

S&S Care (Midlands) Limited

S&S Care

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

About the service:

S&S Care is registered as a domiciliary care agency providing the regulated activity 'personal care' to people who live in their own homes. At the time of the inspection visit there were 20 people using the service.

There was 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 (2008) and associated Regulations about how the service is run. The registered manager and deputy managers are both directors (providers).

People's experience of using this service:

- People's safety was promoted by staff who were trained to recognise signs of potential abuse and how to manage and report any situations in which people may be at risk.
- People received their care from a small consistent staff team who they were able to build trusting relationships with.
- People were provided with the right care at the right time because the management team closely managed and reviewed staffing arrangements to ensure people's needs were safely met.
- People's safety was promoted as the management team had systems and processes which helped to minimise risks.
- People benefitted from staff who used effective practices to reduce the risks of infections spreading.
- People were supported by staff who had the skills and experience to help them to maintain and develop their independence.
- People were supported with their medicines and good nutrition where this was a requirement of the care they received.
- People were supported to have control and choice over their lives and staff supported them in the least restrictive way possible.
- People and their relatives told us staff knew people's care preferences well, and supported people in the ways they preferred.
- People were complimentary about how staff treated them as individuals and respected their privacy, dignity and lifestyle choices.
- People, their relatives and staff were encouraged to make any suggestions for improving the care provided and the service provided further.
- The management team worked well together to maintain systems to monitor and continuously improve the quality of services provided for people.
- The registered manager had showed a responsive approach to our previous inspection and made the required improvements.

Rating at last inspection: Requires Improvement. The last report for S&S Care was published on 28 April 2017.

Why we inspected: This was a planned inspection based on the rating at the last inspection. The rating has improved to Good overall.

Follow up: We will continue to monitor the service through the information we receive until we return, as part of the inspection programme. If any concerning information is received we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Safe findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Safe findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Safe findings below.

Good ●

Is the service well-led?

The service was well led.

Details are in our Safe findings below.

Good ●

S&S Care

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

One inspector undertook the inspection.

Service and service type:

S&S Care is a domiciliary care agency. It provides personal care to people living in their own homes. At the time of the inspection 20 people were receiving personal care from S&S Care.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity started on 28 February 2019 and ended on 11 March 2019. We visited the office location on 28 February 2019 to see the registered manager and deputy manager; and to review care records and policies and procedures.

What we did:

We used information the provider sent to us in the Provider Information return (PIR). This is information we require providers to send to us at least once annually to give us some key information about the service, what the service does well and improvements they plan to make. We looked at information we held about the service, including notifications they had made to us about important events. We also looked at other information sent to us from other stakeholders, for example, the local authority and members of the public.

We spoke with four people who used the service and four relatives. In addition, we spoke with four members of the care staff team which included a senior care staff member, and with the deputy manager and the registered manager. We sampled care documentation for three people using the service and medicine administration records for two people. We also looked at three staff files, staff training and monitoring of staffs caring practices along with other documents related to the management of the service. These included records associated with audits and quality assurance, questionnaires and staff duty rotas.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse:

- Staff had received training on safeguarding adults and on the provider's relevant policies and procedures for managing risks and maintaining people's safety.
- Staff understood how to protect people from the risk of abuse and avoidable harm. One staff member described what they would do if they witnessed the abuse of a person they provided care to. They told us, "I would report to the manager's and write a statement if required. I am confident [the registered manager] would tell the other agencies and CQC."
- The management team were aware of the local authority's safeguarding processes and their responsibility to share information with relevant professionals and other agencies to help protect people from abuse.

Assessing risk, safety monitoring and management:

- People could take part in activities of their choosing, maintain their independence and receive care and support safely because risk assessments were carried out.
- Control measures were put in place to minimise identified risks to people. For example, one person had a risk assessment regarding prescribed medicines and there was clear guidance to show how the risks would be minimised. Risk assessments were reviewed by the management team who carried out visits and spot checks to ensure these were kept up to date.
- Staff were able to explain to us how they minimised risks to people's health and well-being. For example, helping a person with their physical needs in a safe way by using equipment.
- Monitoring processes were in place to ensure staff practiced safely. Where required staff received additional training to support best practice.

Staffing and recruitment:

- Staff recruitment records showed checks were completed on staff before they worked with people in their own homes and staff confirmed this.
- The management team ensured there were enough staff employed to carry out people's care visits. The deputy manager organised people's care visits and staffs' working rota's in such a way which reduced the risk of staff not being able to support people when needed.
- Staff normally arrived on time and stayed for the full duration of the care visit. On this subject, one person told us, "They (care staff) always turn up at the right time but if the carers are going to be late they let me know. It's not something they happens very regularly, I find them (care staff) very reliable."
- There was an ethos amongst the management team of trying to ensure people were supported by the

same staff who they were familiar with and who had a good understanding of how to meet their needs and keep them safe.

Using medicines safely:

- People who required help to take medicines received support from staff who had received the specific training to do so.
- Staff kept records of when medicines were received and when administered or refused. This helped them to monitor the effectiveness of prescribed medicines. Medicine records were checked by the management team to ensure any areas for improvement were actioned.

Preventing and controlling infection:

- People were protected from the risk of infection because staff had received training about infection control and followed safe practices.
- Staff told us they had access to personal protective equipment, such as disposable gloves and aprons.

Learning lessons when things go wrong:

- Processes were in place to support staff to reflect when things went wrong and to learn from these situations.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:

- People, their relatives and other health and social care professionals had been fully involved in the assessment and planning of people's care before they started using the service. A relative told us the assessment process was very thorough and covered all aspects of their family members life.
- People who used the service and relatives confirmed people's care was delivered in line with each person's preferences and assessed needs.

Staff support: induction, training, skills and experience:

- Staff completed a robust induction which included shadowing experienced staff before working unsupervised.
- Staff we spoke with told us they felt supported in their role and were confident they had received all the training they needed to support people effectively. For example, a person needed to use a hoist to help them to move and staff had received specific training in how to safely operate this equipment.
- Staff had the opportunity to discuss their training and development needs at meetings with the management team. On this subject, a staff member told us, "The training is good. I feel very supported."
- People who used the service and relatives felt confident staff were skilled in providing care safely and effectively. A relative described how care was provided by staff who paid attention to detail and, "Really cared for [family member]."
- The staff and management team met on a regular basis to discuss ways of working. We discussed with the deputy manager about how they could develop the minutes from these meetings further. For example, to include action plans where required as another method of driving through any improvements in staff's care practices.

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

- People were supported to eat and drink in line with their personal preferences and dietary needs. A person commented, "They [staff] know exactly how I like my cup of tea and always offer me one."

Staff working with other agencies to provide consistent, effective, timely care:

- Staff worked in collaboration with relatives of people who used the service, staff from other agencies and healthcare professionals involved in people's care.
- A person told us how they had regular contact with the management team including at times the

registered manager providing care and a relative spoke positively about how the management team were always accommodating to ensure their family member was provided with effective care.

- The management and staff team worked with other professionals to make sure people received effective care and support. This had included working with health and social care professionals so people had the right care and support through their rehabilitation to assist people to regain their confidence and independence.

Adapting service, design, decoration to meet people's needs:

- The management team had systems to identify, record and meet communication and support needs of people with a disability, impairment or sensory loss. This was so they could adapt the service to make sure people received the best care and support. This was a domiciliary care agency so people received care in their own homes.

Supporting people to live healthier lives, access healthcare services and support:

- Where people received additional support from healthcare professionals this was recorded within their care records.
- The management and staff team were aware of the processes they should follow if a person required support from any healthcare professionals.

Ensuring consent to care and treatment in line with law and guidance:

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority.

People living in their homes can only be deprived of their liberty through a Court of Protection order. We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- At the time of our inspection no one receiving support was subject to any restrictions under Court of Protection.
- The registered manager and staff showed a basic awareness and understanding of the MCA.
- People's consent had been sought by the management team before care and support was provided. Where people were unable to consent, relevant other's provided consent on their behalf; such as those who held lasting power of attorney.
- People told us they were always offered choice and control over the care they received.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff received training in equality and diversity and people's cultural and spiritual needs were respected.
- The management team endeavoured to organise the care visit rotas to support people in being provided with care from the same staff. People we spoke with valued this approach as it enabled them to build trusting relationships with staff they knew them well. A person described how they had developed a bond with a staff member who usually supported them and said, "She (staff member) is really efficient and knows just what I need."
- The management team had systems which ensured staff were monitored to make sure their practice was kind and caring.
- People told us staff were respectful of them and their belongings. A staff member described to us how staff were required to wear shoes when operating the hoist however they wore covers over their shoes to respect a person's cultural beliefs.

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

- People who used the service and their relatives felt involved in all decisions about their care and support. One relative told us when the person began to use the service they went through everything together, with the registered manager which gave them real confidence in the care being provided.
- The registered manager had received a number of compliments in the feedback forms about the support staff provided. These included; praising staff for being always making sure a person always had something to eat and being helpful and friendly. These practices showed staff's commitment to people they provided care and support to.

Respecting and promoting people's privacy, dignity and independence:

- Staff we spoke with talked affectionately and respectfully about people they supported.
- Staff helped people to develop their independent living skills. For example, staff had supported people to become as independent as possible so they did not require care.
- People were treated with respect and dignity. A person said, "They [staff] are always polite and make sure I am covered when they help me to have a wash and curtains closed." A relative said staff always rang the doorbell which showed respect this was their home even though they could enter by using another method.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

At our last inspection on 9 and 14 March 2017, this key question was rated 'Requires Improvement'. This was because we found care records were not personalised and risk assessments were generic so individual risk were not always clearly identified. At this inspection, we found steps had been taken to make improvements in care documentation. Therefore, the rating for this key question has increased to 'Good'.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- In the provider information request the management team confirmed, 'The Care Plans have now been upgraded so that they are more person centred and copies are kept in the office for reference. Risk Assessments have now been altered to incorporate a conclusion from the assessed risks.' We saw this was the case as Care plans were centred on each person; they took account of people's likes, dislikes, wishes and preferences about their daily routines. From speaking with the registered manager, they confirmed they would be continually looking at ways of improving care documentation further. This was so staff had as much guidance as needed to support people effectively and respond to their needs.
- People told us they felt involved in how they liked and wanted to receive care and support. A person told us, "They [staff] do know what I like and I direct my care to what I need." A relative said, "They [staff] know their [family member's] likes and dislikes and tailor the care to this." Another relative said because of the care provided their family member was happy and settled.
- People were supported to be involved in planning their care such as the management team being able to provide information when required in different reading formats in line with the Accessible Information Standards. The Accessible Information Standards aim to provide people with information which they can easily understand.
- Staff completed a daily record at each care visit to ensure any concerns or identified changes were detailed making sure other staff had access to up-to-date information.
- People received care and support from their own staff team who knew their routines well.

Improving care quality in response to complaints or concerns:

- People who used the service and their relatives were given information about how to make a complaint and were confident that any complaints they made would be listened to and acted on in an open and transparent way. A person told us "I can ring the manager anytime if something needs changing and they get on to it right away. I've got no complaints whatsoever." A relative said, "No complaints but if I had they [management] would sort them."
- No complaints had been made but there were systems in place for complaints to be investigated and responded to.

End of life care and support:

- The registered manager ensured people were supported at the end of their lives by staff who had the skills and experience to do so. This included staff jointly working with specialist nurses in the community so each person was as comfortable and pain free as they possibly could be.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection on 9 and 14 March 2017, this key question was rated 'Requires Improvement'. This was mainly due to the registered manager not always notifying us when required to do so and making sure information such as care documentation was available at the office for inspection. At this inspection, we found the registered manager had taken steps to ensure care documentation was now available at the office and had improved their documentation to show their quality checks of people's care. Therefore, the rating for this key question has increased to 'Good'.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

- Since our last inspection the registered manager and deputy manager had taken a responsive approach to our previous inspection findings and had worked together to further promote personalised care and support. This included creating additional quality checks to ensure their oversight and governance of the service was as effective as it could be in driving through high quality care.
- In the provider request information, the registered manager told us, 'As both registered manager and director she adopts a hands-on approach and is constantly looking for ways to improve the service provided.' People who used the service and their relatives confirmed the registered manager undertook some direct care which was appreciated as it showed them staff were led by a registered manager who was interested in providing consistently good quality care. A relative said, "[Registered manager] who runs it has been wonderful. You can give them 100% from me."
- Staff felt well supported by the management team who supported them in providing good care. Staff we spoke with told us the management team were approachable and staff were always able to contact someone if they required advice or support. One staff member said, "Managers are really supportive. You can ring anytime. Anything I want to know I just ask." Another staff member told us, "Senior care is really supportive and are 'on the ball.'"
- The registered manager promoted a culture of honesty and openness at all times including when things went wrong. A relative confirmed this and told us they felt management and staff were, "Very approachable, open and honest."

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

- Arrangements were in place to monitor the quality of the care services provided to people who lived in their own homes. The registered manager and deputy manager worked together to monitor the quality of

the care and develop this further.

- The management team carried out regular quality checks of areas such as, checking people had received support with their medicines by auditing the records staff completed when assisting people. Where issues were identified, actions had been taken to make improvements.
- Staff we spoke with told us the management team supported them, so they could develop and improve their care practices by methods such as, undertaking checks at people's homes of staff practices. A staff member told us, "I enjoy helping people and I am happy in my work. They [management] support us."
- The registered manager understood their responsibilities to notify us of any changes to the services provided or incidents which affected people who were provided with care in their own homes.

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

- The registered manager spent time with people who used the service and with staff. This enabled them to seek people's views on a regular basis and involve people in any changes.
- People were able to share their views through feedback forms. The results of people's last feedback about their care showed a high level of satisfaction with the service provided. One person's comments read, 'The quality of this company is outstanding from the management through to care staff I would recommend this company to anyone needing care.' Another person had written, 'I like the fact that I now have the same carer each evening, at the time that suits me. I may not remember the name but know the face and voice.'
- The management and staff team worked together so people would have the support they needed to meet their individual lifestyles. For example, a person liked a specific light on and this was relayed to staff and documented in their care records and another person benefitted from staff leaving notes to support the person with their memory.

Continuous learning and improving care:

- The registered manager used different methods so learning and improvements were continually made. For example, in response to people's feedback the registered manager took action so staff were consistently wearing their identity cards as this was important to people.
- The registered manager told us, "I absolutely love my job. Happy care plans are coming on. Always improving on everything we do. I am proud of all my staff. We have a lovely little team and I like to think they come to me."

Working in partnership with others:

- The registered manager worked with local doctors, specialist healthcare services and local authority commissioners. This enabled people to access the right support when they needed it and we saw working collaboratively had provided staff with up to date professional guidance.