

Peabody South East Limited

West Sussex Domiciliary Care Services

Inspection report

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Date of inspection visit:
05 March 2019

Date of publication:
25 April 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?	Requires Improvement ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service: West Sussex Domiciliary Care Services provides personal care and support to people living in Extra Care Housing, across two sites, in Burgess Hill and Lindfield. The service supports older people and younger people with physical disabilities. At the time of the inspection 45 people were receiving a service.

People's experience of using this service:

People were receiving a good service, more information is in the full report.

- The provider had not fully implemented the Accessible Information Standard (AIS). This meant that the information and communication support needs of people were not always identified, recorded, flagged and shared. Staff knew the people they were supporting well and the registered manager took immediate steps to address this shortfall. We did not judge that there had been a negative impact on the care people received and have identified this as an area of practice that needs to improve.
- People were receiving a personalised service. Staff knew people well and provided person centred care that was responsive to people's needs and wishes. One person told us, "The care is fantastic." People were supported to follow their interests and to join in with social events organised within the extra care scheme. Any complaints were responded to quickly and people were confident that their concerns would be addressed. People were supported with end of life care.
- Staff understood their responsibilities for safeguarding people and people told us they felt safe. One person said, "I have no worries because I know the carers would help me." Risks to people had been assessed and care plans guided staff in how to support people safely. There were enough staff to cover all the care visits. People said that staff were punctual and stayed for the time they expected. Medicines were administered safely. Incidents and accidents were recorded and monitored.
- Staff received the training and support they needed. People told us they had confidence in the skills of the staff. People were supported to have enough to eat and drink and to have access to health care services. Staff understood their responsibilities to comply with the Mental Capacity Act. People's needs had been assessed and their views and choices were considered when developing care and support plans. Staff described effective systems for communication.
- People were supported by staff who knew them well. They told us that staff treated them kindly, with respect and compassion. One person commented, "Everyone is kind and considerate." People's independence was promoted and there were effective systems to maintain confidentiality and protect their privacy. Staff told us they had time to support people with their care and to make decisions. People said they were never rushed. A relative told us, "I think the care is amazing, they really care about my relation."
- People, relatives and staff spoke highly of the management of the service. They described a well managed,

supportive service with visible managers who were approachable. People told us the service had improved and they were happy with the care they received. There were effective systems in place to monitor quality and the registered manager used this information to drive improvements and to enhance people's quality of life.

Rating at last inspection: This service was registered with CQC on 12 April 2018. This was the first inspection since the service became registered.

Why we inspected: This was a scheduled inspection.

Follow up: Ongoing monitoring.

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 not always responsive

Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

West Sussex Domiciliary Care Services

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 two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise was older people and people with dementia.

Service and service type:

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community and specialist housing. It provides a service to older adults, and younger disabled adults. This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented or purchased and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

People using the service lived in flats and bungalows across two sites in Burgess Hill and Lindfield, West Sussex. Not everyone using West Sussex Domiciliary Care Services 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.

The service had a manager registered with the Care Quality Commission. This means that they and the

provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was unannounced.

What we did:

Before the inspection we reviewed information we had received about the service. This included details about incidents the provider must notify us about. The provider had completed a Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

Inspection site visit activity took place on 5 March 2019. We visited the office location to see the registered manager and other staff; and to review care records and policies and procedures. We visited some people in their homes, spoke to people in the communal areas of one location and spoke with people on the telephone.

During the inspection

- We spoke with 11 people receiving support from the service and one relative.
- We spoke with eight members of staff, and the registered manager.
- We looked at eight people's care records.
- We looked at how medicines were administered and looked at medicine records.
- We looked at records of accidents, incidents and complaints and safeguarding information.
- We looked at audits and quality assurance records.
- We looked at four staff files, training records and rotas.

Is the service safe?

Our findings

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

Systems and processes to safeguard people from the risk of abuse

- Staff had received training and understood their responsibilities for safeguarding people. Staff demonstrated awareness of people's diverse needs, including people who might be at risk of discrimination.
- Concerns were reported appropriately and people told us they felt safe. One person said, "I never feel unsafe because there are lots of people to look out for you." Another person told us, "No one is unkind."

Assessing risk, safety monitoring and management

- Risks to people were assessed and managed. Some people needed support to move around. Risks assessments identified equipment to support people and care plans provided clear and detailed guidance for staff in how to provide care and support safely. One person told us, "I am hoisted by two competent carers, they are very professional and make sure I am comfortable."
- Environmental risk assessments were completed and regularly reviewed to ensure that people were safe in their homes. One person told us, "They are very aware of risks, it's a safe a secure place to live."
- Where people had conditions that fluctuated their care plans identified additional support that might be required. Guidance was clear and provided step by step instructions when this was needed.
- Staff understood how to support people to take positive risks. One staff member described how they supported one person to remain independent in the kitchen by managing risks through an agreement with the person. This meant that the person could continue to enjoy cooking safely.

Staffing and recruitment

- There were safe systems in place for recruitment of staff. Appropriate checks with the Disclosure and Barring Service (DBS) were undertaken, as well as relevant references, to ensure that staff were suitable for their roles.
- People told us that staff were punctual and stayed for the expected time of their visit. There were enough staff to cover all visits to people. Staff told us that agency staff were rarely used and records of staff rotas confirmed this and showed that staffing levels were consistently maintained.

Using medicines safely

- Staff had received training in administration of medicines and only those staff who were assessed as competent were able to administer medicines. Medication administration record (MAR) charts were audited regularly and any omissions or errors were identified.
- People told us that staff supported them to manage their medicines safely. One person said, "I have my medication at regular times, you can set your clock by them (care workers), they are rarely late."

Preventing and controlling infection

- Staff understood how to prevent and control risks of infection. They had received training in infection control. They used appropriate personal protective equipment and had access to suitable facilities to help

prevent the spread of infection.

Learning lessons when things go wrong

- Incidents and accidents were recorded and monitored regularly. Changes were made to ensure that incidents and accidents were not repeated. For example, a visit to a person was missed and an investigation identified that a communication error had caused this situation. The registered manager put a different system in place to ensure that this would not happen again. Staff reported that this change had been successful.

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.

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs and choices had been assessed in a holistic way to take account of people's mental health, physical health and their social needs. Protected characteristics under the Equality Act (2010), such as disability, ethnicity and religion were considered as part of this process. This demonstrated that people's diversity was included in the assessment process.
- Technology was being used appropriately to benefit people. For example, a call bell system was installed in each person's home to enable them to call staff when they needed assistance. Some people used a wheelchair to move around and remotely controlled door openers were in place to support them to move around independently.

Staff support: induction, training, skills and experience

- Staff had received training in subjects relevant to the needs of people they were supporting. Staff spoke positively about opportunities for training and records showed high levels of compliance with training across the staff team. One staff member said, "We are very lucky with the level of training we get." Staff described being well supported in their roles.
- People told us that staff were confident and skilled in providing care. One person said, "I have every confidence in all the carers, they don't miss anything." Another person said, "When a new carer comes here they have four weeks of training. You can tell they are skilfull by the way they work."
- A visiting health care professional spoke highly of staff skills. They described how staff had worked effectively with a person who was living with dementia to achieve positive outcomes and improve their quality of life.

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

- Staff were supporting some people with food and drink, depending upon their individual needs. For example, some people needed support with shopping for food or with preparing their meals. Other people were supported to come to the restaurant in the housing scheme for their main meal.
- Risk assessments identified specific needs related to nutrition and hydration. For example, one person had been identified as being at risk of choking. Advice from a Speech and Language Therapist (SALT) was included within the person's care plan to guide staff in the types of food that were suitable for the person. Another person's care plan provided clear guidance about when the person might need support to eat and drink. Staff were knowledgeable about this person's needs.

Staff working with other agencies to provide consistent, effective, timely care

- Staff described effective communication within the team and with other agencies. One staff member told us, "We have regular staff meetings and that helps us keep up to date." Notes from staff meetings confirmed that messages were communicated in this way, including for example, when there had been an error in

administering medicines so that the learning from this mistake was shared with the team.

- A health care professional told us that communication with staff was effective. They said, "I can always contact the office and they will also ring me to keep me informed of any changes." They described how one person had needed additional support and this had been provided quickly to ensure the person's safety.

Supporting people to live healthier lives, access healthcare services and support

- People told us that staff supported them to access the health care services they needed. One person said, "When I went to the dentist to have teeth out the manager came with me because I was very nervous." Another person said, "I had a chest infection, the staff arranged for the GP to come immediately."
- Care records confirmed that staff supported people to attend both routine and specialist health care appointments. People had involvement with a range of health and social care professionals including GP, district nurse, speech and language therapist and social workers.

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

- 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.
- Staff had received training in MCA and demonstrated a good understanding of their responsibilities. Staff spoke of the need for presuming that people had capacity to make decisions and to ensure that people were supported in the least restrictive way.
- Staff described when and how decisions would be made in people's best interests.
- People told us that staff checked with them before providing care. One person told us, "They always ask what I want. I make my own decisions."

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.

Good: 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

- People were treated kindly by staff and spoke highly of the care they received, saying, "Everyone is kind and considerate," and, "I love the carers who look after me, I have nick names for them, we make each other laugh." A relative told us, "I think the care is amazing, they really care about my relation."
- Staff knew the people they were caring for well and care was provided in a personalised way. One person told us, "The carer comes at the same time each day, it's like expecting a friend to call." Another person told us, "The carers are not task driven at all, they all have a sense of humour and we chat as they work." We observed staff interactions with people and it was evident that positive relationships had developed.
- Staff spoke respectfully about the people they were caring for and gave examples of how people's well-being was supported with compassion. One example included supporting a person to prepare for and to attend the funeral of their relation.
- People's differences were acknowledged and respected. Staff were aware of people's preferences and cultural needs. A staff member described how they had got to know and understand a person's life style choices. They spoke respectfully about the personalised care that was provided to ensure the person's needs were met.

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

- People told us that they had been involved in developing their care plans. One person said, "I discuss it with the manager to keep it up to date." A relative, who had the right to be involved in a person's care said, "I have been involved, I discussed my relation's care plan with the manager, it's all about what he wants."
- Staff told us they had time to spend with people so that they could listen and support people to make decisions. One staff member said, "It's one of the reasons I enjoy my job, because we can give people the time they need." Another staff member said, "We do have the time we need to deliver care." People confirmed that staff had time to support them. One person said, "They are not impatient, I never feel rushed."

Respecting and promoting people's privacy, dignity and independence

- Staff demonstrated a clear respect for people's privacy. Personal information was kept securely and staff were mindful about discussing information discreetly to maintain confidentiality.
- People told us that staff were careful to protect their dignity and privacy. One person said, "They never enter the flat without saying why they have come." Another person said, "We are always treated with dignity and they respect our privacy." People said that their requests for carers of specific gender were respected, one person told us, "I do have male and female carers and they are all excellent. They always treat you with dignity and respect."
- Staff described supporting people to remain as independent as possible. One staff member said, "We

encourage independence and quality of life." People's care records showed how staff supported people to do what they could themselves and provided clear guidance about the support that people needed. One person told us, "When I first came here the staff would accompany me to the town, now I can go alone." This showed that staff were supporting people to remain independent.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

RI: People's needs were not always met. The service had not fully implemented the Accessible Information Standard (AIS) to identify, record, flag, share and meet the information and communication needs of people with a disability or sensory loss.

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

- The registered manager was aware of the AIS but there was an inconsistent approach to implementing the standard. Some people had specific communication needs and their care plans did not identify, record and flag this information. For example, one person was not able to communicate verbally and used the text facility on their mobile phone to communicate. This was not identified or flagged within the person's care plan.

- We discussed our concerns with the registered manager and, following the inspection, they confirmed that they had taken immediate action to address these shortfalls. We have identified this as an area of practice that needs to improve.

- Staff were knowledgeable about people's needs, their backgrounds and preferences. Care plans reflected people's physical, mental, emotional and social needs. For example, a staff member described how a care plan had been altered to accommodate a religious festival for one person.

- Care plans provided guidance for staff about how to support people at each care visit. People's needs and preferences were clearly detailed to enable staff to provide care in a personalised way.

- Care plans were regularly reviewed and updated, including when people's needs changed. For example, one person had a medical condition that fluctuated. A staff member told us that the person's care plan was amended frequently, sometimes on a weekly basis, to ensure the person received the care they needed.

- Staff encouraged and supported people to remain connected within the local community. We observed staff supporting people to go out to local shops. One person told us, "I like being able to get out. The activities that are arranged here are very good too." People told us that staff supported them to be involved with events arranged within the housing scheme.

- Some people could go out independently but others needed support from staff. People's interests were included within their care plan where appropriate. A staff member described supporting one person to go swimming on a regular basis.

- The registered manager told us about plans for the development of a community shop at one extra care scheme. People also told us about their involvement and seemed excited to have the opportunity to support the running of the shop. People spoke positively about their quality of life. One person said, "I am very happy here, my life is my own but I get the help I need."

Improving care quality in response to complaints or concerns

- There was a clear system in place for recording all complaints received. Appropriate actions had been taken to address complaints, for example a letter of apology had been sent to one person with information about what actions had been taken to put things right.

- People said they knew how to complain and would not be afraid to do so. One person said, "I would tell the

manager." Another person said, although they had no reason to complain, "I am sure the manager would put things right."

- The registered manager described how learning from complaints was used to make improvements at the service. They said that when a complaint resulted in changes this was discussed in staff meetings so all staff were aware for the reasons changes were made. Notes from staff meetings confirmed this.

End of life care and support

- Staff had received training in providing care for people at the end of life. The registered manager told us that more training was planned to ensure staff felt confident.
- Although no end of life care was being provided at the time of the inspection the registered manager described a clear system for developing end of life care plans to support people to die in their home if that was their preference.
- Staff had made positive connections with a local hospice and had attended some training there.

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.

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support.

- There was visible leadership and people, relatives and staff spoke highly of the management of the service. One person said, "The managers are exceptional." Another person said, "The manager is very approachable, she often comes and talks to me." A staff member said, "The managers are extremely approachable."
- Staff understood the vision and values of the service. They described working in a person-centred way and putting people's needs and wishes first. People spoke highly of the service they received, their comments included, "All the staff are fantastic," and, "It's a wonderful place to live."
- People told us that the service had improved, one person said, "Since the new manager came, they have changed everything for the better." Another person told us, "You never hear the staff moaning about their work, I think it's because they are well supported by the manager."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There was a clear staffing structure with identified management roles. Staff demonstrated an understanding of their roles and responsibilities. One staff member said, "It's all about providing excellent customer service and care."
- Staff described an open culture where they could discuss concerns and identify improvements. One staff member said, "There is lots of support for us as a team with good back-up from managers." We noted that records of staff meetings included discussions about learning from errors to improve the service.
- There were systems in place to monitor the quality of the service. The registered manager had oversight of incidents and accidents and where shortfalls were identified this was used to drive improvements. For example, following some errors in recording the administration of medicines the registered manager introduced a monthly audit to ensure that people were receiving their medicines safely. This had led to an improvement in recording and a reduction in medicine administration errors.

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

- People told us they were engaged in making decisions about the service. One person said, "There have been fantastic changes since the new owners took over, they all try and make sure everyone is happy."
- Staff described how people were supported to engage with the extra care community. They explained that this happened through resident's meetings, newsletters and social events. Staff told us how people had wanted to have a shop within one of the extra care schemes. The registered manager had sourced funding to support this project and staff were actively supporting people to be involved in developing and running the shop themselves. One person told us, "I can't wait, it's going to be really good to have our own shop and

to run it ourselves." A staff member said, "People are really excited about it and the fact that they can get involved in running the shop is great for them."

- The provider used a quality assurance survey to gather people's views and these were completed by most people. The registered manager said that they were planning to review the questions asked in the survey to provide additional clarity.

Working in partnership with others

- Staff described positive working relationships with a range of health and social care professionals and with the housing scheme managers. We noted that regular meetings were held to ensure effective communication between housing staff, care staff and the people who lived in the schemes. One staff member said, "There is good team work and collaboration between all the staff, it's a happy place to work."
- A visiting health care professional told us that communication with staff was effective and that they had confidence that staff knew people well.
- Records showed evidence of partnership working. For example, staff had contacted a specialist falls team for advice when there had been an increase in people having falls. This had resulted in an improvement in communication and led to a reduction in the number of falls and better outcomes for people.