improvements.

Continuous learning and improving care

- There was a quality assurance system which helped to identify areas that needed to be improved and developed.
- The manager had identified improvements were needed in relation to medicines. They had introduced new training and made changes to the way medicines were given.
- The provider had identified changes were needed to the care planning system. New training had been booked to start after the inspection.
- The manager told us about a workshop that had been planned to decide the future model of the service. The manager told us this would look at what they were proud of, what worked and what else was needed.
- Accidents and incidents were logged, and action had been taken to reduce the likelihood of the event occurring. However, the manager and staff provided us with more detailed information than what had been recorded. We discussed with the manager about recording all this information to better reflect the learning and improvements that had taken place.

Working in partnership with others

- The service had developed links with the local and wider community, and other organisations to support people's preferences and needs. People had built relationships with people in the community.
- The manager and staff worked in partnership with other services, for example their GP, social workers, learning disability and mental health teams to ensure people's needs were met in a timely way.