

Sustain (UK) 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?

Good ●

Summary of findings

Overall summary

This inspection took place on 11 January 2017 and was announced. We gave the provider 48 hours' notice that we would be visiting the service. This was because the service provides domiciliary care and we wanted to make sure staff would be available. This was Sustain UK first inspection since it was registered.

There was a registered manager 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.

Sustain UK is a domiciliary care agency registered to provide personal care to people living in their own homes. At the time of our inspection Sustain UK provided care and support to eight people. Two people were living in the community and the rest in supported living accommodation. Support is provided to people who may have a physical disabilities, learning disability or mental health needs. The service supports people who require support with personal care needs at specific times of the day.

People felt safe. Staff had received training and understood the different types of abuse and knew what action they would take if they thought a person was at risk of harm. The provider had processes and systems in place that kept people safe and protected them from the risk of harm.

People were supported with their medication by staff that had received appropriate training. People had been involved in the planning of their care and received support in line with their care plan.

People were supported to make choices and were involved in the care and support they received. The provider took actions to ensure people's legal rights were protected.

Staff were trained and supported so that they had the knowledge and skills to enable them to care people for in a way that met their [people's] individual needs and preferences. Where appropriate people were supported to access health and social care professionals.

Staff was caring and treated people with dignity and respect. People's choices and independence was respected and promoted and staff responded to people's support needs.

People, relatives and staff felt they could speak with the provider about their worries or concerns and felt they would be listened to and were confident changes would be actioned if needed

The provider had quality assurance and audit systems in place to monitor the care and support people received to ensure the service remained consistent and effective.

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 is safe

People felt safe with the staff that provided them with support. People were safeguarded from the risk of harm because staff was able to recognise abuse and knew the appropriate action to take.

Risks to people's health and safety had been identified and were known to the staff. This ensured people received safe care and support.

People were supported by sufficient numbers of staff that was effectively recruited to ensure they were suitable to work with people in their own homes.

People were supported by staff to take their medicines as prescribed by their GP.

Is the service effective?

Good 

The service was effective

People were supported by staff that had the skills and knowledge to assist them.

People's consent was sought by staff before they received care and support.

People were supported by staff with healthy meals where appropriate.

People were supported to get medical support when it was required.

Is the service caring?

Good 

The service was caring

People were supported by staff that were kind and respectful.

People's independence was promoted as much as possible and

staff supported people to make choices about the care they received.

People's privacy and dignity was maintained.

Is the service responsive?

Good ●

The service was responsive

People received individualised care and support that met their needs. because staff was aware of people's individual needs likes and preferences.

People had information and knew how to raise concerns about the service they had received. The provider took appropriate actions in response to concerns raised.

Is the service well-led?

Good ●

The service was well-led

Quality assurance and audit processes were in place to monitor the service to ensure people received a good quality service.

People were encouraged to provide feedback on the quality of the service they received and were happy with the quality of the service provided.

Sustain (UK) 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.'

The inspection took place on 11 January 2016 and was announced. We gave the provider 48 hours' notice before the inspection because the location provides a domiciliary care service. The registered manager was not available at the time of the inspection. However, a representative was available to support us during the inspection. This is the first inspection of this service since it was registered at this address. The inspection was completed by two inspectors.

Before the inspection, we asked the provider to complete 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. The PIR that had been returned to us had not been updated to reflect that the providers location had changed so some information was not relevant to this inspection.

During our inspection we were able to speak with two people who used the service, because some people had complex care needs. We spoke with the relatives of four people. We spoke with six staff including a representative of the provider, three care staff and two office staff. We reviewed the information we held about the service in the form of statutory notifications received from the service and any safeguarding or whistleblowing incidents, which may have occurred. A statutory notification is information about important events, which the provider is required to send us by law. At the time of our inspection, the service was providing support to eight people who lived in the Birmingham area in supported housing or in their own homes in the community. We reviewed a range of records about people's care and how the service was managed. These included care records, staff training, employment records and quality checks that had been completed by the provider.

Is the service safe?

Our findings

People and their relatives told us that the service provided was safe. One person who used the service told us, "Yes I am safe they [staff] make sure I am by helping me. They are very good." A relative told us, "I am really pleased how they [staff] support [person]. [Person] has come on leaps and bounds, I have no worries at all about their safety they are safe and secure and staff are so versatile, committed to [person's] safety."

People and relatives spoken with told us that they discussed any risks with the staff who were responsive and acted on any concerns or changes they requested in relation to safety. One relative told us, "The agency is very thorough to ensure both the staff and [person] is safe, excellent communication where safety is concerned." Risk management plans seen were detailed and ensured information was available to keep people safe when staff supported them. For example risks relating to people's mobility, nutrition, medication and the environment. The risk management plans were detailed showing what actions were to be taken to reduce risks when staff supported people. These safety measures meant the likelihood of people being injured were reduced. Staff told us that they reviewed the risk management plans each day to ensure that no additional risk had been identified. One staff member told us, "If a new risk is identified that may place the person at risk or us, then a review is held immediately." All staff spoken with confirmed this action was taken by the provider.

The staff we spoke with told us they were aware of how to recognise signs of abuse and were aware of external agencies they could contact to report their concerns. Staff told us they knew how to contact the local authority safeguarding team and the Care Quality Commission (CQC) if they had any concerns. Staff told us they felt confident to raise any issues or concern with the registered manager knowing that they would be taken seriously. The provider had a policy in place for safeguarding people from abuse. This policy provided guidance for staff on how to detect different types of abuse and how to report abuse. There was also a whistle blowing policy in place for staff to report matters of concern. The representative of the provider told us they operated an open door policy and people could contact them at any time if they had concerns.

We reviewed the recruitment and selection process for two staff members to ensure appropriate checks had been made. Staff spoken with confirmed that employment checks were made and they were not allowed to work unsupervised until such time that all the relevant information had been obtained. We found the recruitment practices were safe and relevant checks had been completed. This included ensuring a Disclosure and Barring Service (DBS) check was made and at least two satisfactory written references were obtained. This helped the provider to ensure people who used the service were protected from individuals who had been identified as unsuitable to work with people in their own homes.

People told us they were supported by sufficient staff. Some of the people who received support from the service required two staff to help them to meet their needs safely and they confirmed to us that two staff always arrived. The staff we spoke with felt there was sufficient numbers of staff to support people

Some people required support with their medication and told us that staff helped them when needed. One

person told us, "They [staff] know what they are doing when they support me." We looked at how the service managed people's medicines and found that suitable arrangements were in place to ensure people received their medicines as prescribed. For example people had assessments completed with regard to the levels of support needed. We found there were up to date policies and procedures in place to support staff and to ensure that medicines were managed in accordance with current regulations and guidance. Staff confirmed they had received training on supporting people with their medicines and regular checks were undertaken to ensure that they were competent to support people with their medicines.

Is the service effective?

Our findings

People and their relatives told us that they felt staff were trained in what they did. One person who used the service told us, "Staff tell me they are doing training because when they are I have a different member of staff so I know they are trained." A relative told us, "Yes staff are trained and they have ongoing training. I know because we are told in advance that someone else will be coming on that day."

We looked at the records of the staff training provided and the support staff received to undertake their role. Staff told us they did not carry out any work alone until they felt confident and competent to carry out their roles. We saw documentary evidence that showed all new staff completed induction training on employment and shadowed a more experienced member of staff when they were first employed. We looked at the staff rota and saw two recently employed staff had been through this process. We looked at staff training records, which showed staff had completed a range of training sessions. These included food safety, infection control, equality and diversity, first aid, moving and handling and medication. Staff told us they had completed the care certificate. The care certificate is the new minimum standards that should be covered as part of induction training for care workers.

Staff spoken with told us the training provided was good and provided them with the skills, knowledge and understanding they needed to carry out their role effectively. Staff told us they were also able to request specific training to be provided if it was needed to meet a person's needs. The provider's representative told us that the agency used a process that assessed staff ability with the person they were supporting to ensure that staff had the right training to support them. Staff told us training needs were identified during formal one to one supervision meetings which were held every three months. The provider's representative told us supervision meetings were important as they supported staff to carry out their roles effectively, plan for their future professional and personal development and give them the opportunity to discuss areas of concern.

People were protected by staff who understood the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA protects people who may lack capacity and ensures that their best interests are considered when decisions that affect them are made. Each person's capacity was determined before they used the service and where necessary best interests meetings were held. Staff demonstrated their knowledge of the MCA. Staff told us they always asked people's consent before they provided any care or support and continued to talk to people while they assisted them so they understood what was happening. The staff told us they respected people's right to refuse care and support and never insisted they accepted assistance against their wishes. The people we spoke with confirmed this. Care records showed and staff confirmed that the provider monitored people's mental capacity to make decisions about their care monthly so any deterioration could be identified and the appropriate assessments completed. This showed that the provider was working within the principles of the MCA.

A relative told us, "They support [person] with their meals when needed and ensure if [person] is not eating they contact me." One staff member told us, "If we have to cook a meal for someone they make the choice of what they want us to cook." Records seen showed that where people required support with their meals

nutritional assessments were completed and family members were contacted if the staff had any concern about people not eating and drinking enough to remain healthy.

People and relatives told us that support was provided in relation to health care. A relative told us, "There are regular reviews of the support needed, communication is very good, which is invaluable to ensure person attends their appointments. Staff are very pro-active in calling other healthcare professionals such as general practitioners or the district nursing service if they feel [Person] is unwell and they cannot contact me. This I feel helps family members to feel assured that staff will use their initiative so there is no delay." This showed that when emergencies were identified the staff took the appropriate action to keep people safe and well.

Is the service caring?

Our findings

People who used the service and relatives we spoke with all told us staff were caring in their approach and treated them with dignity and respect. One relative told us, "The staff are absolutely brilliant, very friendly." One person told us, I like them, [staff]." Another person told us, "They [staff] are my friends."

Staff understood the importance of respecting and promoting people's privacy, dignity and independence when they supported people with their personal care needs. They described ways in which they maintained people's privacy and dignity. For example, one staff member told us "You have to treat people with respect and provide explanations when you are providing care. I knock on doors; don't just walk in but wait until you are asked." Another staff member told us, "Keep doors and curtains closed, check what level of independence they have and ask people if they want to be left on their own or if they want assistance." A relative told us, "It's the little things they [staff] do and the respect that staff show when supporting the person, they are so professional. If I could give an award for caring and respect and maintaining dignity of the person then I would give it to Sustain."

Staff spoken with knew the people they supported well and were able to tell us about the people they supported in detail. A relative told us their family member sometimes had difficulty expressing themselves but they had developed a close relationship with their support worker. A support worker is a named member of staff who takes a lead and special interest in the care and support of the person. One person told us, "It's the best care I have ever had." Relatives told us that they spoke with the same support worker most of the time and felt that it gave continuity of care for their relatives. One relative told us, "[named staff member] knows all about [person], for example, their likes, how they want things done and their ups and downs."

Is the service responsive?

Our findings

People received care from staff who knew them well. The provider ensured that staff were compatible with the person they were supporting including the person's choice of male or female care staff. People and their relatives spoke well of staff. One relative told us, "(the service) is first class, Very good indeed." Another person told us, "Fantastic service." Before people started using the service the provider visited them to assess their needs and discuss how the service could meet their wishes and expectations.

People who used the service and/or their relatives told us they were involved in planning their care and support and were pleased with the standard of care they received. One relative said, "I was involved in the initial assessment process and I have also been involved with the on-going care plan reviews." From these assessments we saw that care plans were developed, with the person, who was asked how they would like their care and support to be provided. Care plans contained details about each person's specific needs. For example, their personal care, moving and handling and dietary needs. Care plans were individualised so staff provided support differently to each individual based on their choices preference, and personal history. Relatives spoken with told us that their family members were supported as an individual although they lived in a supported housing accommodation.

The provider had a complaints procedure and we saw that all complaints were acknowledged and responded to within set timescales. We looked at the complaints records and saw there was a system in place to make sure any concerns or complaints were recorded together with the action taken to resolve them. We saw that thorough investigations were carried out. This showed people's concerns were listened to, taken seriously and responded to promptly. The provider did undertake an analysis of complaints; this would enable the provider to see any on-going trends so improvement could be made if needed. The representative of the provider told us they had a proactive approach to managing complaints and they were always available to talk to people and deal with any concerns as soon as they arose. People and relative spoken with told us that they could contact the office if they had any concerns and had confident in the registered manager and other staff to take prompt action.

Is the service well-led?

Our findings

People and their relatives told us they were contacted by the provider on a regular basis to ensure that the service provided was meeting their needs. We looked at some of the feedback from people using the service or their relatives. Comments included, "I'm very happy with the service and thank you for all your support. "Very professional and helpful staff."

We saw effective monitoring of the service including complaints, safeguarding issues and medication records. There was a clear process for consulting with people about their care and support and regular reviews took place to ensure that continuity of care was provided. Relative's and people spoken with confirmed that there was constant communication with the staff and the management.

We saw the registered manager audited people's support plans and risk assessments, on a regular basis so that action could be taken quickly to address any areas of concern. The provider's representative told us senior staff also carried out random spot checks on staff as they worked in people's homes to make sure care and support was being delivered in line with their agreed support plan. The provider's representative confirmed the frequency of the spot checks were determined by several factors including the complexity of the service provided, potential issues with the working environment and people not having regular family visits.

Staff were aware of the provider's philosophy and vision to promote people's independence and values. Staff described an open culture where they felt they could raise and safely discuss issues which could impact on people's well-being. There was a clear leadership structure which staff understood. Members of staff told us that the registered manager was supportive and led the staff team well. Staff were able to describe their roles and responsibilities and knew what was expected of them, and where to go if they needed further support. Staff were supported through regular supervision and received appropriate training to meet the needs of people they cared for.

There was a registered manager in post and this meant that the conditions of registration for the service were being met. A registered manager has legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated regulations about how the service is run. The provider notified us about events that they were required to by law, including the submission of statutory notifications.