

SLRC Trading Limited

SLR Care

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 9 and 13 February 2017 and was announced.

SLR Care is a domiciliary care service and is registered to provide personal care to people living in their own homes. There were 23 people using the service on the day of our inspection.

A registered manager was in post and was present during our inspection. 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 provider had not used safe recruitment practices to establish if staff were suitable to work with people who used the service. Pre-employment checks were not always carried out on potential new staff.

The provider did not have effective systems in place to monitor and assess the quality of care provided to people. Records were not available and poor practice was identified where records had been amended. There was no evidence of quality checks completed on records or on staff which would identify poor practice.

The provider sought people's opinions of the service but did not share their findings with people or their relatives.

People were supported to give their consent and make decisions about their day to day care. However, not all staff were confident on how they would support people who had no or variable capacity to make their own decisions. There was a risk people's rights may not be promoted due to staff not having the knowledge needed to ensure decisions would be made in their best interests and in line with current law.

People were happy with the support they received with their medicines. Staff had received training to help people with their medicines but not all staff had been observed to make sure they were competent in this role.

People felt safe when staff supported them. Staff understood how to protect people from any harm and abuse. Systems were in place for staff to follow and they were confident in reporting any concerns they may have about a person's safety.

Risk assessments reflected how care should be provided to the person to minimise any risks to them. These were regularly reviewed to meet people's changing needs.

People were happy they were supported by sufficient numbers of staff to safely meet their needs. Staff were punctual when attending care calls and would let people know if they would be late.

Staff had received training to help them understand and support people's individual needs. These skills were kept up to date through regular training and staff were also supported in their roles by managers and their colleagues.

People were supported with their meals and drinks when necessary. Staff supported people with their routine health needs where required and made sure they had access to healthcare service when needed.

People were supported by staff who knew them well and had good relationships with them. Staff made sure people were involved in their own care and made sure they understood information that was given to them. People were treated with dignity and respect and staff understood how important this was in the way they cared for people.

People were involved in the planning and assessment of their care and were encouraged to express their views, preferences and wishes in regard to the care they received. People knew how to raise complaints but told us they had not needed to.

People were happy with the care and support they received and gave positive comments about the staff and the service. Staff were happy in their work, understood their roles and felt supported by management.

You can see what action we told the provider to take at the back of the full version of the report.

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 consistently safe.

The provider did not follow safe recruitment practices so there was a risk unsuitable staff may be employed. However, people felt safe with the staff that supported them and staff knew how to protect people from any harm and abuse.

Requires Improvement ●

Is the service effective?

The service was not consistently effective.

People's permission was sought by staff before they supported them. However, staff were not fully aware of how to ensure people's rights would be ensured if they did not have capacity to make their own decisions. People were supported to eat and drink enough and access healthcare from other professionals when needed.

Requires Improvement ●

Is the service caring?

The service was caring.

People were cared for by staff they were familiar with and had opportunity to build relationships with. People were kept involved in their own care and treatment and staff treated people with dignity and respect.

Good ●

Is the service responsive?

The service was responsive.

People received the care they wanted and that was reviewed regularly. People were provided with opportunities to make comments or raise complaints about the care they received.

Good ●

Is the service well-led?

The service was not consistently well-led.

Systems to monitor and assess the quality of the service were not effective or established. People were satisfied with the service they received and felt able to contact the office if they had any concerns.

Requires Improvement ●

SLR Care

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 checked 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 inspection took place on 9 and 13 February 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be at their office.

The inspection team consisted of one inspector and one expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection we reviewed information held about the service. We looked at our own system to see if we had received any concerns or compliments about the service. We analysed information on statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law. We contacted representatives from the local authority for their views about the service. We used this information to help us plan our inspection.

During the inspection we spoke with 11 people, four relatives, four care staff, the registered manager and the provider. We viewed care records for four people, five staff recruitment records and records relating to how the service was managed.

Is the service safe?

Our findings

We found that the provider had not ensured people were protected from the risk of unsuitable staff being employed. The provider's own recruitment policy had not been operated effectively when new staff had been recruited. This policy also referred to out of date legislation and guidance. Their recruitment policy stated that when potential new staff were interviewed, assessments made by the interviewers were to be "formally recorded on an interview assessment". It also stated that offers of employment were made on condition of satisfactory references being obtained. We found that neither of these two procedures had been followed. Of the recruitment records we looked at only one staff member had references from their past employer in place. The provider and registered manager had no record of references being requested and could not confirm if references for staff had been requested at all. Neither could explain why these staff's references had not been obtained prior to commencing employment with the service.

The provider had not obtained past employment histories on staff or established why the staff member's last employment had ended. One staff member's employment history only mentioned their last job which was for the four months prior to starting work with SLR Care. However, this staff member and the registered manager told us they had worked in adult social care for 20 years. No full employment histories had been obtained for any of the staff's recruitment records we viewed.

Disclosure and Barring Service (DBS) checks must be completed by law. They help providers make safer recruitment decisions and prevent unsuitable staff from working with people who receive care. These checks confirm whether the staff member has any police cautions or convictions and if they are on a barred list which would exclude them from working with people who receive care. Although staff had DBS checks in place two were from previous employers. At the time of starting work with the provider one DBS check was over two years old and the other was six months old. We found no risk management had taken place to establish why the provider was satisfied with these DBS checks. The provider told us most of their staff were recommended by other staff and they relied on these recommendations when establishing a potential staff member's suitability for the role.

The provider had not completed employment checks which are required by law to ensure the suitability of staff they employed. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

When we returned on our second day the provider informed us they had applied for all staff's DBS checks and they had followed up on staff references.

People were supported by sufficient numbers of staff to meet their needs safely. They told us that staff were generally not late to their care calls. One person said, "The time they arrive is varied if they have had an emergency. The office staff do let us know." However one person told us they had not been told their care call time had been changed to 30 minutes later than usual that morning. As a result they had to sort out their own medicines which had caused them anxiety. We passed this information onto the registered manager who contacted the care staff who had supported this person that morning to ensure they were

safe. The registered manager and staff told us they had a 15 minute "buffer time" for staff when attending care calls. This allowed for any hold ups such as travel time. If staff were any longer than the 15 minutes they contacted the registered manager who would contact the person. If staff were significantly delayed the registered manager would look at sending another care staff to cover the care calls. The registered manager told us they did not agree to take on any new people unless they had the staff to support them.

People told us they felt safe when staff supported them and when they were in their homes. One person said, "The staff always call out to let me know they are there and coming in my home." Another person told us they felt safe and that staff left their home secure when they left. People had been provided with information on who to contact at the local authority if they or their relatives were concerned about abuse. However, people we spoke with told us they would speak with the manager if they had any concerns.

Staff were aware of their responsibilities in relation to protecting people from harm. Staff understood how people could be abused or discriminated against in their own homes and knew how to report concerns they may have. One staff member said, "People can be abused by us not looking after them how we should be. We have to make sure they have their allocated time so we don't neglect them." Staff told us they would report concerns to the manager and knew information was available in the provider's policy about who else they could report concerns to.

Risks to people had been assessed. Plans were in place which staff followed to manage and reduce these risks, such as how to support people safely with their mobility. Staff told us they monitored any potential hazards when they were with people. They told us they were always alert to any trip hazards or deterioration in a person's mobility which could lead them to have a fall. One staff member said, "I'll look around and be aware of any hazards they (people) could trip over. I make sure I check the equipment I'm using and follow the risk assessments and care plans as they tell us what to do." Risks associated with people's homes had been noted and staff had information on the location of where to turn off utilities if needed and the location of fire sensors. One staff member said, "Before we leave we'll turn off switches and make sure the property is secure. We let them (people) know we've done this to reassure them."

The registered manager told us people had not experienced any accidents or incidents. They confirmed that if these occurred the incident would be looked into to see if they could help to prevent further incidents of a similar nature. Staff confirmed their understanding of the procedure they needed to follow should any accidents or incidents occur.

Not all people required support with their medication. People that did receive support confirmed that staff prompted or administered their medicines safely and when they needed them. One person said, "The staff give me what the GP has told them to give." Another person told us staff put their tablets out for them ready for them to take with their meal. Staff told us they had received training in order to support people safely with their medicines. The registered manager told us that they observed staff supporting people with their medicines to ensure they were competent to do so. However, one staff member told us they had never been observed supporting people with their medicines whilst other staff told us they had been observed. The registered manager was not able to provide evidence of any observations on staff that they had completed.

Is the service effective?

Our findings

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. The registered manager confirmed that everyone who used the service had capacity to make their own decisions regarding their care and treatment, therefore no one was affected by the MCA. Only one staff member was able to tell us about the effect the MCA would have on their role if a person did not have capacity to make their own decisions. Another staff member told us they had received training in the MCA but then admitted they did not know what it was. Other staff told us they had not received any training in the MCA. The registered manager told us they would liaise with the person's social worker if they felt people were not able to provide consent. We found that staff had not been prepared to understand the requirements of the MCA. They were not aware of the impact this would have on their practice should people they support lose capacity to make their own decisions regarding their care. Following discussion with the registered manager they agreed they would source training for staff.

People told us staff asked for their consent before they helped them. The registered manager and staff confirmed that everyone they supported could make their own day to day decisions about their care. One staff member said, "We talk to them [people] about everything we will be doing and we want to do when we are with them. We don't do anything without their say so." Three staff told us some people needed support to make decisions. They would explain things in a different way to make sure these people understood and could give consent. One staff member said, "We know their [people's] likes and dislikes so will offer choices based on those to help them make their own decision."

People received care and support from staff that had the skills and knowledge to carry out their roles. People told us they felt staff had the skills needed to meet their needs and knew how to support them. One relative told us, "[Person's name] has to use a hoist and standing frame, the staff have been trained in this."

Staff had access to training which gave them the skills and knowledge to support people's individual needs. Staff told us their training had prepared them for their job roles and made sure they understood people's needs. All staff completed the care certificate when they first started working for the service. The care certificate is a set of standards that social care and health workers must adhere to in their daily working life. It is the minimum standards that should be covered as part of induction training of new care workers. Staff also worked with other staff as part of their induction to their roles. This was to introduce them to the people they would be supporting and to get to know their needs. Staff recognised the importance of the training they received. One staff member said, "Things change all the time in care which is why we need training." Another staff member said, "I wouldn't know what I'm doing if I hadn't had training. I would be putting people and myself in danger." Staff had the opportunity to discuss training with the registered manager during one to one meetings. The registered manager told us they accessed training locally and via the internet for staff. A list of training was given to staff for them to choose training they wanted to do and this was also discussed during meetings with them. Staff told us training had been arranged in the near future

with a district nurse to enable them to provide specific support to one person with the administration of their medicine. One staff member said, "If we ask for training then we get it."

People were supported with their meals and drinks when necessary. They told us staff made sure they had access to snacks and drinks throughout the day if they wanted it. One person told us staff left them a flask of tea in the morning. Another person said, "The staff get me breakfast, and then lunch and then tea. I decide on what I would like and the staff get it for me."

People were supported to access healthcare services. Two relatives told us staff had supported their family member with arranging appointments. One relative said, "The manager has offered to chase up the physiotherapy promised to [family member's name] when they came out of hospital." The registered manager told us staff would support people as much as they needed with arranging or attending healthcare appointments. The also liaised with GPs and district nurses to ensure people had the support they needed.

Is the service caring?

Our findings

People were happy with the staff that supported them and felt cared for by them. People and relatives told us people were regularly visited by the same staff members. This meant that people were able to develop relationships with the staff who cared for them which ensured a continuity and consistency of care. One relative said, "What I like is the consistency of the staff. That is a good thing for them and for us." Another relative told us that because of the consistency of staff their family member was getting to know the staff and the staff them.

People told us staff were respectful and listened to them. One person said, "The staff listen to me, they are very helpful." One relative told us that there was time for the staff to talk to their family member during their care call. Staff had good knowledge of the people they supported and spoke about them respectfully. However, one staff member compared supporting people with dementia to looking after children. We spoke with the registered manager about this and they told us they would ensure all staff received training in dementia awareness.

People were involved in decisions about the care and support they needed and that was provided. The registered manager said, "We work around and fit in with each person. We will introduce staff to new service users to see if there's a bond and they can work together." People and relatives felt there was good communication between staff and themselves. One relative told us about a communication book which staff used to leave notes for the next staff member who would visit their family member. They told they also left notes in there which the staff would pick up.

Staff were aware that all people who use the service should be treated with respect and dignity. They told us part of this was to make sure people were always involved in what happened. One staff member said, "I always let them know what I'm doing. I involve them by finding out what they need and talk to them about their care. Another staff member said, "We have to make them (people) feel comfortable with us in their own home. Give them choice, options and make sure they know what is going on." Staff told us to support people to stay involved they would word things in a different way, simplify choices and use objects of reference such as tea and coffee.

Staff told us people's independence was promoted by supporting people to do things for themselves. One staff member told us they supported one person with their love of cooking, they said, "They (people) want their independence and that's what we're here to do. We help them to carry on with their life and if they can do it then we encourage them to do it."

Is the service responsive?

Our findings

When people started using the service they and their representatives, were provided with the information they needed about what to do if they had a complaint. The provider told us each person received a "service user guide" which gave details of the office contact telephone numbers and details of how to raise a complaint. This information was not available in any other format, such as large print or an easy read format. Although this information was not in accessible formats the provider told us that people who currently used the service would be able to read and understand it.

People told us they felt able to raise any concerns and were sure these would be quickly responded to. However, they had not needed to raise any concerns so far. The provider had a complaints system in place to deal with any complaints that arose. They told us they had not had any complaints. The registered manager told us they and staff spoke with people about their care regularly so any concerns and feedback were able to be resolved before people had felt the need to complain.

People told us they received the care they needed and that it met their individual needs. Staff told us that because they worked in their own localities and saw the same people, they got to know people's preferences and routines. They felt this was important because people then had the confidence that staff knew how they liked things done. Staff told us they had enough time to read people's care plans to ensure they knew the individual care people needed. However, all staff told us they spoke with people to ask them what their wishes and preferences were and to find out their preferred routines.

People told us they contributed to the planning and assessment of their care and how they wanted it delivered. They agreed that they were able to voice their opinions and were asked about their wishes and preferences. One relative said, "There is a care plan in place which [person's name] and myself helped to write." People met with the registered manager, before they started using service, to discuss their needs and wishes. As part of this meeting the registered manager told us they completed an initial assessment. This information was then shared with staff to ensure they would be able to deliver care that met people's needs. People were aware of their care plans and told us staff wrote in them every day to say what they had done at each care call.

The registered manager told us that each person's care was reviewed with them every three months. They met with the person and their family, if wanted, and discussed their entire care plan with them to establish if anything needed changing or updating. Their care plan would be updated if their needs had changed. We saw these reviews had taken place and people's wishes recorded.

Is the service well-led?

Our findings

The provider could not evidence how they monitored the quality and safety of the service provided. Quality assurance systems were not fully established and were not effective in identifying poor practice. The registered manager told us a number of checks were completed by themselves and senior staff which included weekly and monthly checks on people's care records. No records of these checks were kept and the provider could not evidence that these had been completed. We found poor practice in relation to the completion of people's records. Existing entries in one person's medicines records had been covered up by a sticker and re-signed by staff. Other entries had been scribbled out and re-written. One medicine record had been altered part way through a month and staff signatures transferred to a new medicine record. Blank stickers had also been used on this person's medicine record to cover up another person's details before the record was used. The registered manager told us senior staff completed monthly medicine audits and checked people's records but there was no evidence to support this. The registered manager was not aware of any issues or errors regarding medicines records.

Records relating to the management of the regulated activity were not always available. We asked for specific records to be made available to us for our second visit to the service. Although the registered manager told us these records had been requested from staff they could not be found. Records from the registered manager's observations of staff practice were not available. The registered manager told us they carried out observations on staff practice monthly. The only records available were on three staff from April 2016. The registered manager assured us they had completed observations recently but could not remember on which staff or at which person's house.

The provider asked people and relatives to complete questionnaires on the quality of the service every ten weeks. The provider told us they contacted individual people if they had identified an issue. One person had responded that they did not know how to contact the service out of hours. The provider had spoken with this person and ensured they had this information. The provider told us they gave feedback to staff on the outcomes from these questionnaires. However, they did not provide any feedback to the people or relatives who completed these questionnaires. The provider told us that no analysis or report was completed because the quantity of data was so small.

The provider had not assessed, monitored or mitigated risk associated with people's safety and welfare. Appropriate measures had not been put into place to ensure people were protected against the risk of having unsuitable staff care for them.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager was supported in the day to day management of the service by the provider. We found neither fully understood their regulatory responsibilities. They were not sure when statutory notifications needed to be submitted to us and were not familiar with the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 to ensure they met the requirements of their

registration. The registered manager told us they worked as a member of the care staff. They acknowledged that as a result of this they had not given the time needed to ensure processes and policies were followed. They had recently started to reduce the amount of care hours they worked so they could concentrate more on the management of the service. The provider acknowledged that an area for improvement was with the assessment and monitoring of the quality of the service. They said, "We say we're good but how do we prove it? We need to get the processes in place to prove this."

People and relatives gave us positive feedback about the service they received. They understood who the registered manager was and were familiar with them because the registered manager had either met with them or supported them on care calls. They told us they would not hesitate to contact them if they needed to and would feel comfortable doing so. The registered manager said, "The service users are our priority. We want to provide exceptional care and support to each one."

Staff described a culture within the service where they were able to speak openly with the registered manager about concerns or ideas for improvement. Staff were aware of the whistle blowing process and who to contact if they had concerns about people's safety. They felt they were kept up to date with what happened at the service and told us the registered manager used mobile communications to share information with them. Staff were encouraged to go to the office to meet and catch up with other staff. This gave them an opportunity to speak with the registered manager.

The positive values held by the registered persons were cascaded to staff within the service. Staff were clear on what was expected from them. All agreed they worked to make sure people got the care they needed and that it was provided to a good standard. One staff member said, "The [registered] manager wants perfect care, decent staff and reliable staff." The registered manager told us resources were available to develop the staff team as necessary to ensure people received care and support that met their needs.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had not ensured quality assurance systems were established and effective in identifying poor practice.</p> <p>The provider had not ensured records were maintained in respect of the management of the regulated activity.</p> <p>The provider had not assessed, monitored or mitigated risk associated with people's safety and welfare.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>Appropriate employment checks had not been completed on all staff in accordance with Schedule 3; information required in respect of persons employed or appointed for the purpose of a regulated activity.</p>