

Miss Sunita Larka

Miss Sunita Larka t/a Direct Care and Support Services

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Miss Sunita Larka t/a Direct Care and Support Services provides personal care for people who live in supported living accommodation. The people who use the service have a learning disability and/or autism. At the time of our inspection 22 people were using the service living in various supported living settings, including a self-contained flat. People rented their room from a private landlord and used shared facilities such as a kitchen and living room. Not everyone who used the service received personal care. CQC only inspects where people receive personal care and only 8 people received personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

Right support

Staff supported people to have the maximum possible choice, control and independence and they had control over their own lives. Care was delivered to people in a person-centred way, taking into account any protected characteristics. Risks to people were assessed well and staff followed clear guidance to keep people safe. Staff administered medicines to people safely and followed best practice. People were protected from risks relating to infection control.

Right care

Staff understood how to protect people from poor care and abuse. The service worked well with other organisations to ensure people received the care they needed. Staff had training on how to recognise and report abuse and they knew how to apply it. The service had enough appropriately skilled staff to meet people's needs and keep them safe. Staff were recruited through processes to check they were safe to work with vulnerable people.

Right culture

The provider consulted well with people using the service, their relatives and staff to gather their feedback and involve them in the running of the service. Staff at all levels understood their roles and responsibilities including the legal responsibility to report significant incidents to the CQC. The provider had good oversight of the service to identify any concerns and resolve them promptly. Oversight had improved since the last inspection. A manager was in post who was registering with the CQC.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for the service was requires improvement, published on 18 March 2021. The rating has now improved to good because of the findings of this inspection.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection. We also undertook this inspection to assess that the service is applying the principles of right support, right care, right culture.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below

Is the service well-led?

Good ●

The service was not always well-led.

Details are in our well-led findings below.

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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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

This inspection was carried out by one inspector 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.

Service and service type

This service provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a manager in post who had applied to register with us. An interim manager was in post while the manager was off work temporarily.

Notice of inspection

This inspection was announced. We gave the provider two days' notice, so a senior person could meet with

us and assist with our inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to help us plan the inspection.

During the inspection

During our inspection we spoke with 3 people using the service and observed interactions between people and staff to help us understand their experiences of receiving care and support at the service. We also spoke with the interim manager and 4 staff members. We also contacted 6 family members. We looked at records which included care records for 3 people, 2 staff files, medicines records and other records relating to the management of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; systems and processes to safeguard people from the risk of abuse

At our last inspection we found the provider did not always ensure people were protected from risks relating to their care, including those relating to behaviour which displayed distress due to insufficient assessments and management plans. These issues were a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection the provider had improved and was no longer in breach.

- At this inspection we found the provider had improved and people were no longer at risk. Risk assessments relating to people's care were in place where needed, including for behaviours which communicated difficult emotions. They were detailed, with clear guidance for staff to follow.
- The provider had moved to an electronic risk assessment and care planning system which improved the safety for people as records remained reliable and in date. A relative told us staff "very much" understood the risks.

Using medicines safely

At our last inspection we found the provider did not always protect people from risks relating to medicines management. These issues were a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection the provider had improved and was no longer in breach.

- Medicines management was safe, and people and relatives did not raise concerns. Procedures were in place for staff to follow to administer 'when required' medicines safely.
- Medicines records were completed in line with best practice to evidence people received their medicines as prescribed.
- Checks of medicines management had been improved and covered all aspects of medicines administration, including specific checks for any expired medicine.

Preventing and controlling infection

At our last inspection we found the provider did not always protect people from risks relating to infection control and COVID-19. These issues were a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection the provider had improved and was no longer in breach.

- Infection control was well managed. Staff followed national guidance to protect people from the spread of

COVID-19.

- Services were kept clean and hygienic by the people living in them, with support from staff. A relative told us, "It is cleaner than my own house, they must mop every day! They wear PPE."
- Staff received training in infection control and reducing the risks relating to infections. Staff also received training in food hygiene to reduce the risk of food related illnesses.

Learning lessons when things go wrong

- Incidents and the immediate actions of staff and the manager were clearly reported when an accident or incident occurred. Lessons learnt from the process were recorded and discussed at managers and staff meetings.

Staffing and recruitment

- Staff completed regular training and there were enough staff on duty to provide people with the care they needed.
- The provider followed appropriate recruitment processes to check staff were suitable to work with vulnerable people. This included checks of identification, work history, references, fitness to work and any criminal records.
- People and relatives were involved in the interview process for new staff to ask candidates questions and give feedback on their suitability for the role.

Systems and processes to safeguard people from the risk of abuse

- People felt safe with the staff and were encouraged to raise concerns with the staff, a manager or social services if necessary. A relative told us, "[my relative] is very much safe. It is the best care they have ever had." A second relative said, "I know all of the staff and [my family member] is happy there. They would tell me if they weren't."
- Systems were in place to protect people from the risk of abuse such as annual training for staff on how to recognise abuse and take the right action.
- Although there had been no allegations of abuse in the past year, the manager understood their responsibilities to report allegations of abuse to the local authority safeguarding team, follow their guidance and notify CQC.

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.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- The provider assessed people's capacity to consent to their care where it was suspected they may lack capacity and made decisions in their best interest, consulting their relatives and others involved in their care. They checked if anyone had legal authorisation to make decisions for people and consulted with them if so. Records relating to this were clear and reliable for staff to refer to.
- Care workers understood their responsibilities in relation to the MCA and received training in this.

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.

At the last inspection this key question was rated as inadequate. This key question has now improved to good. This meant service leadership was consistently well managed and well led. Leaders and the service culture they created promoted high-quality person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; continuous learning and improving care; how the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

At our last inspection we found the provider was unable to demonstrate competency to carry on and manage the regulated activity. This meant the provider was in breach of Regulation 4 (Requirements where the service provider is an individual or partnership) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We imposed a condition whereby the provider was required to have a registered manager. At this inspection we found a manager was in post and had begun the application process. A previous manager had been registered prior to this. Therefore the provider was no longer in breach.

- Staff, including the manager, senior staff and office staff, understood their role and responsibilities.
- The provider had employed several managers who had applied to register with the CQC since our last inspection. The current manager had applied to register with us and was due to return from extended leave shortly. A competent interim manager was in post in the meantime.
- A clear hierarchy was in place. Each scheme had a management team which the manager supported well.

At our last inspection we found the provider did not always protect people from risks relating to inadequate oversight of the service. These issues were a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection the provider had improved and was no longer in breach.

- Systems were robust and the service was well managed, our inspection findings and feedback from people, relatives and staff confirmed this. The provider's audits had improved to identify any concerns and the provider promptly took action to improve the service.
- The provider took the right action in response to any accidents or incidents, which included informing family members when incidents occurred and apologising to the person and their family if the service was at fault.

At our last inspection we found the provider did not always notify CQC about incident as required by law. These issues were a breach of Regulation 18 (Notification of Other Incidents) of the Care Quality Commission (Registration) Regulations 2009. At this inspection the provider had improved and was no longer in breach.

- The provider notified the CQC of significant incidents as required by law and the manager understood their responsibility to report these.

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

- The provider held regular residents' and staff meetings and sent feedback surveys to people and staff twice a year. This was to give people and staff the opportunity to share their views and contribute to making decisions about the service. The provider also used social media groups for staff communication and video calls to keep people in touch with their families. A relative told us, "They are very welcoming. If there is an issue, they call a meeting and it is sorted. They are on the ball."
- The provider engaged with people using the service fully considering specific needs such as those relating to a learning disability or autism, including preferred communication techniques and styles. People met often with their a member of staff who worked closely with them to check their care met their needs. Staff worked closely with people who expressed their needs in ways besides using words to understand how they wanted to receive their care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service had an open and inclusive culture. Managers were approachable and staff felt listened to and supported. Information was given to people in a way they could understand.
- People's care plans were person-centred and staff knew people well. This meant people were treated as individuals and the care and support people received was specific to their needs and preferences.
- People were empowered through attending college courses, having jobs and participating in activities they were interested in.

Working in partnership with others

- The provider worked closely with local authorities, mental health services, Integrated Care Boards, pharmacies and the National Health Service, including GP surgeries, to support people and to access staff training.
- The provider also liaised with people's colleges and employers.