

Sandwell Care Services Limited

Sandwell Care Services

Inspection report

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Date of inspection visit:
01 December 2016

Date of publication:
11 January 2017

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

This announced inspection took place on 01 December 2016 with phone calls made to people using the service and their relatives on 02 December 2016. The provider had 48 hours notice that an inspection would take place so we could ensure staff would be available to answer any questions we had and provide the information that we needed. This was the first time that the service had been inspected since it was registered on 07 September 2015.

Sandwell Care Services are registered to deliver personal care to people within their own homes. They provide support to younger and older adults, people with learning disabilities, mental health conditions or dementia and people with physical disabilities. At the time of our inspection 29 people were accessing the service.

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

Staff supported people in a way that made them feel safe. Staff understood the procedures they should follow if they witnessed or suspected that a person was being abused or harmed. Criminal records checks were undertaken before staff were able to begin their role. People were supported to take their medication at the appropriate times.

Staff had the skills and knowledge required to support people effectively. Staff received a detailed induction prior to them working for the service and they felt prepared to do their job. Staff could access on-going training and regular supervision to assist them in their role. Staff knew how to support people in line with the Mental Capacity Act and gained their consent before assisting or supporting them. Staff assisted people to access food and drink.

People were involved in making their own decisions about their care and their own specific needs. People felt listened to, had the information they needed and were consulted about their care. Staff provided dignity and respect to people. People were encouraged to retain a high level of independence with staff there ready to support them if they needed help.

People's preferences for how they wished to receive support were known and always considered by the staff. Staff understood people's needs and provided specific care that met their preferences. People knew how to raise complaints or concerns and felt that they would be listened to and the appropriate action would be taken.

People were happy with the service they received and felt the service was led in an appropriate way. Staff were well supported in their roles. Staff felt that their views or opinions were listened to. Quality assurance audits were not always carried out comprehensively, however clear plans were in place to improve upon this.

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.

Risk assessments were in place.

Staff recruitment was carried out safely.

Medicines were given safely, although recordings were not always completed.

Is the service effective?

Good ●

The service was effective.

Staff were provided with an induction before working for the service, and they received ongoing supervision and support.

Staff knew how to support people in line with the Mental Capacity Act and gained their consent before assisting or supporting them.

Staff assisted people to access food and drink.

Is the service caring?

Good ●

The service was caring.

People felt that staff were kind and caring towards them.

People were involved in making decisions about their care and how it was to be delivered.

Staff maintained people's dignity and provided respectful care.

Is the service responsive?

Good ●

The service was responsive.

Staff were knowledgeable about people's needs.

Staff considered people's preferences when carrying out care.

People knew how to raise complaints or concerns and felt that they would be listened to and the appropriate action would be taken.

Is the service well-led?

The service was well-led.

People were happy with the service they received and felt the service was well led.

Staff spoke of the openness and visibility of the registered manager and senior staff team.

Some quality assurance audits were carried out, but they were not always comprehensive.

Good ●

Sandwell Care Services

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.

This announced inspection took place on 01 December with phone calls made to people using the service and relatives on 02 December 2016. The inspection was announced to ensure staff would be available to answer any questions we had or provide information that we needed. The inspection was carried out by one inspector.

We reviewed the information we held about the service including notifications of incidents that the provider had sent us. Notifications are reports that the provider is required to send to us to inform us about incidents that have happened at the service, such as accidents or a serious injury.

We liaised with the local authority commissioning team to identify areas we may wish to focus upon in the planning of this inspection. The team are responsible for monitoring services that provide care to people.

We spoke with three people who used the service and four relatives, four staff members, a senior manager and the registered manager. We reviewed a range of records about people's care and how the service was managed. This included looking closely at the care provided to three people by reviewing their care records, we reviewed three staff recruitment records and three medication records. We also looked at records that related to the management and quality assurance of the service, such as staff training, rotas and audits.

Is the service safe?

Our findings

People spoke positively about the care they received from staff. One person told us, "I feel safe when they [staff] visit, as they do things as they should". A second person told us, "The carers definitely keep me safe, I never worry". A relative told us, "My relatives are kept safe, it is a really good service". A staff member told us, "People are safe we talk to them and check they are ok, we don't just leave them without checking"

Staff were able to describe to us possible signs or symptoms that may indicate someone was experiencing abuse. One staff member told us, "I understand safeguarding and would pick up on people's emotions, expressions, whether they were scared of someone or do they have unexplained marks on their bodies? I would report any concerns to the office and log everything". We saw that there was a safeguarding policy in place and the registered manager could explain the process to alert appropriate external agencies to any concerns, however this had yet to be required. Staff told us that they had received training in safeguarding and that this was updated as needed. All staff we spoke with told us that they would contact the emergency services for assistance should they feel that a person required immediate help.

A staff member told us, "Each day before carrying out care, I check risk assessments first in case anything has changed, just to be extra sure". A second staff member said, "We can contact the manager if anything is missing from a risk assessment or if we note any changes and they will look at it again and record the changes". We found that risk assessments were in place to keep people safe. Risk assessments identified and considered the risk and what support could be offered by staff to minimise it. Risk assessments looked at areas where people may experience risk to their well-being and this included, moving and handling and the use of a hoist, health and medicines and personal care requirements. We saw an incidents and accidents policy was in place, however there had been no incidents that required logging since the service had been in operation.

People told us that there was consistency of staff that supported them and that they knew the staff members caring for them. One person commented, "It is always the same girls [staff] I know them well". A relative told us, "We have no missed calls and the staff are marvellous. They wait as long as they can if they know we are going to be late back from a medical appointment or they come back and fit us in". A staff member told us, "Lots of people working here travel by bus, they are given enough time to get to one call from another without being rushed". A second staff member shared, "We don't have any missed calls or any agency workers covering, we do it all ourselves so people don't have any strange faces in their homes". Records showed that this was correct.

We looked at three recruitment files and staff told us that prior to commencing in their role they had been requested to provide references, identification and to undertake a Disclosure and Barring Service (DBS) check. The DBS check would show if a prospective staff member had a criminal record or had been barred from working with adults due to abuse or other concerns. Records showed that staff members had not been asked for a full work history as part of their application. This meant that if the applicant had worked with vulnerable people previously, the provider would not be aware of this and any issues that may have arisen during the employment. The registered manager told us that they would amend this for future staff

members and would obtain the missing information from current staff files.

People told us that they received their medicines safely and comments included, "I am always given my medicine without a problem" and, "I get my medicine at the right time every day". A staff member told us, "I am confident to give medicines as I have completed my training". When we looked at Medicine Administration Records (MAR) sheets we found that there were some gaps in the recording of medicines administered. Although there was a procedure for staff to follow to record whether a medicine had been given or not, this had not always been followed. The registered manager told us that this would be discussed with staff and that they would be required to complete the sheet with information that confirmed if the medicine had been given or not and why. We saw that where people took medicines as and when a protocol was in place to advise staff how to administer them correctly.

Is the service effective?

Our findings

People told us that the staff had the skills and knowledge required to support them effectively. One person told us, "They [staff] know what I need". A second person said, "The staff understand my needs and they are well trained. There isn't much they don't know". A relative told us, "Staff know people's needs and understand how those needs can change daily too".

Staff spoke of how they had received a detailed induction period prior to starting work. One staff member told us, "My induction included being shown what the clients need, shadowing other staff and talking through details of the service with the manager". A second staff member shared, "My induction taught me what we are going into homes for and how to care for people correctly. The manager told us don't be afraid to ask any questions and they help all they can". We saw that new staff had completed mandatory training courses and that they had completed the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers should adhere to. We saw that the training staff undertook was recorded, with the dates of when the course would be due again. Dementia, diabetes and moving and handling training were some of the more recently completed courses.

Staff members told us they received regular supervision with one comment being, "I have supervisions every few months. She is a good manager who listens". Staff files recorded that supervisions had been carried out and any issues arising from them. All of the staff we spoke with said that they felt confident in approaching the registered manager at anytime in-between supervisions. We saw that appraisals had been carried out where they were due and that these had been used as an opportunity to learn from the previous years tasks and set goals for the next 12 months.

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 found that the service was working within the guidelines of the MCA and initial assessments carried out on people inquired as to whether the person was subject to restrictions under the MCA. Staff we spoke with had a good level of knowledge on the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards [DoLS]. A staff member told us, "Although we don't deprive people of their liberty, we still understand what it is and it is to keep people safe where they aren't able to make sound decisions for themselves about their safety".

People told us that staff asked for consent prior to carrying out tasks. One person told us, "They [staff] always ask for my consent". A staff member told us, "I ask people what I can do for them and read their facial expressions, if they can't communicate". A second person said, "I always ask consent, we are not allowed to do anything without getting people's consent". A staff member told us, "[Person's name] doesn't like having to use equipment, I always offer reassurance and am always careful to get consent".

People told us that they received assistance to prepare meals and one person told us, "They cook what I

need them to". A relative shared, "[Person's name's] meals are just warmed up, but we are happy with the way that it is done". People told us that they received drinks from staff members and one person told us, "Staff always put drinks out for me". A staff member told us, "Drinks and snacks are left out for people, where they can reach them, as it's no good otherwise". We saw that some people's fluid intake was recorded, but there was no information as to why this was done and the findings were not reported to anybody. This was discussed with the registered manager who said that they were recorded as part of the services requirements and could be passed to a professional at any time.

Staff told us that although they didn't have a great deal of involvement in people's on-going health needs, they were aware of when some people had medical appointments coming up and they prompted them to ensure that they attended. People we spoke with felt that if they were poorly staff would call the doctor to assist them.

Is the service caring?

Our findings

People told us that they felt that staff were kind and caring. One person said, "They are kind and dedicated staff". A second person shared, "The staff are friendly, caring and considerate". A relative told us, "The staff are excellent in the way they care for [persons name]". Staff members gave us comments such as, "We like to spend time with people when we can, not just rushing in and out. We might be the only company they have all day", and, "I put people in my position when I am looking after them. How would I want to be treated myself if I had to have a carer?".

People told us that they felt listened to and that staff were interested in them and their well-being. One person said, "They [staff] take such an interest and listen to what I am saying, which can be difficult sometimes due to my problems, but they know me better than I know myself". All of the relatives that we spoke with told us of their positive relationships with the staff and that they were very satisfied with the level of communication between them and the caring manner in which they were dealt with. A staff member told us, "Communication with people is very important, it helps us to understand what they want and need".

People told us that they made their own decisions, with one person saying, "I am always offered choices and encouraged to make them". A relative told us, "I see them asking for [person's name] opinions on things all the time and they are given choices". A staff member told us, "People should always be allowed to make their own decisions, nobody should take away their rights".

People told us that staff members encouraged them to be independent. One person shared with us, "I do what I can and I like to be independent, but a little help goes a long way". A staff member told us, "I encourage people to be independent, I help them to help themselves and most people try their best, but they shouldn't be pushed if they can't do it".

People told us that staff respected them and promoted their dignity, with one person saying, "I don't have to worry, I am very respected and kept covered up when I am having a wash". A relative told us, "They [staff] keep [person's name's] privacy and dignity and treat them as a person". A staff member told us, "It is very important for me to keep peoples dignity, to cover them with a towel and close the curtains when undressing them, it saves any embarrassment and nobody wants that".

Although nobody was accessing any advocacy services through the provider, the registered manager told us that she would be able to signpost people to services where they required them and that staff would report back any concerns to her, where they felt additional help might be needed. Advocacy is support for people to be able to express their views and concerns.

Is the service responsive?

Our findings

People told us that they had been involved in discussions to develop their care plans. One person told us, "I was involved in my care plan". A relative told us, "The staff are fab, we were asked exactly what we wanted as part of the care plan". A staff member told us, "The care plan discussions have people and their families involved. I read it regularly to refresh my mind". We found that care plans looked at the support that people required and the best way for staff to support them, this included; mobility needs, personal care, medicines and health, communication needs and religious or cultural needs. Staff were able to discuss with us people's care needs and they were able to relate the care that they provided to the content of the care plan. We found that care plans were reviewed and updated in a timely manner and a relative told us, "Every three months the manager comes out to see us and goes through the care plan to see if we need any changes to be made".

Preferences were considered within the care plan and people's likes and dislikes were noted. Staff were able to discuss this with us and gave examples such as who preferred a cup of tea and who liked people to speak loudly as they couldn't hear so well. The care plan looked at cultural and religious requirements and we saw that there was a foreign language policy, where staff were requested to speak English in the homes of people unless the person used another language. This had originated from people's preferences being acknowledged, as part of feedback given by people. We also saw how a care plan had recorded that one person required a specific speaker of an ethnic language as without it they would have communication problems. We saw that this had been addressed and staff told us that the person was spoken to in the language they requested.

People told us they knew what action to take if they wanted to raise a concern or a complaint. One person told us, "I had a very minor issue and this was dealt with immediately, I would always go to the manager". A relative told us, "If we had any concerns the manager would listen". A staff member shared, "We can talk openly here and any grumbles would be addressed". We saw that the service had not yet received any formal complaints and only compliments were recorded in the log book. The registered manager showed us the complaints policy and the procedure to be used should a complaint be raised. We saw that where issues had been raised, rather than complaints made, these were dealt with through memo's being sent out to staff asking them to address the issue.

Some people we spoke with could recall receiving a questionnaire asking for their feedback. We saw that four replies had been received from the most recent survey and that these were all positive. The questionnaire consisted of a tick box with a section to add comments. We did not see evidence of how the information collated had been reported back to people and the registered manager told us that future plans for the service involved sharing the information as part of a document sent out to people.

Is the service well-led?

Our findings

People told us they were happy with the service they received. One person told us, "This is the best care service that I have ever used". Staff members comments included, "It is such a good atmosphere it doesn't feel like work, it's so enjoyable" and, "I think that we have some very happy clients". We saw that numerous written compliments had been sent in over the previous 12 months, one example being, "The care we have received from this company has been excellent".

People and staff spoke about how well the service was led and managed. One person told us, "We have no missed or late calls, this place is much better than any of the others". A relative told us, "This service is very organised and well led, I wish we had had them in the first place instead of our first one [care provider]. A second relative told us, "The manager introduced herself from the start and we discussed the expectations from both sides, she is very open". A staff member shared with us, "We have a good manager she has time for people".

People told us that they felt part of the organisation with one person saying, "I trust the staff completely and feel close to them". A relative told us, "This is a very happy service, we feel part of it". A staff member shared, "The managers always try their best and we work well as a team. We are all here to build the company, we all play our part". Staff told us that they had the opportunity to contribute to plans for the service and that their opinions were listened to. We saw that regular team meetings took place and staff members told us that they had had four meetings in the previous 18 months. Minutes from meetings had not been recorded regularly, but the registered manager showed us text messages that had been sent to staff to remind them of pertinent points of the meeting. The registered manager then requested a response from the staff to ensure that they had seen the information. For the purpose of auditing, having no written records may pose a problem, as the information was only kept on a mobile phone and this information may not be easy to retrieve. The registered manager told us that in future written records would be kept. We saw that the information sent out to staff remained confidential.

Staff told us, "I would whistle-blow if I saw a problem and nothing was done about it" and, "I understand how to whistle-blow and what I would need to do". A whistle blower is a person who tells someone in authority about inappropriate care practices they witness.

Some of the records we reviewed during our inspection varied in the level of detail and analysis and/or lacked an update. Audits were not always carried out regularly or comprehensively. This meant that the effectiveness of the quality assurance of the service was inconsistent. An example we found was that medicine record audits were not always completed and this meant that any gaps in recording of medicines were not followed up by management. The registered manager told us that she wanted to put a comprehensive auditing system in place and at the end of the inspection showed us the plans that she had made to make the auditing system comprehensive and clear. People we spoke with told us they had received medicines appropriately and the registered manager told us that the new system would be implemented immediately.

We saw records that showed that observations of staff working in people's homes were carried out in addition to spot checks, which looked for whether staff were on time, showed their identity card and carried out tasks correctly. Any incidents occurring from spot checks were written up and discussions with the staff member recorded. Staff discussed with us how they had learnt from such observations and told us that it was useful as managers often pointed out ways of making tasks easier for both the person and staff member.

The registered manager understood the importance of sending in notifications, which would enable us to see how staff responded to incidents or concerns, however there were no incidents to inform us of at this time.