

Structured Care Ltd

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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

Structured Care Ltd is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a service to older adults and operates in Solihull, West Midlands. There were three people using the service at the time of our inspection.

We visited the offices of Structured Care Ltd on 21 December 2017. This was the first inspection of the service since registering with the Care Quality Commission in July 2016. We gave the registered manager 48 hours' notice of the inspection visit because it is small and the manager is often out of the office providing care. We needed to be sure that they would be in.

The service is required to have a registered manager in post. 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 and associated Regulations about how the service is run. At the time of our inspection there was an experienced registered manager in post who was also the provider.

Everyone we spoke confirmed they felt safe with their care workers because they trusted them. Care workers were recruited safely and there were enough of them to support people safely in a timely way. Care workers had received training to safeguard adults and they understood their responsibilities to keep people safe.

Procedures were in place to protect people from harm and people told us they knew how to report concerns if they felt unsafe. Risk assessments were in place and identified potential risks to people's health and wellbeing which helped to keep people and care workers safe when delivering care.

A business continuity plan was in place to make sure the service could respond to emergency situations such as, adverse weather conditions. Care workers told us their managers were available at any time if they had any worries or concerns.

A system was in place to record accidents and incidents and to reduce any reoccurrence.

Care workers understood their responsibilities in relation to infection control.

Care workers and the registered manager had the skills and knowledge they needed to provide the care and support people required. New care workers were provided with effective support when they first started work at the service. Care workers were provided with support through individual supervision and by working alongside the registered manager to provide care and support to people.

People were supported to manage their health conditions and to access other professionals when required. Care workers knew how to monitor and manage people's nutrition and hydration if this was required to make sure people's nutritional needs were maintained.

Care workers demonstrated an understanding of the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) so that they could ensure peoples' rights were being protected. The registered manager understood their responsibility to comply with these requirements.

People told us care workers were kind and caring. Care workers we spoke with were proud of the high quality care they provided to people. People told us they were always treated with dignity and respect and the service was committed to ensuring peoples diversity was respected. People were supported to be as independent as they wished to be.

The registered manager and care workers knew what was important to people which meant people received care and support in line with their wishes and preferences. Care records were personalised and contained information about people's life histories and daily routines. People and their relatives told us they were involved in their care, and their care plans were reviewed monthly.

People were provided with information which contained up to date information about the service so they knew what to expect. Care workers visited the same people and they had enough time to provide care and also sit and chat with people.

People and their relatives knew how to make a complaint and felt comfortable doing so.

Everyone told us the service was well led and they could not think of anything that would improve the service they received. Care workers had a clear understanding of their roles and responsibilities. They enjoyed working at the service and they felt supported by the registered manager.

There were effective systems to monitor and review the quality of the service. The registered manager used a variety of methods to ensure they kept their knowledge up to date to continually improve the service provided. The service had invested in resources and 'compliance tool kits' which the registered manager told us helped them to demonstrate their compliance with regulation.

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 felt safe with their care workers. Procedures were in place to protect people from harm. There were enough care workers to support people safely. The recruitment of care workers minimised, as far as possible, the risks to people safety. A system was in place to record accidents and incidents and to prevent them from reoccurring. Care workers understood their responsibilities in relation to infection control. A business continuity plan was in place to make sure the service could respond to emergency situations.

Is the service effective?

Good ●

The service was effective.

Care workers and the registered manager understood and worked in line with the principles of the Mental Capacity Act 2005. Care workers had the skills and knowledge they needed to care for people effectively. New care workers were provided with effective support when they first started work at the service. People were supported to manage their health conditions and to access other professionals when required.

Is the service caring?

Good ●

The service was caring.

Care workers were kind and caring. People were treated with dignity and respect and the service was committed to ensuring peoples diversity was respected. People were supported to be as independent as they wished to be.

Is the service responsive?

Good ●

The service was responsive.

People and their relatives were involved in the planning and review of their care. People received personalised care in line with their wishes and preferences. Care records contained

detailed information about people's life histories and daily routines. People and their relatives knew how to make a complaint and felt comfortable doing so.

Is the service well-led?

The service was well-led.

Everyone we spoke with told us the service was well led. Care workers enjoyed working at the service and felt supported by the registered manager. Effective systems to monitor and review the quality of the service were in place. There was a strong emphasis on continually looking for ways to improve the service people received.

Good ●

Structured 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 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The office visit took place on 21 December 2017 and was announced. We told the registered manager 48 hours before our visit we would be coming so they could make sure they would be available to speak with us. The inspection was carried out by one inspector.

Prior to our office visit we reviewed the information we held about the service including statutory notifications that had been sent to us. A statutory notification is information about important events which the provider is required to send to us by law. We also spoke to the local authority commissioning team. They did not have any further information to share with us.

The registered manager sent us a list of people who used the service. Before our visit we spoke with two people and one person's relative via the telephone to gather their views on the service they received. We also spoke with two care workers and we used this information to form part of our judgements.

During our office visit we spoke with the registered manager, the managing director and the compliance office manager. We reviewed two people's care records to see how their care and support was planned and delivered. We looked at two care workers recruitment records to check whether they had been recruited safely and were trained to deliver the care and support people required.

We looked at other records related to people's care and how the service operated, including the service's quality assurance audits.

Is the service safe?

Our findings

People who received a service from Structured Care confirmed they felt safe with their care workers because they trusted them. One person said, "Very safe because my care is never rushed." A relative commented, "Nothing fazes them (care workers). I have every confidence (Person) is in safe hands." They explained this was because care workers were experienced in providing health and social care to people.

There were enough care workers to support people safely and meet their needs in a timely way. People told us care workers always arrived when they expected them and they always let them know if they were ever running a little bit late. At the time of our visit there were two care workers working at Structured Care and there were no staff vacancies. Because the service was small the registered manager also completed people's care calls. This meant people received consistent care from people they knew.

Recruitment procedures minimised, as far as possible, the risks to people safety. Care workers confirmed their references had been requested and checked. They told us and records showed they had not provided care to people until their DBS (Disclosure and Barring Service) clearance had been returned and assessed by the registered manager. The DBS assists employers by checking people's backgrounds for any criminal convictions to prevent unsuitable people from working with people who use services.

Procedures were in place to protect people from harm and people told us they knew how to report concerns if they felt unsafe. The registered manager demonstrated to us they were aware of their responsibilities to keep people safe. They said, "Safety is paramount and staff are trained to recognise signs of abuse." Records showed no concerns of a safeguarding nature had occurred since the service registered with us in July 2016.

Care workers confirmed they had completed training in safeguarding adults. They confidently described to us the signs which might indicate someone was at risk such as; people being withdrawn or unexplained bruising to their skin. Care workers told us they were confident to report any concerns to the registered manager. One said, "The manager is very proactive and if I was worried about anyone I am very confident they would take action." We asked what they would do if action was not taken to investigate their concerns and they told us they would telephone CQC to share their concern or speak to the local authority safeguarding team.

Risk assessments identified potential risks to people's health and wellbeing which helped to keep people and care workers safe when delivering care. Care workers and the registered manager knew about the risks and explained in detail how assessments were personalised, based on people's needs, histories and personalities. For example, one person could become anxious during personal care routines. To reduce this anxiety care workers were instructed to use a consistent approach to positively engage with the person. Their relative told us this approach did effectively reduce their anxieties.

Another person's health had recently declined which had temporarily reduced their level of mobility. The registered manager had identified that this meant it was unsafe for the person to get in and out of their shower safely to maintain their personal hygiene. This risk had been discussed with the person and the

person had chosen to use a bowl of water and a flannel to have a wash until their level of mobility improved.

A system to monitor accidents and incidents that occurred was in place. None had occurred prior to our visit. Our discussions with care workers assured us they knew to report any accidents that occurred immediately so action could be taken to reduce the likelihood of reoccurrence.

Some people had a key safe which care workers could access to gain entry to their home if the person was unable to open their front door. Care workers we spoke with were aware of the importance of keeping entry codes safe and made sure following their calls that doors were closed and the home secured.

Our discussions with care workers assured us they understood their responsibilities in relation to infection control. Records showed they had received training in-line with best practice. One said, "I know to safely dispose of plastic gloves after one use to stop the spread of infection."

At the time of our visit the service was not supporting anyone to take their medicines. Records showed that care workers were trained in safe handling of medicines and this support could be provided to people if it was required.

A business continuity plan was in place to make sure the service could respond to emergency situations such as, adverse weather conditions. For example, this included priority being given to people who would be at high risk of their care call was not complete such as people who lived alone. However, the registered manager told us they felt proud that in recent adverse weather conditions all people had received the care they required. A relative commented, "Even in the recent bad weather they (care workers) turned up, I was very impressed they don't let us down."

An on call service was in operation for out of hours' concerns or emergency situations, which was manned by the management team. Care workers told us their managers were available at any time if they had any worries or concerns.

Is the service effective?

Our findings

Our discussions with people assured us care workers and the registered manager had the skills and knowledge they needed to provide the care and support they required. One person commented, "They are very well trained."

New care workers were provided with effective support when they first started work at the service. One told us they had spent time working alongside the registered manager during their induction to get to know people and to learn how they liked their care and support to be provided. They commented, "The manager is a perfectionist and has extremely high standards, they are a great teacher." Completion of the induction assured the provider that care workers understood their policies and procedures and they had received training in-line with the Care Certificate. This demonstrated the provider was acting in accordance with nationally recognised guidance for effective induction procedures to ensure people received good care.

Care workers spoke positively about the on-going training they received to be effective in their roles such as, health and safety and infection control. One said, "The manager is very hot on training if my training is not up to date I cannot provide care." An annual training programme was in place and records we looked at showed us all training was up to date at the time of our visit.

The registered manager held many accredited training qualifications which included a teaching qualification in clinical practice. This meant they were qualified to provide some training to care workers. Care workers told us the registered manager had supported them to use different techniques to ensure people were moved safely. For example, showing them how to use equipment such as, slide sheets to move people carefully and to reduce the risk of injury to themselves.

Care workers were provided with support through individual supervision and by working alongside the registered manager to provide care and support to people. The registered manager explained they checked on a daily basis that the care people received was of a high standard. For example, people were supported in the way they wanted; care workers arrived at the correct time and whether they were suitably dressed. If any concerns were identified this would be discussed with the care worker and used to support further learning.

People were supported with meal preparation by their relatives. However, some people did require encouragement from care workers to consume drinks to maintain their health. Our discussions with the registered manager and care workers assured us they knew what action to take if a person was not drinking enough. This meant action could be taken to support the person.

A relative described the recent support they had received from the service to access health professionals as 'brilliant'. This was because the registered manager had liaised with the persons GP and pharmacy to obtain medicines on their relations behalf when they had recently been unwell. They told us this level of support was 'above their expectation' and the action taken by the registered manager had resulted in their relatives health improving.

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.

We checked and found the service was working within the principles of the MCA. The registered manager understood the relevant requirements of the Mental Capacity Act (2005) and told us no one using the service at the time of our inspection lacked the capacity to make all of their own decisions. They understood that where people were no longer able to make decisions for themselves, other people could help make the decisions in their best interests.

Care workers had received MCA training and demonstrated they understood the importance of seeking people's consent before providing care and support. People's ability to consent was considered at the initial assessment stage before they had started to receive a service. People we spoke with confirmed that they had consented to the care they received. They told us that care workers checked with them that they were happy with support being provided on a regular basis. One person said, "They are always checking if it's okay to help me."

Is the service caring?

Our findings

The registered manager's aim for the service was to ensure people received the best care and support possible. We asked people and they told us this was achieved because they received care from a consistent care team and positive caring relationships had developed between them and their care workers. One person said, "They are all wonderfully kind and very good listeners." A relative told us nothing was ever too much trouble and all care workers were cheerful, smiley people who had a positive effect on their relative's well-being. They said, "When they arrive they are like a ray of sunshine brightening up the day."

Care workers we spoke with were proud of the high quality care they provided to people. One said, "Because we are small we have enough time to get to know people, find out all the small important things. That's good care." One person commented, "They (care workers) are like friends."

The registered manager understood the importance of building trusting relationships with people. They told us they were proud of how building a relationship with one person had resulted in them regaining their confidence and becoming more independent. This meant the person was less reliant on care workers to help them to complete tasks such as, taking a shower. The person told us the support they had received had been excellent and they would recommend the service to others.

People told us they were always treated with dignity and respect. Where personal care was delivered, people told us care workers took time to ensure they were covered up and doors and curtains were closed to ensure their privacy was maintained.

People were provided with a service user guide and leaflets which contained up to date information about the service so they knew what to expect. It also included information about the requirements of CQC, the service's statement of purpose, confidentiality and access to records.

People and their relatives told us they were involved in their care, and their care plans were reviewed monthly. For example, one person told us, "When care started we discussed what we needed to make sure everything was done properly, we've had meetings to discuss how things are going."

The provider welcomed and supported people from the LGBT community (Lesbian, gay, bisexual and transgender). Care workers had received training in this area and an equality and diversity policy was in place. Our discussions with the registered manager assured us the service was committed to ensuring people's diversity was respected. This was because the care planning process included a sensitive discussion with people around how they choose to express their sexuality to ensure their needs could be met by the service.

Is the service responsive?

Our findings

We asked people who received support from Structured Care if the care they received was personalised and met their needs. Comments included, "Yes, they fully understand my condition and are very patient." And, "Very good, all needs are met, the service is flexible which is good."

Care workers told us they visited the same people and they had enough time to provide care and also sit and chat with people. One told us, "All calls are an hour long so I can read care plans, get to know people." People we spoke with told us care workers completed all of the required care during each visit.

Care records were personalised and contained information about people's life histories and daily routines. For example, how they liked their hair to be blow dried. The information reflected people's needs which helped care workers to provide the care people needed. Care workers told us if a person's needs changed they would tell the registered manager their care plan was then updated.

Care workers and the registered manager demonstrated they knew people well. For example, one person could become anxious and they explained rubbing the person's arm and giving them a hug provided them with comfort which reduced their anxiety.

Another person's personal appearance was important to them. The registered manager described them as a 'fashionista' and explained how they supported the person to choose their clothing and apply their make-up and perfume each day which had a positive effect on their well-being.

The service did not support anyone who was in receipt of end of life care. However, the registered manager told us this could be provided if it was needed. Where appropriate, people's wishes about what should happen at the end of their lives would be discussed with them including consideration of funeral arrangements, where people were happy to discuss this.

People and their relatives knew how to make a complaint and felt comfortable doing so. They told us they had been provided with a copy of the complaints procedure in a format they could understand when the service started. One person told us, "Nothing to complain about but I would if I needed to." The service had not received any complaints since it registered with us in July 2016.

Is the service well-led?

Our findings

Everyone told us the service was well led and they could not think of anything that would improve the service they received. A relative told us, "I think the leadership is good because the manager leads by example and they are a good role model for others."

Discussions with care workers demonstrated they had a clear understanding of their roles and responsibilities and what was expected of them. They told us they enjoyed working at the service because they had a good relationship with the registered manager who they described as 'firm but fair' and 'extremely approachable and supportive.' The registered manager told us they were proud of the 'open and honest' culture they had developed. They explained this was important because if anything went wrong lessons would be learnt and improvements would be made to benefit people.

The registered manager had over 30 years of experience of working in health and social care as a registered nurse and they were supported by the managing director and the compliance office manager to run Structured Care. They were also the clinical director of a health clinic and in 2016 they had been awarded the West Midlands Woman of the Year for their outstanding contribution to health and well-Being in the local area. The award was voted for by members of the public to honour and celebrate inspirational and dynamic women, who are passionate about the field they work in and who make a difference in society.

The registered manager used different methods to ensure they kept their knowledge up to date to continually improve the service provided. For example, they undertook research in line with best practice and wrote articles on topics such as, prostate cancer and breast cancer for a published magazine. They told us this was something they really enjoyed doing and they shared their learning with care workers to further develop their understanding of health and social care to benefit people and the local community. Care workers we spoke with told us the links the service had with other professionals, such as GP's, were invaluable in helping to provide good, holistic care to people who used the service.

The service had developed links with a local college and the registered manager spent time lecturing students to share their experiences on what it was like to work in health and social care sector.

The service had invested in resources and 'compliance tool kits' which the registered manager told us helped them to demonstrate their compliance with regulation. The registered manager understood their responsibilities and the requirements of their registration. They told us which notifications they were required to send to us so we were able to monitor any changes or issues with the service. We had received the required notifications from them.

The registered manager and the managing director told us that over the next 12 months they planned to further develop the service by providing more care and support to people in their own homes. They explained that this would be a gradual process because they needed to recruit care workers with the right experience and values to ensure people continued to receive high quality care.

There were effective systems to monitor and review the quality of the service. As the registered manager worked alongside care workers, they reviewed paperwork during peoples care calls to check it was completed correctly. People we spoke with confirmed this, for example, one person said, "[Registered manager] is always checking that everything is in place." This meant the registered manager had an overview of the care people received and they also had the opportunity to speak with people and their families. The registered manager told us they did this so they could respond to any concerns highlighted and lead the service in on-going improvements.