

Sterling Care & Support Ltd

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Inspection report

Box St
Box Studios 17 Boundary Street
Liverpool
Merseyside
L5 9UB
Tel:
Website:

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Ratings

Overall rating for this service

Good 

Is the service safe?

Requires improvement 

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 was carried out on 23 and 27 April 2015. We gave the provider one day's notice of the inspection in order to ensure people we needed to speak with were available.

Sterling Care and Support is a registered with the Care Quality Commission to provide 'personal care'. The service supports people who live in their own homes. At the time of our inspection the service was supporting 20 people who required support with personal care.

At our last inspection in June 2013 the service was meeting the regulations we inspected.

Summary of findings

The office base is located in the Vauxhall area of Merseyside. The office is on the second floor of a building and is accessible for people who use wheelchairs. The office premises provided the facilities required for the running of the business.

A registered manager was 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 2008 and associated Regulations about how the service is run.

People who used the service gave us good feedback about the agency. They told us they were supported by a small number of staff and therefore they received good consistency of staff. People told us the service was reliable and staff took their time and always stayed for the agreed duration of their call. People told us staff knew what was expected of them and asked if there was anything else they could do during the course of their visits.

People who used the service told us they felt safe in the way staff supported them. People were protected from avoidable harm and potential abuse because the provider had systems in place to minimise the risk of abuse. Risks to people's safety and welfare had been assessed and information about managing risks was recorded in people's care plans.

There were appropriate numbers of staff employed to meet people's needs and provide a flexible service. Staff were able to accommodate changes to visits as requested by people who used the service or their relatives.

People were provided with good care and support that was tailored to meet their individual needs. Care plans were in place detailing how people wished to be supported and people were involved in making decisions about their care. Staff told us they felt well informed about people's needs and how to meet them.

Staff supported people to remain healthy and liaised with healthcare professionals as required to meet people's needs. When people required support with their meals and diet this was documented in their care plan and people told us the staff met their needs in line with this.

Some of the people who used the service were supported with their medicines and staff told us they were trained and felt confident to assist people with this. However, people's care plans did not include an appropriate level of information and guidance about how to support them with their medicines and medication administration records were not being maintained appropriately. We have made a recommendation about this in the body of the report.

The manager had a level of knowledge and understanding of the Mental Capacity Act (MCA) 2005 and their roles and responsibilities linked to this. They were able to tell us how they would ensure a decision was made in a person's best interests if this was required. This included referring to multi-disciplinary professionals as appropriate.

Pre-employment checks were carried out on new staff before they started working for the agency. However, we found that staff employment references were not always being attained in line with best practice.

Staff told us they felt well supported and they had been provided with regular training linked to their roles and responsibilities. Staff told us there was an open culture throughout the service. They told us they felt confident to raise any concerns and felt that their concerns would be dealt with appropriately.

Systems were in place to check on the quality of the service and ensure improvements were made. These included 'spot checks' on areas of practice and seeking people's views about the quality of the service. We found there was room for improvement in this area as some checks were not being carried out consistently or on a regular basis.

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 not always safe.

Procedures were in place to protect people who used the service from avoidable harm and potential abuse.

People who used the service told us they felt safe. Risks to people's safety had been assessed and were managed.

Staff had been provided with training in administering medication and they told us they felt confident in this. However, some of the procedures for supporting people with their medicines required improvement.

Staff underwent pre-employment checks to ensure they were suitable to carry out their roles and responsibilities. However, some of the checks were not robust.

There were appropriate staffing levels to meet the needs of people who used the service.

Requires improvement



Is the service effective?

The service was effective.

Staff told us they felt suitably trained and supported in their role.

The manager was aware of the principles of the Mental Capacity Act (2005) for people who lacked capacity to make their own decisions. Staff obtained people's consent before providing care and support.

People were supported with food, meals and drinks according to their plan of care. Staff referred to health and social care professionals to make sure people received the care and support they needed.

Good



Is the service caring?

The service was caring.

People who used the service told us staff were caring.

People who used the service told us they liked the staff and looked forward to them visiting. People told us that staff were respectful of their privacy.

People were involved in making decisions about the care and the support they received.

Staff had a good knowledge of people's needs and preferences and support was provided in line with these.

Good



Is the service responsive?

The service was responsive.

Good



Summary of findings

Care plans were in place outlining people's care and support needs. Staff were knowledgeable about people's needs and their interests and preferences.

People were supported with their health care needs and staff referred to relevant health professionals for support in response to people's changing needs.

People were provided with information about how to make a complaint. The agency had received very few complaints and people we spoke with told us they had no reason to complain about the service.

Is the service well-led?

The service was well-led.

Staff were clear as to their roles and responsibilities and the lines of accountability across the service.

Staff told us there was an open culture and that they felt they would be listened to if they had any concerns.

Systems were in place to check on the quality of the service and ensure improvements were made. These included surveying people about the quality of the service. Checks on areas of practice were in place although these had not always been carried out consistently.

Good



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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 was carried out by an adult social care inspector on 23 and 27 April 2015. We gave the provider one days' notice of the inspection in line with our methodology for this type of service.

We reviewed information we held about the service before we carried out the visit. This usually includes a review of the Provider Information Return (PIR). However, we had not requested the provider submit a PIR. The PIR 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. We looked at the notifications the Care Quality Commission had received about the service.

We visited two people who were supported by the agency and we contacted five people by telephone to seek their views about the service. We met and spoke with four members of the care staff team and we spoke with an additional three by telephone. We also spoke with the registered manager who was available through the course of the inspection. We usually contact commissioners of the service to gain their feedback about the quality of the service. However, the provider did not have a contract with any commissioners and each of the people who used the service had a private contract with them.

We viewed a range of records including: the care records for three people who used the service, four staff personnel files, records relating the running of the service and a number of the provider's policies and procedures.

Is the service safe?

Our findings

People we spoke with told us they felt safe using the service. One person told us, “They’re nice girls, very reliable and nothing is too much trouble for them. “They always have enough time and they ask me if there is anything else they can do” and “Yes they are never rushed”.

We looked at how the agency supported people who required support with their medicines. Staff training records showed that staff had been provided with training in administering medication and staff told us they felt suitably skilled to do administer medication. The agency had a policy and procedure for the safe handling of medicines but we found this was not being followed. People’s care plans included minimal information about their support needs with medication and some of the information we saw was conflicting. We also saw that medication administration records were not being maintained appropriately as they failed to detail the medicines that people were prescribed. People who use the service are at risk of not receiving their medicines appropriately and safely if staff do not have the information they require to support them in administering medicines.

We recommend that the provider reviews how medication is being managed to ensure the practice is in line with the company's policies and procedures and in line with best practice guidance.

Assessments were undertaken to assess any risks to people who used the service and to the staff supporting them. These included environmental risks and any risks relating to the health and support needs of the person. The risk assessments we read included information about action to be taken to minimise the chance of harm occurring. For example, some people had restricted mobility and information was provided to staff about how to support them when moving around their home and transferring in and out of chairs and their bed.

Systems were in place to prevent abuse from occurring. An adult safeguarding policy and procedure was available. This included information about: how the provider prevented abuse from occurring, the different types of abuse, indicators of abuse and the actions staff needed to take if they suspected or witnessed abuse. Staff had been provided with safeguarding training and they gave us appropriate responses when we asked them what they would do in the event of witnessing abuse. They told us that they would not hesitate to report any incidents. The manager was aware of their responsibilities to report abuse to relevant agencies.

The service employed sufficient numbers of staff to meet people’s needs appropriately and safely. Staff told us they had travel time factored into their schedules and this meant that they spent the full length of time with people and were not rushed. People who used the service were supported by small consistent staff teams. This meant staff had the opportunity to develop a good understanding of the needs of the people they supported and any risks to their safety and wellbeing.

We looked at staff recruitment records. We found that checks had been undertaken before staff began working at the service. We found application forms had been completed and applicants had been required to provide confirmation of their identity. Disclosure and Barring Service (DBS) checks had been carried out prior to new members of staff starting work. DBS checks consist of a check on people’s criminal record and a check to see if they have been placed on a list of people who are barred from working with vulnerable adults. We found the provider was not always ensuring that employment references were attained appropriately. For example from the applicant’s current or last employer. We discussed this with the registered manager who agreed to tighten the procedure with immediate effect.

Is the service effective?

Our findings

People told us they received the care and support they required to meet their needs. We asked people who used the service if they felt staff had the skills and knowledge to support them. Their replies included: “Yes I’ve no reason to think otherwise”, “Well, I’ve no complaints at all” and “Yes they know me well and they know what I like.”

People who used the service told us that most of their health care needs were co-ordinated by themselves or their relatives. However, staff were available to support people to access healthcare appointments if needed and they liaised with health and social care professionals involved in people’s care if this was required. We asked people if they had had experience of staff supporting them to access health or social care professionals such as their GP. People replies included; “I’ve not needed them to but I’m confident they would” and “Yes I believe so.” Where people required support with their meals and diet this was documented in their care plan and people told us the staff met their needs in line with this.

We asked people if they felt involved in choices and decisions about their care, their replies included; “Yes, they asked me what I wanted and that is what they provide” and “The carers ask me what I need on a daily basis because it depends how I feel and they always respect what I say”. We saw that people had signed their care plan as having been consulted with the contents and being in agreement with it.

The manager was able to demonstrate a level of understanding about the Mental Capacity Act (2005). The Mental Capacity Act (2005) provides a legislative framework to protect people who are assessed as not able to make their own decisions, particularly about their health care, welfare or finances. We found that the manager and care

staff had not been provided with training in the Mental Capacity Act. The manager said they would arrange this for the near future. The manager told us that every person who used the service had people to advocate for them. They also told us they would work alongside family members and health and social care professionals in deciding if a decision needed to be made in a person’s best interests.

Staff told us they felt sufficiently trained and experienced to meet people’s needs and to carry out their roles and responsibilities. We viewed the personnel files for four care staff. Staff told us they had undergone an induction when they commenced their employment and they had a period of shadowing more experienced members of staff prior to working on their own. Training records showed us that staff had undergone training in topics such as; fire safety, dementia care, infection control, health and safety, food hygiene, safeguarding, role of the care worker and administering medication. Staff had the option of attending training in a class room environment or on line. One member of staff told us “All my training is up to date”. Another told us “I’ve done my training and I’ve just had a reminder to make sure I do my refresher training”. The registered manager told us that the majority of staff held a relevant qualification in care and those who did not had been signed up to undertake a qualification.

Staff told us they felt well supported in their role. We found that staff were provided with supervision but this was not always on a regular scheduled basis. Team meetings were held on a regular basis. We were shown the minutes of the last general staff meeting dated March 2015. Staff had been provided with a staff handbook when they commenced employment. This provided staff with information about their roles and responsibilities and with information on key policies and procedures such as; responding to complaints, whistle blowing, safeguarding, equality and diversity and codes of practice.

Is the service caring?

Our findings

We asked people who used the service to tell us if they felt staff were caring and if they respected their privacy and dignity. People's comments included "Yes very much so" and "Yes they're friendly and always respectful." We asked people if the carers listened to what they wanted, their replies included; "Yes, definitely" and "They always as me anyway".

People told us they were happy with the staff who supported them. One person said, "We get along so well". Another person said "Nothing is too much trouble for them."

People received care, as much as possible, from the same care staff. This meant people had the opportunity to build relationships with staff which enabled them to build trust in them and in the service. Staff also had the opportunity to get to know the people they supported well.

Staff told us that new staff were always introduced to people before providing care and support and staff never went in 'cold' to support people.

During discussions with staff they told they were respectful of people's privacy and maintained their dignity. They gave us examples of how they did this when supporting people with personal care such as; always asking people's permission to support them, closing doors and curtains, using towels or garments to cover people and talking to people throughout.

People were encouraged to maintain their independence. During our discussion with staff they used terms such as 'support' and 'choice' when describing how they supported people. We also saw in people's records that staff had recorded that they had 'assisted' people or written that a person had carried out a task independently on that occasion.

The manager told us the service provided a person centred approach whereby everyone who used the service was treated as an individual. People's care and support was tailored for them, with their and their family's input. This was confirmed by people who used the service and staff during our discussions with them. People told us they were involved in developing their care and support plan and identifying what support they required from the service and how this was to be carried out.

The registered provider told us they held a 'dignity day' every year to invite the local community into the service. They told us the day has previously involved talks about matters such as dementia and accessing services. It has also included social events such as a beautician and a raffle.

People who used the service had been provided with information on the standards they could expect from the service and key pieces of information about matters such as confidentiality, maintaining their safety and security.

Is the service responsive?

Our findings

People were provided with personalised care that was responsive to their needs. People we spoke with said the service was flexible, some people had not needed to ask for any changes but they felt the service would accommodate them if necessary. People's comments included; "I have no problems they are very reliable. The girls are really good", "Yes, I know if I asked them it wouldn't be a problem" and "I've had to change it before and they've been great." The only comments we heard from a number of people about how the agency could improve was that it was sometimes difficult to get through to the office by telephone.

Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs; this enabled them to provide a personalised service. One member of staff told us "We have all the information we need about people."

People who used the service told us they had a small team of staff to support them. Staff told us that because the agency was small they had good consistency of staff to support people. Staff comments included; "People know who is going to visit them and when", "We have time between calls to make sure we have the right amount of time with people and we are not rushed" and "We get to know each other well." In discussion with staff they were knowledgeable about the needs of the people they supported. They were able to describe what people needed and how they preferred to be supported.

Assessments were undertaken to identify people's support needs and care plans were developed outlining how these needs were to be met. We viewed the care plans for three people who used the service. We found these were individualised and they provided information about people's needs and provided guidance for staff on how to meet people's needs. People had signed their care plan to confirm they had been involved in drawing up the plan and to give their consent for the care to be provided as prescribed in the plan.

The manager was able to provide us with examples of how the service had worked with other agencies to make sure people received the care and support they needed. Where required the agency worked alongside family members, or relevant health and social care professionals, such as district nurses and therapists to ensure people's needs were met.

The provider had a complaints procedure and information about how to make a complaint was provided to people when they started using the service. The manager informed us there had been only one formal complaint made to the agency and that any issues raised by people who used the service were dealt with immediately to the people's satisfaction. People who used the service told us if they had any concerns they would feel confident to raise them and they felt their concerns would be addressed.

The agency had a call monitoring system which alerted the manager if a call had not been attended.

The agency had policies and procedures in place for responding to emergencies. Staff had access to these and to an 'on call' manager for advice and support.

Is the service well-led?

Our findings

Staff told us they received regular advice and support from the registered manager and senior care staff. Staff felt the manager was available if they had any concerns. They said the manager and senior staff were approachable and kept them informed of any changes to the service provided or the needs of the people they were supporting.

The registered manager used a system to record information about the running of the agency. The system included information about the needs of the people who used the agency, staff calls, staff training and supervision. The manager used the system to monitor the quality of the service in these areas.

A senior member of staff had been designated to monitor the quality of the service by regularly speaking with people to ensure they were happy with the service they received. They undertook a combination of announced and unannounced spot checks to people to review the quality of the service provided. This included arriving at times when the staff were there to observe the standard of care and at other times to obtain feedback from people who used the service. We found that there had been a gap in the spot checks because the person responsible for carrying them out had left the service and a replacement had not been recruited to date. The registered manager advised that the spot checks would be picked up again in the near future.

The manager told us that people's views about the service were regularly sought and we

saw records that showed people's care had been reviewed and monitored to make sure they were being provided with the right care and support. The manager told us that people's views had not been sought through the use of surveys for some time but that they intended to carry out a survey in the near future. They told us that because the service was small both themselves and senior staff had regular and open contact with people who used the service.

Staff told us they felt there was an open culture. They described a culture of person centeredness and good team work and communication across the service. One member of staff said the service provider was "Very good". Another member of staff said "They are a good company to work for. They want the best for the clients."

The agency had a whistleblowing policy, which was available to staff. Staff we spoke with were aware of the policy and told us they would feel able to raise any concerns they had and would not hesitate to do so. Staff felt that if they did raise any concerns then they would be taken seriously and actioned appropriately.