

Miss Sunita Larka

Miss Sunita Larka t/a Direct Care and Support Services

Inspection report

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Date of inspection visit:
13 June 2017

Date of publication:
04 July 2017

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

Miss Sunita Larka t/a Direct Care and Support Services provides personal care and support to people who have physical, learning or sensory disabilities. There were three people using the service at the time of this inspection who all lived in supported living schemes in the community. Supported living is where people live independently in specifically designed or adapted accommodation, but need some help and assistance to do so.

At the last Care Quality Commission (CQC) inspection in February 2015, the service was rated 'Good'. At this inspection we found the service remained 'Good'. The service demonstrated they met the regulations and fundamental standards.

People continued to be safe. Staff received training and support to help them protect people from the risk of abuse or harm. The provider ensured there was up to date guidance for staff to follow to minimise identified risks to people's health, safety and welfare. There were enough staff to keep people safe. The provider maintained appropriate arrangements to check the suitability and fitness of new and existing staff to support people.

People had a current support plan which set out how their care and support needs should be met by staff. These were reviewed regularly. Staff received relevant training so that they had the necessary skills to meet people's needs effectively. Staff communicated with people using their preferred methods of communication. This helped them to develop good awareness and understanding of people's needs, preferences and wishes.

Staff supported people to be as independent as they could possibly be. People were encouraged to learn and maintain skills they needed for independent living. They were also supported to access services and support in the community to acquire new skills and learning such as attending college courses and volunteering opportunities.

People were supported to eat and drink enough to meet their needs. They were encouraged to stay healthy and helped to access healthcare services when they needed this. People that had medicines prescribed to them, received these promptly. Staff encouraged people to participate in activities and to maintain relationships with the people that mattered to them.

Staff were caring and treated people with dignity and respect. They asked people for their consent before carrying out any care or support and respected their wishes and choices about how this was provided. Staff ensured people's privacy was maintained particularly when being supported with their personal care needs.

The provider and senior staff team provided good leadership. People and staff said they were approachable and managed the service well. The provider had strengthened management arrangements to improve accountability and support for staff at the individual schemes.

People and their relatives were happy with the quality of support received. They were encouraged to provide feedback about how the service could be improved. This was used to make changes and improvements that were required. The provider continued to maintain arrangements for dealing with complaints if people became unhappy or dissatisfied with the service.

Checks and reviews of the service continued to be made by senior staff and, along with learning from incidents and events, was used to improve working practices and processes so that people experienced good quality care and support.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

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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 checked 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 was a comprehensive inspection which took place because we carry out comprehensive inspections of services rated 'Good' at least once every two years. The inspection was carried out by a single inspector on 13 June 2017 and was announced. We did this because the provider, who was also the registered manager, was sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that they would be available to speak with us on the day of our inspection.

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. We also reviewed other information we held about the service. This included reports from previous inspections and statutory notifications submitted by the provider. Statutory notifications contain information providers are required to send to us about significant events that take place within services.

During our inspection we visited the provider's head office, which was based at one of the five supported living schemes that the service provides support to. There, we spoke with the provider and the service manager. We reviewed the care records of the three people using the service, four staff files and other records relating to the management of the service.

We visited two other supported living schemes in the community where we spoke with two people using the service, a relative, a unit manager and a care support worker. We also observed the support provided by staff. After the inspection we spoke with another relative of one of the people using service who shared their

experiences of the service with us.

Is the service safe?

Our findings

Relatives told us their family members were safe when being supported by staff. One relative said, "I feel [family member] has a good quality of life, lives in a lovely home and are safe and well looked after." Another relative told us they regularly observed the care provided to their family member and was confident that their safety was prioritised at all times.

Staff continued to be supported by the provider to keep people safe. The provider ensured all staff attended regular training in safeguarding adults at risk to enable them to stay alert and aware to signs of abuse and the action they must take to ensure people were protected. Staff were also actively encouraged through supervision (one to one meeting) and team meetings to raise with senior staff any concerns they had about people's safety and welfare. A staff member told us the provider did not tolerate poor practice or behaviours from staff that impacted on people's safety. They said the provider would take appropriate action to protect people in these instances. We saw when a concern had been raised about a person's welfare the provider had worked proactively with the local authority and other healthcare professionals involved in the person's care to ensure they were sufficiently protected.

The provider undertook regular assessment, monitoring and review of risks to people's health, safety and welfare. Where risks had been identified to people due to their specific healthcare needs there was clear guidance for staff in people's care records on how to reduce these to keep people safe whilst allowing them as much freedom as possible. For example, we saw for one person staff were instructed on how to ensure their safety when out in the community. This included supporting the person to walk safely whilst staying alert and aware to dangers posed by the general environment such as from traffic. For another person we saw guidance for staff on how to support them to reduce instances of behaviour that may challenge them and others. This included being alert and aware to situations and environments that could trigger this and taking preventive steps to minimise the risk such as the use of positive distraction techniques.

There were enough staff to support people. Staff rotas showed the provider took account of the level of care and support people required each day when at home and in the community, to plan the numbers of staff needed to support them safely. In all the supported living schemes we visited we saw staff were visibly present and providing appropriate support and assistance to people when this was needed. The provider continued to maintain recruitment procedures that enabled them to check the suitability and fitness of any new staff to undertake their role. They carried out criminal records checks at three yearly intervals on all existing staff to assess their on-going suitability to support people.

Where this was required, staff supported people to take their prescribed medicines. People's records contained up to date information about their medical history and the medicines prescribed to them. We looked at people's individual medicines administration record (MAR) and the current stock and balance of their medicines and found these had been given as prescribed. Staff received appropriate training to support people with their medicines. Senior staff used monthly audits of medicines management to assure themselves of staff's on-going competency.

Is the service effective?

Our findings

Relatives said staff had the skills and knowledge needed to support their family member. A relative told us, "When they're out with [family member] they are well prepared for any eventuality." Since our last inspection the provider had ensured all staff continued to receive relevant training to help them to meet people's needs. They monitored and reviewed training to ensure staff were up to date with the knowledge and skills required for their roles. Staff also received appropriate support from senior staff through a programme of regular supervision and an annual appraisal of their work performance. One staff member said, "The training is really good...the provider really pushes us to get our training up to date...we get regular supervision too. [The provider] is very supportive. Really helpful."

Relatives told us staff asked their family members for their consent before providing care or support. A relative told us, "[Staff] don't push [family member] to do anything if they don't want to do it. [Family member] will make their own mind up and [staff] respect their decision and choices." We checked whether the service was continuing to work within the principles of the Mental Capacity Act 2005 (MCA). 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. Any application to do so for people living in their own homes must be made to the Court of Protection.

Records showed the provider assessed and reviewed people's ability to make and consent to decisions about specific aspects of their care and support. Staff had received training in the MCA and were aware of their responsibilities in relation to the Act. The provider involved people's representatives and other health care professionals when people may not have been able to consent to or make a decision about what happened to them in specific situations, so that decisions could be made in their best interests.

People were supported by staff to eat and drink sufficient amounts to meet their needs. There was detailed information in people's records about their dietary needs including their specific likes and dislikes, food allergies and specialist requirements due to their cultural, religious or healthcare needs. This enabled staff to plan meals that people wanted. We saw during our visit to one of the schemes, meals were planned for one person that took account of their specific cultural needs. Staff supported the person to shop at stores that sold specialist food items that met this need. Staff told us although meals were specific to people's preferences, they encouraged people, where this was appropriate, to choose healthier options to support them to maintain a healthy and well balanced diet. Staff recorded what people ate and drank to help them monitor whether people were eating and drinking enough.

People were also supported by staff to maintain their health. Staff ensured people attended their scheduled appointments with the healthcare professionals involved in their care. Outcomes from these were documented and shared with all staff so that they were aware of any changes or updates to the support

people required from them. People also had a hospital passport. This document contained important information that hospital staff needed to know about them and their health in the event that they needed to go to hospital. When people were unwell or needed additional assistance with their healthcare needs, staff sought prompt support from the appropriate healthcare professionals.

Is the service caring?

Our findings

Relatives spoke positively about staff and said they were caring. A relative said, "I feel [staff] are very much caring. [Staff] always find things for [family member] to do to keep them occupied and active." Another relative told us, "I can tell by the way [family member] is looked after that they're [staff] so caring."

People that used the service had complex communication needs. Information about their communication needs and preferences continued to be well maintained on their records. This meant there was up to date guidance for staff on how people communicated their needs through speech, signs, gestures and behaviours so that staff could respond accordingly. Staff knew people well. They were able to explain to us how each person communicated their choices about what they wanted so that their specific needs were met.

We saw positive interactions between people and staff. People responded positively to staff and were at ease when asking for their assistance. Staff were attentive and spoke to people in a considerate and respectful way using people's preferred method of communication wherever possible. They gave people the time they needed to communicate their needs and then acted on this.

People's right to privacy and to be treated with dignity was respected. A relative told us, "[Staff] are very respectful to [family member] and me. They always knock on the door before going in to [family member's] room and [family member] always looks so smart." Staff told us the various ways they maintained people's privacy and dignity when supporting people with their personal care. This included keeping doors to bedrooms and communal bathrooms closed, not leaving people unnecessarily exposed and maintaining good dialogue at all times so that people were aware of what was happening and why.

Staff supported people to be as independent as they could possibly be. When supporting people with aspects of their personal care, staff only stepped in when people could not complete this without their support. In this way people retained as much control and independence as they could. Staff helped people to learn and maintain skills they needed for independent living. People were supported with daily living tasks such as cleaning, laundry, shopping, preparing and cooking meals and where this was appropriate, managing their finances. We saw staff provided positive encouragement and praised people, to help build their confidence to do as much as they could for themselves.

People were also encouraged to access services and support in the community to acquire new skills and learning such as attending college courses and volunteering opportunities. One person was working with a training provider in the community to help newly appointed care support workers learn more about the communication needs of people with a learning disability.

Is the service responsive?

Our findings

Relatives were happy with the care and support received by their family members. One relative said, "The service [family member] gets is excellent. They are aware of [family member's] needs and what they want to do." Another relative told us, "It's all so very good...all so caring."

Since our last inspection people and their relatives continued to be actively involved in discussions about their care needs and the level of support they required from staff. One relative told us, "I've been meeting with managers regularly and felt included. I'm always asked to go to meetings." People's care records contained current information about them including their preferences for how support should be provided. This ensured people received support that was personalised and focused on how their needs should be met. People's cultural and spiritual needs were met. For example one person wished to wear appropriately modest clothing in keeping with the requirements of their faith and we saw staff supported them to do this. Staff demonstrated a very good understanding of the specific needs of people and explained to us in detail the support people required and why.

The provider reviewed the support people received to ensure this continued to meet their needs. People and their relatives were involved in these reviews. This was done every six months or sooner if there had been a change in people's needs. When changes were required to the level of support people needed, senior staff updated people's support plans so that all staff had access to up to date information about how people's needs should be met.

People remained active and participated in activities and events of their choosing to meet their social and physical needs. People undertook a wide range of activities and events with staff's support. These included shopping trips, going for coffee or a meal, attending a weekly community disco, attending shows, day trips to parks or places of interests and holiday breaks. People were encouraged to maintain relationships with those that mattered to them. During our inspection one person was helped to pick flowers from the garden so that they could give these to their partner who they were seeing later at the community disco. People's family and friends were actively encouraged to visit with people and were invited to attend celebrations and events in people's homes such as birthday parties.

The provider continued to maintain appropriate arrangements for dealing with people's complaints or concerns if these should arise. The complaints procedure was made available to people and used pictures and simple language to help people state who and/or what had made them unhappy and why. Records showed when a concern or complaint had been received the provider had conducted an investigation, provided appropriate feedback to the person making the complaint and offered an apology where this was appropriate when people experienced poor quality care and support from the service.

Is the service well-led?

Our findings

Relatives and staff spoke positively about the provider and senior staff team. A relative told us, "[The service] is very well managed." A staff member said, "[The provider] is very approachable and really helped me a lot."

Since our last inspection the provider had appointed a new manager for the service. The new manager had taken over day to day operational management duties to enable the provider to take a more strategic role at the service. The new manager at the time of this inspection was in the process of submitting their registered manager application to CQC. A registered manager is a person who has registered with CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act and associated regulations about how the service is run.

The provider had also strengthened the organisation structure to give more accountability and responsibility for individual supported living schemes to dedicated unit managers. This had helped to improve the quality and accessibility of management support for staff at the individual schemes.

The provider continued to ensure people, their relatives and staff were involved in discussions about how the service could be improved and acted on their ideas and suggestions. They used a range of methods to gain feedback including regular surveys, one to one meetings with a dedicated member of staff [keyworker] and 'residents meetings'. Staff told us at monthly team meetings they were encouraged by senior staff to contribute ideas that would improve people's experience of the service. We saw many of the activities and events that people participated in, had been arranged based on feedback people had provided about how this aspect of their support could be improved.

Senior staff continued to make regular checks of key aspects of the service to assess, monitor and review the quality of people's experiences. Some audit arrangements had been strengthened to make them more robust and reflective of current best practice. For example monthly audits of medicines management now reflected standards set out in guidance issued by the National Institute of Clinical Excellence (NICE) in March 2017; 'Managing medicines for people receiving social care in the community.' Senior staff also continued to carry out unannounced spot checks on staff to review their skills and competency and the quality of care and support people experienced. When areas requiring improvement were highlighted, records showed the provider took appropriate action to address shortfalls or gaps in the service. In this way senior staff were ensuring people experienced good quality safe care and support.

There was a culture of learning from incidents and events that occurred to help improve people's experiences of the service. The provider had introduced 'quality meetings' attended by senior staff every three months at which incidents and events were discussed. This enabled managers to reflect on any learning for the service and how staff working practices could be improved. The provider told us following a complaint made in the last year, senior staff discussed how communication between people and staff could be improved when people became angry and upset. They invited healthcare professionals to give their

advice and input. This learning and advice was then disseminated to all staff to help them improve the way they communicated with and supported people when they became anxious or distressed.