

Southern Family Care Ltd







# Southern Family Care Ltd

## 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	

### Overall summary

The inspection took place on 14 and 20 January 2016 and was announced shortly before it took place due to the nature and size of the service. Although registered to provide personal care to both older and younger people in their own homes, at the time of our inspection four young people under the age of eighteen were supported but nobody over the age of eighteen received support. However, older people have received support in the past and may again in the future. The service was supporting a

small number of families by providing personal care to children which, for example, helps them to attend school and enables parents to work or take a break from their primary carer responsibilities.

We were unable to observe care provision or speak directly with people who received support due to their age, the complex conditions some of them lived with and

# Summary of findings

the circumstances in which they were supported. However, we obtained feedback about the services provided from parents/carers, relatives, health and social care professionals and staff.

There was a manager in post who had registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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 and associated Regulations about how the service is run.

Parents and relatives told us that their family members were safe and well cared for when supported by the service. Staff had received training in how to safeguard both adults and children from abuse and knew how to report concerns. Safe and effective recruitment practices were followed to ensure that staff were suitable for the role performed. There were always sufficient numbers of staff available to meet people's agreed care and support needs in a timely and patient way.

Staff were trained to help and support people take medicines safely but at the time of our inspection there was no requirement for them to do so. Potential risks to people's health and well-being had been identified, reviewed and managed effectively to keep them safe.

People's relatives and healthcare professionals were very positive about the skills, experience and abilities of staff who provided care and support. Staff received training relevant to their roles and had regular supervision meetings to discuss and review their development and performance.

Staff supported people to stay safe, both at home and in the community, and to maintain good health in a way that took account of their needs and personal circumstances. Staff developed positive and caring relationships with the people they supported and their families, all of whom they clearly knew very well.

Staff made every effort to ascertain people's wishes and obtain their consent before providing personal care and support. Parents and social care professionals, together with the people concerned wherever possible, were involved in the planning, delivery and reviews of the care and support provided. The confidentiality of information held about people's medical and personal histories was securely maintained.

Parents and relatives told us that support was provided in a way that promoted their family member's dignity and respected their privacy. People received care and support that met their needs and took account of their preferences. Staff were very knowledgeable about their preferences and routines which they used to good effect in delivering person centred care.

People were supported to pursue interests and take part in activities of their choosing, both at home and in the community. Parents and relatives felt that staff listened to them and responded to any concerns they had in a positive way. They knew how to complain should the need arise but told us they had never had cause to do so.

Families, staff and professional stakeholders were very complimentary about the registered manager and how the service was operated. Effective arrangements were in place to monitor risks and the quality of services provided.

# Summary of findings

## 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.

People were kept safe by staff trained to recognise and respond effectively to the risks of abuse.

Safe and effective recruitment practices were followed to ensure that staff were suitable for the roles performed.

Sufficient numbers of staff were available to meet people's individual needs in a timely way.

Staff were trained to support people with their medicines in a safe way when necessary.

Potential risks to people's health and well-being were identified and managed effectively.

Good



### Is the service effective?

The service was effective.

People's wishes and consent were obtained before care and support was provided.

Staff were well trained and supported to help them meet people's needs effectively.

People were supported to have their day to day health needs met.

Good



### Is the service caring?

The service was caring.

People were cared for in a kind and compassionate way by staff who knew them and their families well.

Parents of people who received support were involved in the planning, delivery and reviews of the services provided.

Care was provided in a way that promoted people's dignity and respected their privacy.

The confidentiality of personal information had been maintained.

Good



### Is the service responsive?

The service was responsive.

People received personalised care and support that met their needs and took account of their preferences and personal circumstances.

Staff supported people to pursue social interests and activities, both in their own homes and the community.

Parents and relatives were confident that any concerns would be dealt with positively and knew how to complain.

Good



# Summary of findings

## Is the service well-led?

The service was well led.

Effective systems were in place to quality assure the services provided and manage risks.

Family members, staff and healthcare professionals were all very positive about the manager and how the service operated.

Staff understood their roles and responsibilities and felt well supported by the manager.

Good



# Southern Family Care Ltd

## 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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2012, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

The inspection was carried out on 14 and 20 January 2016 by one Inspector and was announced shortly before it took place due to the nature and size of the service. Before the inspection, the provider to completed a Provider

Information Return (PIR). This is a form that requires them to give some key information about the service, what the service does well and improvements they plan to make. In addition to this, we also reviewed all other information we held about the service.

During the inspection we spoke with the parents of two people who received support, another relative, both staff members and the registered manager. We also received feedback from health care professionals familiar with the service and the people they supported. We looked at care plans relating to two people who used the service and two staff files.

# Is the service safe?

## Our findings

Parents and relatives told us that people who used the service were happy, well supported and kept safe, both at home and in the community, by staff who knew them well. A parent of one person said, “We are very happy with the service. I am absolutely confident that [name] is very safe in their hands.” A social care professional with experience of the service and some of the families it supported commented, “I have no concerns or worries, they [staff] provide safe care and support.”

Staff received training about how to safeguard adults and children from harm and were knowledgeable about the risks of abuse. They knew how to raise concerns and report potential abuse by whistle blowing, both within the service and externally. Staff had access to information and guidance about how to recognise the signs of potential abuse and report concerns, together with contact numbers for the relevant local safeguarding authority. A staff member told us, “The manager takes safeguarding very seriously and we have all been trained. Our top priority is to keep everyone safe, particularly when we are out and about.”

Safe and effective recruitment practices were followed to make sure that staff employed at the service were suitable for the roles they performed and of good character. The registered manager had flexible working arrangements in place to ensure there were enough suitably experienced and skilled staff available to meet people’s agreed care and support needs safely, effectively and in a calm and patient way.

The registered manager told us that the service had never missed or been significantly late for a scheduled visit, even during inclement weather. This was confirmed by families who received support and social care professionals who mentioned that support was still provided following heavy snow fall. A parent of one person told us, “They [staff] always ring if they are going to be delayed and have never let me down. They stay as long as needed and [the manager] will often come out at the drop of a hat to support us with extra hours. I would be lost without them.” A relative of another person said, “They [staff] are absolutely brilliant and have never, ever let us down.”

Staff were not required to support people with medicines as a matter of course. However, one person they supported

was at risk of suffering from seizures associated with a condition they lived with. The registered manager worked with health and social care professionals to ensure staff received the training and practical refreshers necessary to help them respond to any medical emergency that arose in a safe and effective way. This included training in how to support the person to take a specific type of medicine that was prescribed to help through such situations. A social care professional commented, “Staff have been trained and updated by community nurses about how to support [a person] with the medicine tailored to their particular needs.”

Where potential risks to people’s health, well-being or safety had been identified, these were assessed and reviewed regularly to take account of people’s changing needs and personal circumstances. This included in areas such as the home environment, medicines, behaviour that challenged others, physical health and safety, mobility and going out and about. The registered manager adopted a proactive and positive approach to risk management which meant that staff were able to provide support safely and in a way that promoted people’s independence, the development of new skills and lifestyle choices wherever possible.

For example, one person who received support became anxious and found it difficult to cope when out and about in the community which meant they often became aggressive and displayed behaviour that challenged others. Staff helped reduce their anxieties by supporting them to access and experience public places in a safe and controlled way which, in turn, promoted their independence and led to a marked improvement in their behaviour.

This person’s parent told us, “They [staff] have helped improve [name’s] behaviour and they now look forward to them coming and going out into the community. They are now more aware of road safety and ‘stranger danger’ and more understanding of finances; I have no concerns.” A staff member said, “We are passionate about what we do and can make a real difference to people’s lives. We support families through difficult times. We have improved [name’s] behaviour by exposing them to the experience of being with people.”

Information about incidents, accidents and any injuries that occurred within people’s homes or in the community were recorded, reported to the registered manager and

## Is the service safe?

used to good effect in reducing the risks and likelihood of reoccurrence. For example, by recognising the need to fit a

rubber grip to the foot plate of a mobility chair to reduce the risks of the person slipping and hurting themselves. In another case staff encouraged a family to keep stairs clutter free in order to prevent and reduce the likelihood of falls.

# Is the service effective?

## Our findings

Parents told us that staff always sought to provide care in a way that reflected their wishes and, wherever possible, those of the people who received support. Staff knew people they supported and their communication needs very well which meant they were able to ascertain what they wanted to do and obtain their consent about the care provided.

A parent told us, “[Name] has complex communication needs but staff have worked with them a long time and just know how to figure out what they need and want. They never assume and always talk to them about what is going on.” Staff confirmed that in their view it was important to know people well in order to establish what they wanted and how they liked things to be done. We saw that individual plans of care and guidance reflected the fact that parents, and wherever possible the people concerned, had agreed and consented to the care and support provided.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of adults 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. At the time of our inspection we found that the provider had worked within the principles of the MCA when support was provided to adults.

Parents of people who used the service, other relatives and social care professionals were very positive and complimentary about the skills, experience and abilities of staff and the registered manager, who also provided care and support. One parent said, “They [staff] are very good, friendly, professional and well trained. I am very happy.” A social care professional commented, “[Staff] are fantastic and trained in a way that is tailored to people’s needs. A passionate manager and staff team who put the needs of people and their families they support first.”

New staff were required to complete an induction programme as part of a probationary period. They received personal ‘one to one’ tuition from the registered manager who they were required to shadow until confident they

knew how to provide the care and support required. They received training relevant to their roles, and had their competencies observed and assessed in the work place by the registered manager.

Training was provided in a range of subjects designed to help staff perform their roles safely and effectively. This included in areas such as continence care, moving and handling, fire safety, person centred care, first aid and awareness training about some of the medical conditions relevant to the people they supported, for example epilepsy. A staff member told us, “We do a lot of training and I have completed a National Vocational Qualification Level 3 with lots of support and encouragement. I am up to date with all my training and [the registered manager] is always giving us updates about new information and policies.”

Staff felt well supported by the registered manager and had frequent opportunities to discuss issues that were important to them. They had regular supervisions with the manager where their performance and personal development was reviewed. A staff member said, “The manager supports us in what we need to do, one hundred percent supportive and always available at the end of the phone.” Another staff member commented, “We have regular meetings and are always encouraged to share ideas. I feel very well supported.”

Although staff were not responsible for supporting people with their day to day diet or meal preparation, they were very knowledgeable about their nutritional needs, food preferences and how to support them to eat and drink in a healthy and safe way as and when required. For example, one person had been helped and encouraged to sit at a table when eating their meals and provided with basic food hygiene skills and awareness. A social care professional told us, “They [staff] meet everyone’s identified care and support needs, nothing is too much.”

People received care and support that helped to meet their health needs in a safe and effective way. Staff were very knowledgeable about people’s individual care and support requirements and how they should be met. These were reviewed on a regular basis to ensure that the support provided reflected people’s changing needs and personal circumstances. For example, staff developed effective techniques to help prevent one person from consuming



## Is the service effective?

fluids that were harmful to them because of a complex health condition. They used activities the person enjoyed to good effect in keeping them occupied and sufficiently distracted from the urge to drink.

# Is the service caring?

## Our findings

People were supported in a kind and compassionate way by staff who knew them well, were very knowledgeable about their care needs and who had taken time to develop positive and caring relationships with them.

The parent of one person told us, “We get consistency with the same carers. [Name] loves them and smiles and giggles. They [staff] are kind, caring and respectful.” The parent of another person commented, “They [staff] are saviours to me and I would be one hundred and fifty percent lost without them. They are always there for us and give good advice. [Name] loves them.”

Staff helped and supported people in a way that maintained their dignity and respected their privacy at all times. A relative of one person who received support told us, “I can’t say anything bad about them. [The registered manager] and team are wonderful, absolutely brilliant and we could not cope without them; they have never let us down. [Name] is very happy with them, they are very kind

and caring. I cannot praise them enough.” A staff member said, “We always treat people as we would like to be treated. We are going into people’s homes so it’s important to respect their privacy and dignity.”

We found that parents, relatives, social care professionals and, wherever possible the people who received support, had been fully involved in the planning, reviews and delivery of the care provided. A social care professional told us, “They [staff] have developed great relationships with families and the people they support. They are involved in planning and reviews of the support people need together with the families.” A parent of one person who received support commented, “We are always kept in the loop and involved with what goes on.”

Support plans reflected the fact that families, social care professionals and, wherever possible, the people were supported were involved in and had agreed to the support provided. Confidentiality was well maintained at the service which meant that held about people’s health, support needs and medical histories was kept secure.

# Is the service responsive?

## Our findings

People received personalised care and support that met their individual needs and took full account of their personal circumstances. The parent of one person told us, “[Name] can be difficult and needs to be supported in a way that recognises what they are all about. They [staff] do just that which is great. They provide support that suits us as a family, not the other way round. They are very good with [name] and always go above and beyond what is needed. They have helped them develop new skills and routines.”

Staff had access to detailed information and guidance about how to look support people in a person centred way, based on their individual likes and dislikes, preferences and health and welfare needs. The registered manager and staff worked closely with people’s families, relatives and social care professionals to ensure they fully understood how to meet their needs.

For example, they arranged to observe how one person behaved and interacted at school in order to develop a thorough understanding of their behavioural and social needs. This enabled staff to provide levels of support that were responsive to the person’s individual needs and those of their family. A staff member commented, “It is important to work closely with families, social services and schools to fully understand the type of support needed for any particular individual.” A social care professional said, “I

cannot fault how they [staff] have dealt with [name’s] behavioural issues. They go out of their way to provide support that is tailored to a person’s needs in a way that develops and promotes independence.”

People were supported to pursue activities and social interests they enjoyed, both in their own homes and in the community wherever possible. A relative of one person commented, “The staff sit and listen to [name] reading every afternoon, which takes a lot of care and patience; they are brilliant. They give [name] exactly the support they need, they have become like family. They have got to know them really well and how they tick. [Name] has come on in leaps and bounds since they have cared for them.” A social care professional told us, “They [staff] find out what people like doing and help them develop new skills and independence, for example by supporting them out in the community. They find activities that are centred on the person’s identified needs. The levels of care and support are very good.”

The parents of people who received support were consulted and updated about the care and support provided and were encouraged to have their say. They felt listened to and told us that the manager was always quick to respond to any issues raised in a prompt and positive way. They told us they knew how to make a complaint but had never had the need to raise any concerns. One parent told us, “I have never had any complaints or concerns.” A social care professional commented, “I have no complaints or problems. They [registered manager and staff] are very responsive to what we say and take [feedback] on board.”

# Is the service well-led?

## Our findings

Parents of people who used the service, relatives, staff and professional stakeholders were all very positive about how it was led and managed. They were all very complimentary about the registered manager in particular who they described as being well organised, professional, approachable and supportive.

The parent of one person told us, “[Registered manager] is just fantastic, a life saver for us and I cannot thank them enough; always available, always there and always spot on.” A relative of another person said, “[Registered manager] has been wonderful for us and without [them] and the team we would never have coped; not in a million years.” A social care professional with experience of the service and some of the people it supports commented, “Nothing is too much for [the registered manager] and I cannot fault them, they are always offering additional help.”

We were told that the registered manager led by example and demonstrated strong and visible leadership. They were very clear about their vision for the service, how it operated and the levels of care and support provided; “We work creatively with individuals, their circle of support and partner agencies to develop quality, flexible, sustainable support, which responds to the changing needs of

individuals. We are committed to supporting positive change and support in the lives of individuals and their families regardless of age and personal circumstances.” A staff member commented, “

The registered manager was very knowledgeable about the families who used the service, the people they supported, their needs and personal circumstances. Staff understood their roles and were clear about their responsibilities and what was expected of them. A staff member told us, “I love it and [registered manager] is great; ‘hands on’ and very understanding. I can go to them for anything.” A social care professional commented, “[Registered manager] has a great relationship with families and clients and supports all of their needs; they are fantastic.”

The registered manager forged positive and effective working relationships with social and healthcare professionals to improve and enhance the quality of care and support provided. They sought feedback from parents, relatives and professionals at regular meetings, reviews of the support provided and by sending out surveys.

We looked at a random selection of the responses received and found them to be very positive about the registered manager, staff team and the services provided. For example, in one response we saw a parent commented, “This company and their carers are outstanding in their approach and care of [family member]. They have made a massive difference to them and us.