

Royal Mencap Society

East Sussex Dom Care Agency

Inspection report

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Date of inspection visit:
26 September 2019

Date of publication:
25 October 2019

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

East Sussex Dom Care Agency is a domiciliary care service providing personal care to 14 people at the time of the inspection. East Sussex Domiciliary Care Agency is owned by the Royal Mencap Society. The provider registered this service with us to provide personal care and support for people with learning disabilities. East Sussex Dom Care Agency provide personal care to supported living housing schemes in Hastings, St Leonards and Eastbourne.

Not everyone who used the service received personal care. CQC only inspects where people receive 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

People were protected from avoidable harm and abuse. Safeguarding policies and procedures were embedded within practice and were consistently followed. Staff had recognised signs of abuse and had recorded their concerns.

People told us they were happy with the care they received, and that staff helped them to feel safe. Risk assessments and care plans were comprehensive and guided staff in how to provide care safely and in the way the person preferred. There were enough suitable staff employed to cover all the care visits. People said they received their calls on time and for the duration that they expected. Staff supported people to have their prescribed medicines safely.

People were supported to ensure their healthcare needs were met. One relative said, "They're very sharp if there's anything wrong and they support her with all appointments." People were encouraged to live healthy lives and received food of their choice.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People received kind and compassionate care. People's independence was promoted by staff. People were treated with respect and dignity and supported to make decisions about their care.

The service applied the principles and values the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People received personalised care that was tailored to meet their individual needs, preferences and choices. Care plans were detailed and guided staff about people's needs and how to meet them. People's concerns and complaints were listened to and used to improve the service they received. Staff had training and experience to provide end of life support when people needed it.

The registered manager and service managers were well regarded and had a clear vision for the service which was understood by the staff and embedded within their practice. There were effective quality assurance systems in place that were used to drive service improvements. People, their relatives and staff were asked for their feedback about the home and meetings were held regularly.

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 this service was good. (published 29 December 2016).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

East Sussex Dom Care Agency

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 Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service provides care and support to people living in four 'supported living' settings, 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.

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

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 25 September 2019 and ended on 27 September 2019. We visited the office location on 26 September 2019.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information

providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We spoke to four people who receive personal care from the provider. People were supported during the calls by staff if they requested it. We used all of this information to plan our inspection.

During the inspection

We spoke with six members of staff including the registered manager, two service managers and three support workers. We reviewed a range of records. This included four people's care records and medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We spoke with three relatives on the telephone. We sought feedback from two professionals who had a working relationship with 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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us that the home care service they received helped them to feel safe living at home. People told us they felt safe because they had support from staff who knew them well. One person said, "Staff protect me. They talk to me and it makes me feel better."
- The registered manager and staff explained their responsibilities to identify and report potential abuse under the local authority reporting procedures. Staff demonstrated an understanding of their responsibilities with regard to safeguarding people. They were able to describe how they would recognise different types of abuse and what actions they would take.
- Records confirmed that the provider had raised appropriate safeguarding alerts with the local authority in line with their policy and had taken action to protect people from abuse.

Assessing risk, safety monitoring and management

- People told us they regularly discussed their support needs with staff. This included identified risks to their safety and welfare. For example, supporting people with their medicines and accessing the community. One staff member said, "We try to encourage one person for road safety. It's about talking to him positively beforehand. We support him to make the decision. We help him to concentrate."
- Staff explained how they managed risks to people while maintaining people's independence as much as possible. For example, one person needed support with their medicines and it was clearly documented on their care plan with a risk assessment to ensure the risks were mitigated. One staff member said, "I'm aware of the surroundings we are in and look for potential hazards. With bathing, I always check the water temperature."

Staffing and recruitment

- People, relatives and staff told us there were enough staff. One person said, "There's plenty of staff for me and the others." One staff member said, "We cover shifts amongst ourselves. We have relief bank and some of these used to be permanent staff, so they know what they're doing if needed to cover. Rotas come out well in advance, so we have time to cover things if needed. It's working well."
- The registered manager said that an online dependency tool was used to work out how many staff were needed. The manager told us that they were fully staffed to cover two of the supported living services and look to over recruit to ensure that staff can fill in when needed. Staff told us that they were able to be flexible when needed and cover shifts at the different schemes.
- Recruitment checks were robust and ensured people were supported by staff who were safe to work before they started work at the service. Checks were made to ensure staff were of good character and suitable for the role. This included obtaining suitable references and undertaking Disclosure and Barring Service (DBS) criminal record checks. The DBS helps employers make safer recruitment decisions and helps

prevent unsuitable individuals from working with people who use care and support services.

Using medicines safely

- Some people needed help to manage their medicines. Support plans were clear in their guidance to staff on how the person needed to be supported with these. For example, one medicine support plan showed that the person was able to take their medicines from a pot but that they must observe closely as the person could become distracted and risk dropping their medicines. One person said, "They help me with my tablets. They put them in the pot and I take them with water."
- Staff had received training in administering medicines and records confirmed that they had been assessed as being competent to administer medicines. One staff member said, "We have had the full training as part of the induction and yearly refreshers. We also have observations."
- We viewed a sample of Medication Administration Record (MAR) charts. Some people had been prescribed PRN medicines, which need to be given 'when required' and should be administered when symptoms are exhibited. Protocols for PRN medicines guided staff about the prescribed medicine and how to know that the person needed the medicine.

Preventing and controlling infection

- Staff received training in infection control and completed a workbook to ensure they understood their roles and responsibilities in relation to infection control. The provider had clear guidelines in place as to their expectations.
- Staff had access to protective clothing, including gloves and aprons, and used these when assisting people. For example, when preparing food and supporting with personal care.

Learning lessons when things go wrong

- Systems were in place for staff to report and record any accidents, incidents and near misses and appropriate actions had been taken for each event.
- When incidents occurred, staff reviewed and updated people's care plans. For example, when people had experienced behaviours that challenged, updates had been made of their personal behaviour support plans so that staff would be more effective in supporting them in the future.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant 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 had been assessed before they started receiving the home care service. Assessments were holistic and included people's physical and mental health needs as well as their social needs. Protected characteristics under the Equality Act, such as race, gender, and religion were identified and the things that were important to people were described, such as any religious or cultural needs or preferences.

Staff support: induction, training, skills and experience

- Staff described receiving the training and support they needed to be effective in their roles. One staff member said, "I think it's really good. We have new online training which has been updated. We can do it in your own time and it's easy to access. I've completed positive behaviour training which was really good. It was a reminder to look out for people's triggers and de-escalation techniques." Another staff member said, "The training package is really good. I had a good week of induction where we learnt something new every day. Our progress is really monitored, and we can easily follow ourselves what training we've done."
- Records showed that staff were able to access training in a range of subjects that were relevant to the needs of people they were supporting. For example, staff had completed training in diabetes care, dementia awareness and catheter care. Some training required regular updates and a training plan was in place to ensure that all staff received updates when they needed to.
- Staff told us they received supervision on a regular basis. Supervision is a mechanism for supporting and managing workers. It can be formal or informal but usually involves a meeting where training and support needs are identified. It can also be an opportunity to raise any concerns and discuss practice issues. Records confirmed that supervisions were taking place regularly and identified observations of practice that had taken place. One staff member said, "They are useful, so you can talk about any guidance that you need."

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

- People told us that they received support with shopping, cooking and meal preparation as part of their support needs. People were offered choice and encouraged to maintain a healthy diet. One person said, "Going shopping is good. The staff go with me. They help me with my money and food shopping."
- People's specific dietary needs were known and met effectively by staff. For example, one person had been assessed as being at risk of choking. The guidance provided by Speech and Language Therapist (SALT) was included within the care plan and being followed by staff. One staff member said, "Someone is always with him when he eats. He likes sausages a lot, so we give him skinless ones. We soften things. He is eating with his new utensils. He needs prompts sometimes to use these properly."
- People often spent time at their family home. Records showed that staff had ensured that changes in people's dietary needs were passed to their relatives to ensure the person received safe and effective

support.

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

- People were supported by staff to monitor their health and to encourage healthier lifestyles. For example, one person needed support to maintain their weight. Staff arranged for specialist learning disability support for them and encouraged healthy eating. One staff member said, "It's about portion control as she cooks herself. (The person) likes the independence of cooking but it's about suggesting cooking it in a healthier way. (The person) is much more receptive to this approach."
- Staff worked with healthcare professionals to make sure people had the care they needed. Records showed that people were referred to professionals such as occupational therapists and community nurses in a timely way.
- People's needs were detailed within hospital, or care passports. This provided details to clinical staff about the persons current health and care needs, should they be admitted to hospital.

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 registered manager had worked with the Court of Protection when they needed to. The registered manager had completed decision specific mental capacity assessments and ensured that decisions had been taken in people's best interests.
- Staff demonstrated a good understanding of the need to obtain consent and of the principles of the MCA. Staff had received training to improve their understanding. One staff member said, "It's embedded in what we do. When they need to make a decision, we give them enough time, so they are not under pressure, in an environment they like. We use communication aids and a format they understand." Another staff member said, "We need to presume that someone has the capacity to understand and they are allowed to make an unwise decision."

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were consistently positive about the caring attitude of staff. One person said, "They're friendly to me. They're nice and kind." Another person said of staff, "All the staff are friendly and caring." One relative said, "They have a family relationship. They are all very warm."
- People received emotional support from staff when they needed. One person said, "They cheer me up when I get upset. They talk to me." One relative said, "The most important thing is that he seems happy. He's always smiling when I go and pick him up and when I take him back."
- Staff ensured that they protected people's needs and wishes and supported them to develop relationships they wanted. For example, staff worked closely with two people to develop their relationship and helped them to understand the needs of the other person. Staff explained the impact of one person's health issues on their shared support to maintain the emotional and psychological wellbeing of both people.

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

- People were involved in making decisions about how they were supported and their daily lives. People were actively involved in weekly planning meetings where they could talk about their menu planning, their money and what activities they had for the coming week. One staff member said that these meetings were extremely beneficial for one person living with dementia. The staff member said, "It prompts them to discuss their likes and dislikes as they will regularly forget what they like."
- Each person has a detailed 'Supporting Me with Making Decisions' care plan. This detailed how the person liked their information presented to them, how to present choice to them and when the best times were to ask them to make a decision. For example, one person did not like to be asked to make a decision when they were engaged in a task.
- Staff told us of the importance of knowing each individual so that they could be supported to express their views effectively. One staff member said, "I give each person time and respect on how they like to be supported and make a decision. Some can be very open but others not. One person has taken several years to speak two words to me. It's about getting to know how each person reacts in different situations."
- People were able to express their views and make decisions about their support during keyworker sessions. People would inform staff of the outcomes and aims they wished to achieve and what staff needed to do to support them. Records and photographs in each key worker report highlighted when people's wishes had been achieved. For example, one person liked gardening and made a decision that they wanted to plant a trough in the garden. Records showed that this had been achieved.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us that staff were respectful and supported people's dignity. One relative said, "Absolutely, staff treat them with dignity and respect. Like one of their own." One staff member said, "When having baths and showers we've installed blinds and ensure they're down for dignity."
- People were consistently supported to remain as independent as possible. People were actively supported to set targets and make plans to achieve their chosen outcomes. An outcomes book provided a good demonstration of people achieving independence in some tasks or just trying to achieve an outcome in a specific area. For example, one person was supported to travel on public transport independently. Staff supported the person to structure how they were going to achieve this and what support they needed. The person's progress was tracked and recorded using photographic evidence to show how they achieved their independence.
- Another person expressed a wish to administer their own medicines. Staff recorded what they could currently do and what they wanted to achieve. Tasks were broken down and planned so that the person could make safe, structured progress. Records for each step were recorded and photographic evidence showed the person's happiness in achieving these. For example, when they successfully and consistently could inform staff of the correct time and dosage of medicine they needed.
- Another person's outcome was to eat and cook healthy options independently to control their diabetes. Staff supported them to do this through completion of steps such as learning which were healthy foods and planning their weekly menu. Photo records showed the person cooking healthy dishes and smiling at their achievement. One staff member said, "(The person) likes to be independent and doesn't like people watching him cooking so I watch from a distance. I don't want to override his wishes. If I see he's not cooked meat long enough, I'll take the temperature with a thermometer. I always explain why I have to do it. He talks to me about food poisoning, so I know he has understood what I've said."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care records included information about what was important to them. Staff told us that this helped them to understand people's needs and enabled them to provide a personalised service. One staff member said, "I support them according to their support plans which I try to know really well."
- Another staff member gave an example of how a person's preferences about accessing the community in different weathers meant they needed to tailor the support. The staff member said, "I know the people really well, so I know their individual likes and dislikes. For example (the person) doesn't like going out when it's windy, so we arrange something at a different time of the day, or another day, when it's less windy."
- Care plans were personalised in instructing staff to support people in the way they wanted. There were topical body maps to show staff how and where to apply creams. Care plans showed how people wished their morning and evening routines to be completed.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider had identified people's different communication needs, in line with these standards. Staff supported their communication needs by providing information to them in ways they understood. For example, people's health action plans also had pictorial references, so they could understand what support they needed with health appointments.
- Staff also ensured that people were able to communicate their needs and give their consent using communication tools. For example, pictorial guides were used to support people to plan their menus and make shopping lists, as well as to plan their daily activities. One person was finding it difficult to make choices during their weekly planning meetings, so staff supported them to use flash cards, out and about pictures and recipe books to make decisions.
- Communication care plans supported staff to recognise facial gestures to indicate feelings. For example, one person would frown and point to an area of pain when showing staff they needed support.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People engaged in a wide range of personal hobbies and interests that staff supported them with. When asked if their family member was supported to follow interests, a relative said, "Yes, I think so. He goes swimming every day and in the garden. I don't have any reservations."

- The service managers and registered manager used monitoring systems to ensure people were supported to be engaged and to avoid social isolation. Social audits monitored when people last completed an activity outside or what was in their regular activities plan. This ensured that people were supported to try different things and places.

Improving care quality in response to complaints or concerns

- People and their relatives felt comfortable raising any concerns. One relative was asked whether they felt concerns were taken seriously. They said, "I've never had cause to, but yes, it would be acted upon."
- Records showed that complaints were responded to in a timely way and people had been informed of the outcome of the investigations. The registered manager had used complaints to improve the quality of care. For example, they had been an increase in positive behaviour and autism training for staff following the conclusion of one complaint.
- Staff supported people to feel comfortable raising issues by regularly going through an easy read complaints policy with them. The registered manager used systems to monitor when staff had previously explained the policy to them.

End of life care and support

- There was no one being supported by the provider with end of life care. The provider had explored people's preferences when they wished to. Some people had funeral plans in place that detailed their final wishes and preferences.

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 good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People, their relatives and staff told us that they were well supported by the management of the service. The supported living schemes were managed by two service managers who in turn were supported by the registered manager. One person said, "(The service manager) is good, nice and kind." One staff member said, "(The service manager) is really good – they make sure our training is up to date. (The service manager) listens and is very approachable. Easy to get hold of for back up and questions."
- Staff told us that the provider and their managers were open and inclusive, while promoting the values in their statement of purpose. One staff member said, "They've got good values in Mencap. We get a monthly newsletter called Connect with positive stories about people and staff. It shows their achievements."

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

- People and staff told us that they felt their views were welcomed and considered. One person said, "We have planning meetings on a Sunday about what we want to do for the week." One staff member said, "(The service managers) are always open to suggestions about different ways of doing things. Everyone feels very comfortable suggesting things. (The service manager) has brought in new things that are working very well. He does let you change things."
- People were encouraged to be involved in the recruitment of support workers. The registered manager had introduced this following feedback from the provider's other inspections. People were able to use easy read and pictorial questions to ask potential new workers and easy read feedback forms to give their opinions. This involvement was recorded to the person's key worker report.
- The registered manager has implemented annual 'reflection events' for people and their relatives to meet, and to reflect on people's successes and look at what improvements could be made. Staff also had support worker days to discuss current areas of support like safeguarding, as well to reflect on their own practices. For example, staff shared with support workers at the provider's other locations their experiences of how they supported two people to understand relationships and successfully and safely engage with each other.
- The provider was proactive in seeking the involvement and engagement of family members. Relatives had been sent 'working together' packs promoting the importance of staff's work with them and how Mencap intends to work with families. One relative said, "They're really good with feedback and consult us. I've worked in care myself and I can tell when something is done professionally."
- People and their relatives were supported to give their views of the care provided through surveys and questionnaires. People were supported to complete easy read questionnaires while family members

received surveys asking for feedback. Feedback we saw from these surveys was wholly positive.

Continuous learning and improving care

- The registered manager ensured that systems were in place to make sure that care and support was of good quality and to drive improvements. Regular audits were completed in relation to each aspect of the service such as people's medicines, health, staff training, environment and people's finances. Actions were taken from audits of the service to drive improvements to the quality of care people received. For example, managers audited people's spending and carried out annual spending checks. This allowed staff to support people to budget effectively for the coming year so that they had sufficient money.
- The management team accessed an online quality assurance and monitoring system that allowed them to track all areas of the service ensuring quality performance and compliance. The system alerted managers when specific training courses were due and allowed them to make requests for more specialist training if needed. The system monitored critical incidents, safeguarding and accidents which the provider's quality team then used to analyse trends and identify areas for improvement.
- Staff told us that the drive to improve care for people was central to the registered manager's role. The manager understood the importance of continuous learning to drive improvements to the care people received. One staff member said, "They look at progressing for the people we support. They encourage staff to go on training. My role over the past 14 years has grown. There's a great respect for the people we support."

Working in partnership with others

- Staff and the management understood the importance of partnership working and worked well with other professionals to meet people's needs. For example, one person required ongoing support to manage their behaviours and anxieties. Staff had worked with a psychologist and the GP to manage their medicines and emotional wellbeing.
- The registered manager had worked closely with local authority commissioners and learning disability care management teams. There was good partnership working with healthcare professionals such as GP's, Speech and Language Therapists and behavioural specialists to meet people's needs.

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

- The provider was clear about their responsibilities for reporting to the CQC and their regulatory requirements. Risks were clearly identified and escalated where necessary.
- Staff were clear about their roles and responsibilities and who they would go to for support. Staff and relatives told us that they had a more direct working relationship with the service managers than they did with the registered manager but that they received good support from the team. One staff member said of the registered manager, "Information is fed down from (the registered manager to the service manager) but I know how to get hold of her if I need to."