Sutton Court Associates Limited

Direct Support Professionals

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on the 23 August 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service. We wanted to be sure that someone would be in to speak with us.

Direct Support Professionals is a domiciliary care agency that provides care and support to people in their own homes. The service specialises in supporting people with mental health issues and learning disabilities. At the time of our inspection 11 people were receiving a care and support service with an age range of 20 to 75 years.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The experiences of people were positive. People and relatives told us they felt safe using the service, that staff were kind and the care they received was good. One person told us "I feel safe using the service, because the staff are nice and supportive. A relative told us "Yes, I feel my relative is in safe hands. A very safe service".

There were good systems and processes in place to keep people safe. Assessments of risk had been undertaken and there were clear instructions for staff on what action to take in order to mitigate them. Staff knew how to recognise the potential signs of abuse and what action to take to keep people safe. One member of staff told us "I would make sure the person is safe and report to the office straight away. We have detailed training on safeguarding". The registered manager made sure there was enough staff at all times to meet people's needs. When the employed new staff at the service they followed safe recruitment practices.

The provider had arrangements in place for the safe administration of medicines. People were supported to take their medicines by staff that had been trained and were assessed as being competent. People were supported to maintain good health and had assistance to access health care services when needed.

The service considered people's capacity using the Mental Capacity Act 2005 (MCA) as guidance. People's capacity to make decisions had been assessed. Staff observed the key principles in their day to day work checking with people that they were happy for them to undertake care tasks before they proceeded.

Staff felt fully supported by the registered manager to undertake their roles. They were given training updates, supervision and development opportunities. For example, staff were offered to undertake additional training and development courses to increase their understanding of the needs of people using the service. One member of staff told us "We have lots of good training and can also work on a diploma in health and social care. We also get updates yearly".

People and relatives told us that staff were kind and caring. Comments included "Staff are very nice and helpful" and "Yes they are caring and nice to me". Relative's comments included "They are good caring staff, who are kind and considerate" and "Everyone is very caring and helpful".

People and relatives confirmed staff respected their privacy and dignity. Staff had a firm understanding of respecting people within their own home and providing them with choice and control. People were supported where required at mealtimes to access food and drink of their choice.

The registered manager monitored the quality of the service by the use of regular checks and internal quality audits to drive improvements. Feedback was sought by the registered manager through surveys which were sent to people, relatives and staff. Survey results were positive and any issues identified acted upon. People and relatives we spoke with were aware of how to make a complaint and felt they would have no problem raising any issues. One person told us "I am happy with everything, no concerns, nothing. If I did I would say".

People and relatives said they were happy with the management of the service. One person told us "I have met the manager and speak to them. They are very nice too". A relative told us "Approachable manager and office staff, who are lovely".

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.

People were safeguarded from the risk of abuse. Staff understood how to recognise and protect people from abuse and knew how to report any concerns.

There were sufficient numbers of staff and recruitment procedures were robust and ensured staff were suitable for their role.

People were supported to take their medicines by staff that had been trained and were assessed as being competent.

Is the service effective?

Good

The service was effective.

Staff were supported with induction, supervision and training to equip them with the skills and knowledge to provide care effectively.

Staff understood the necessity of seeking consent from people and acted in accordance with the MCA.

People were supported to have enough to eat and drink. Staff understood and recognised changes in people's health and supported them to access health care services and to receive on going healthcare support.

Is the service caring?

Good

The service was caring.

Staff had developed positive relationships with the people, who supported and knew them well. People and relatives found staff kind and caring.

People were encouraged to express their views about how care was delivered and staff responded proactively.

Staff maintained the confidentiality of people's personal

information and people's privacy and dignity was respected.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed and regularly reviewed and they received care based upon their needs and preferences. Staff were proactive in recognising and supporting changes in people's needs.

People received a personalised service and staff were flexible in their approach to ensure people's choices and preferences were respected.

People knew how to complain and they were encouraged to share their views regularly.

Is the service well-led?

Good

The service was well- led.

The service was well managed by the registered manager who actively led and supported the staff team.

The values of the service were well embedded and staff were committed to providing good quality care.

There was good oversight of the service and processes in place for monitoring the quality of care provision and for seeking feedback in order to continuously improve.

Direct Support Professionals

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on the 23 August 2016 and was announced. The provider was given 48 hour's notice because the location provides a domiciliary care service. We wanted to be sure that someone would be in the office to speak with us. The inspection team consisted of one inspector.

On this occasion we did not ask 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.

Before the inspection we checked the information that we held about the service and the service provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us by law. We used all this information to decide which areas to focus on during our inspection.

During our inspection we spoke with three people and two relatives who use the service over the telephone, four support workers, a company administrator, operations manager and the registered manager. We observed staff working in the office dealing with issues and speaking with people and staff over the telephone.

We reviewed a range of records about people's care and how the service was managed. These included the care records for four people, medicine administration records (MAR), four staff training records, support and

employment records, quality assurance audits, incident reports and records relating to the management of the service. We spoke with two health care professionals after the inspection to gain their views of the service.

The service was last inspected on 3 March 2014 with no concerns.

Good

Is the service safe?

Our findings

People and relatives we spoke with told us they felt safe using the service. One person told us "I feel safe using the service, because the staff are nice and supportive". A relative told us "Yes, I feel my relative is in safe hands. A very safe service". A health care professional told us "We have a positive working relationship with Direct Support Professionals and have found their practice to be safe".

People were cared for by staff that the provider had deemed safe to work with. Prior to their employment commencing, staff's suitability to work in the health and social care sector had been checked with the Disclosure and Barring Service (DBS) and their employment history gained. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with vulnerable groups of people.

People were protected from the risk of abuse because staff understood how to identify and report it. Staff had access to guidance to help them identify abuse and respond in line with the policy and procedures if it occurred. They told us they had received training in keeping people safe from abuse and this was confirmed in the staff training records. Staff described in detail the sequence of actions they would follow if they suspected abuse was taking place. They said they would have no hesitation in reporting abuse and were confident that management would act on their concerns and deal with them appropriately. One member of staff told us "I would make sure the person is safe and report to the office straight away. We have detailed training on safeguarding". Another member of staff said "I had to deal with this once, when I had concerns about a person. I reported it to the manager and it was all dealt with". Staff were also aware of the whistle blowing policy and when to take concerns to appropriate agencies outside of the service if they felt they were not being dealt with effectively. Staff could therefore protect people by identifying and acting on safeguarding concerns quickly.

We saw the service had skilled and experienced staff to ensure people were safe and cared for on visits. We looked at the rotas and saw there were sufficient numbers of staff employed to ensure visits were covered and to keep people safe. Staffing levels were determined by the number of people using the service and their needs. Staffing levels could be adjusted according to the needs of people using the service and we saw that the number of staff supporting a person could be increased if required. The provider owned other services for people with similar needs and had staff that could work across these services which enabled them to utilise staff where and when required. The operations manager told us that they were continually recruiting staff to maintain staffing levels.

People were supported to receive their medicines safely. Some people who required medicines, needed staff to prompt and remind them to take their medicines. Risk assessments had been completed on people who self-administered. We saw policies and procedures had been drawn up by the provider to ensure medicines were managed and administered safely. Staff were able to describe how they completed the medication administration records (MAR) in people's homes and the process they would undertake. Staff also received a medicines competency assessment. One member of staff told us "We just need to remind people to take their medicines and record this on the medicine record that we have prompted them". Audits

on medicine administration records (MAR) were completed to ensure that care staff had completed them correctly.

Individual risk assessments were reviewed and updated to provide guidance and support for care staff to provide safe care in people's homes. Risk assessments identified the level of risks and the measures taken to minimise them. These covered a range of possible risks such as falls and manual handling. For example, where there was a risk to a person regarding falling in their own home, clear measures were in place on how to ensure risks were minimalised. In one care plan It detailed a person who was prone to falls and for staff to ensure they wore foot wear around their home and when moving to another room to ensure their walking aid was used for safety. We found that risk assessments were person centred and also covered areas such as environment and behaviours that could challenge.

Staff were aware of the appropriate action to take following accidents and incidents to ensure people's safety and this was recorded in the accident and incident records. Details were recorded and any follow up action to prevent a reoccurrence of the incident. One member of staff told us "One person I visit had a fall and it was reported to the office and we completed the documentation. Any incident is reported and recorded however small".

Good

Is the service effective?

Our findings

People and their relatives felt confident in the skills of the staff. People's comments included "Staff know what they are doing, they are trained very well I think" and They [staff] are understanding of my needs and know I feel down sometimes. They are supportive". One relative told us "The staff are skilled in what they do, they are excellent". A health care professional told us "In terms of my client's needs, I would say that the service is effective because it provides them with support whilst maintaining their independence".

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 were knowledgeable and had an understanding of the (MCA) because they had received training in this area. The operations manager showed us a MCA refresher questionnaire and told us "We have devised this to ensure staffs understanding on the subject and also as a refresher for them". People were given choices in the way they wanted to be cared for. People's capacity was considered in care assessments so staff would know the level of support they required while making decisions for themselves. Staff told us how they ensured people had choices on how they would like to be cared for and that they always asked permission before starting a task. One member of staff told us "Everyone has choices and we support those choices. We also make sure they are safe, so would discuss with a person if the choice they were making could be unsafe so they understand".

People were able to be supported at mealtimes to access food and drink of their choice if they required. Food preparation at mealtimes for the people was completed by family members or themselves and staff were required to ensure meals and drinks were accessible to people. Staff told us of the importance of ensuring people had food and drink and how they encouraged this. One member of staff told us "We have to ensure that one person has food cut up into small pieces and to have water with their meal as they could choke. They like to have microwave meals at lunchtimes". This was evidenced in the person's care plan from guidance sought from the local Speech and Language Therapist (SALT) for staff to follow. Another member of staff told us "I ensure people have water when we go out. One person likes to take a can of drink with them when we go out, especially in this hot weather".

The registered manager and staff told us they encouraged people to contact health care professionals when required or would do so for them if they requested it. Records confirmed they monitored the person's general health and well-being. People's care plans detailed their medical conditions, visits to their GP and visits from other healthcare professionals including social workers, SALT and Psychologists. They also detailed the contact numbers for the health care professionals involved in providing support to people. One person told us "My support worker reminds me of my appointments and will help me if I need it".

Staff undertook a variety of mandatory training and specialist training which equipped them with the skills and knowledge to provide safe and effective care. Training schedules confirmed staff received training in various areas including moving and handling, medicines and infection control. Staff completed their

training on induction and also attended course updates arranged by the provider, an external training company and training provided by the local authority. Specialist training included epilepsy, mental health and autism. The provider had also devised various training modules for staff to undertake. These included work books with scenarios for staff to complete to check their understanding in subjects such as challenging behaviour. Staff were also supported to undertake qualifications such as a diploma in health and social care. Staff we spoke with praised the training they received and felt equipped and skilled in their roles. One member of staff told us "We have lots of good training and can also work on a diploma in health and social care. We also get updates yearly".

Staff had regular supervision meetings throughout the year with their manager and a planned annual appraisal. These meetings gave them an opportunity to discuss how they felt they were getting on and any development needs required. Staff had regular contact with the management team in the office or via a phone call to receive support and guidance about their work and to discuss training and development needs. Staff also received competency spot checks when working in a person's home. This ensured that the quality of care being delivered was in line with best practice and reflected the person's care and support plan. This also helped staff if they wanted to discuss any concerns or ideas they had. Staff said they found these meetings to be helpful and supportive. They told us the registered manager and office staff were always available to provide guidance and support to help them provide effective care to people. One member of staff told us "I find supervisions reflective and positive. We also discuss what areas we could improve on and what support we need".

Good

Is the service caring?

Our findings

People and relatives receiving care and support from the service told us that staff were kind, helpful and caring. People's comments included "Staff are very nice and helpful" and "Yes they are caring and nice to me". Relative's comments included "They are good caring staff, who are kind and considerate" and "Everyone is very caring and helpful". A health professional told us "The support worker who meets with my client is extremely caring and knows them well. They provide a great deal of reassurance to the client".

People received consistent care. People were supported by the same staff that knew them well and were introduced to new staff before they started to deliver care and support to them. A relative told us "My relative sees regular staff who are very good". Another relative said "The same member of staff all the time, which is what my [relative] needs". Staff told us that they always had enough time to support people and never felt rushed when providing care and support to them. One member of staff told us "I felt one person needed a little more time when being supported and I let the office know and it was assessed that they did which was good". Staff were committed to arriving on time and told us that they would notify people or the office if they knew they were going to be late. A person told us "They always come when I expect them, they are here with me now. They are good". Staff told us they were able to build relationships and a good rapport with people which increased their understanding of people's needs, due to the fact that they consistently attended the same people.

People were treated as individuals, their differences were respected and support was adapted to meet their needs. One person told us "Yes, I feel they support me to be independent". The registered manager ensured that the support provided to people was person-centred and enabled them to receive the type of support they chose. Independence was promoted and encouraged. Staff told us that they encouraged people to be as independent as possible. One member of staff told us "We support people and promote their independence. One person I see just needs encouragement. They will always try and do things for themselves. Sometimes I will ask if they want my help but not take over, just be supportive". Care records for the person showed that they were at risk of self neglect and staff were to support and encourage the person in areas such as food and their personal care. Daily records showed that the person had been supported by staff in day to day tasks.

Staff respected people's privacy and dignity. Staff told us how they maintained the people's dignity when offering support. They told us they took care when providing personal care and said they closed doors to ensure people's privacy was respected. One person told us "Yes they [staff] give me privacy when I need it". A member of staff told us "One person sometimes requires support in the bathroom. I will stand outside so they know I am there and they will call me in when they need some help".

People said they could express their views and were involved in making decisions about their care and treatment. People and their relatives confirmed they had been involved in designing their care and support plans and felt involved in decisions about their care and support and healthcare professionals were also involved. People and relatives told us they had care and support plans which were detailed and were reviewed as and when required. People were also able to express their views by completing an annual

feedback surveys which gave them an opportunity to express their opinions and ideas regarding the service.

People's confidentiality was respected. Care staff understood not to talk about people outside of their own home or to discuss other people whilst providing care for others. The staff's rotas were securely emailed to them with details of their visits to undertake. Information on confidentiality was covered during staff induction and training.

Good

Is the service responsive?

Our findings

People were receiving care that was responsive to their needs and staff were knowledgeable about them. People's comments included "They help me with my shopping, we go together", "Any help I need, I call the office". They will sort things out for me". Relative's comments included "If we need any extra calls, they are accommodating and will sort it out for us" and "They take my relative out and about. They like them [staff] all and is very happy with them".

Assessments were undertaken to identify people's support and care needs. Care plans were developed outlining how these needs were to be met. The care records were detailed and gave descriptions of people's needs and how the staff could meet these. Staff completed daily records of the care and support that had been given to people. They detailed task based activities such as assistance with personal care and the support people required. In one care plan it detailed how staff assisted a person to have a bath and how staff could encourage and support them. In another care plan it described to encourage suitable activities of choice for a person.

There were two copies of the care and support plans, a copy in the office and one in people's homes, we found details recorded were consistent. Care plans contained detailed person centred information for staff to understand how to deliver personalised care and support to people including a life history and likes and dislikes. The outcomes included supporting and encouraging independence for people to enable them to live their lives the way they chose. In one care plan it detailed that a person required encouragement with self-care and how staff could support them. The care plan provided information for care staff to involve and encourage the person to remain as independent as possible. Staff we spoke with found the care plans to be detailed and informative. One member of staff told us "We are introduced to each person beforehand and have their detailed care and support plan to go through". People's preferences around activities and interests were also detailed in each care plan. This included people who enjoyed going out for walks, shopping and days out. In one care plan it detailed what constitutes as a good activity and a bad activity for the person to be involved in and their interests. This also enabled staff to have meaningful conversations with the person about the interests. Staff told us how they enjoyed the time they spent with people and being involved in their activities of choice. One member of staff told us "I love my job and it is great spending time with the people I visit. I will discuss with one person where they would like to go and ensure they understand what they have chosen and make sure they are happy. They are not very keen on surprises and like to ask lots of questions, which help them understand".

People's social needs were met and people participated in their activities of choice. People's preferences were detailed in their care and support plans. One person told us "They help me out with the shopping and I like to go to the coffee shop". Relative's comments included "The staff take my relative out for the day to do their activities" and "They help taking my relative out and about in what they enjoy". Staff told us how they supported people in the community and to support them with daily tasks. One said "One person I take out doesn't like large crowds. So they will decide where they would like to go and I ensure I talk it through with them, If I think there may be a lot of people so they understand".

Staff were knowledgeable about the health care needs of the people they cared for. Staff were able to describe in detail what signs could indicate a change in a person's well-being. Staff were also confident how to respond in an emergency. Staff knew how to obtain help or advice if they needed it and one member of staff told us "There is always someone available. Even out of office hours someone is available to guide and support us if we need it".

People and relatives were aware of how to make a complaint and all felt they would have no problem raising any issues. The complaints procedure and policy were accessible for people and given to them when they started using the service. This included a pictorial format for people who needed this. The people and relatives we spoke with all confirmed they had never really had a reason to make a complaint and felt if they did it would be dealt with straight away. One person told us "I am happy with everything, no concerns, nothing. If I did I would say". A relative told us "We have had the odd blip, but no concerns. We would ring the manager up and they would deal with it".

Good

Is the service well-led?

Our findings

People, relatives, a healthcare professional and staff praised the leadership and management of the service. One person told us "I have met the manager and speak to them. They are very nice too". A relative told us "Approachable manager and office staff, who are lovely". A health care professional told us "I consider the service to have good leadership. I note that senior management staff are always present at important meetings about the client and would say that they demonstrate an ability to support the other less senior members of the team well".

The atmosphere was professional and friendly in the office. People and staff spoke highly of the management team. One person told us "I get the bus and pop in and see the staff sometimes, which is nice". One member of staff told us "Any issue I can come in and speak with someone, they [management] are very good. I had to be flexible with my working hours, which they helped me with". Another member of staff said "Always there for us, any questions I can call anytime and they will help".

The registered manager and management team were approachable and supportive and took an active role in the day to day running of the service. Staff appeared very comfortable and relaxed talking with them in the office. While we were on the inspection we observed positive interactions and conversations were being held with staff and people in the office and on the telephone. Management took time to listen and provide support where needed. Staff felt they were supported well and given development opportunities. One member of staff told us "Yes, I feel very supported and working towards a senior position. There are good opportunities available".

The quality of the service was monitored using formal tools such as quality audits. Regular audits of the quality and safety of the service were carried out by the registered manager and management team. These included staff training, care plans, accidents and incidents and health and safety. Action plans were developed where needed and followed to address any issues identified during the audits. Feedback was sought from annual surveys which were sent to people, relatives and staff. The most recent survey had positive comments around the management of the service and people felt staff were skilled and caring in their role. A service improvement plan was put in place for the coming year from the survey which enabled staff to drive improvement. One area of improvement staff were working on was the layout of the care and support plans for people to have an improved understanding of them. This also included pictorial formats with a more person centred approach.

Staff told us they had regular office meetings and communication which gave them a chance to share information and discuss any difficulties they may have. This also gave them an opportunity to come up with ideas as to how best manage issues or to share best practice. Minutes of the meetings were available to staff in the office that were unable to attend these meetings. Subjects discussed included people's support and care, service updates and training.

The registered manager was aware of their responsibility to comply with the CQC registration requirements. They were aware of the importance of notifying us of certain events that had occurred within the service so

that we could have an awareness and oversight of these to ensure that appropriate actions were being taken. They were aware of the requirements following the implementation of the Care Act 2014, such as the requirements under the duty of candour. This is where a registered person must act in an open and transparent way in relation to the care and treatment provided. The registered manager kept their knowledge and skills up to date and attended regular meetings with other staff within the organisation. They told us "I attend training sessions with the staff and ensure they are provided with specific courses that are required to meet people's needs. I have also designed staff training modules to support their learning. We have a skilled workforce with good experience who apply their skills". There were links with external organisations to ensure that the staff were providing the most effective and appropriate care for people and that staff were able to learn from other sources of expertise. These included links with the local authority and external health care professionals and services.