

Steady Care Services Ltd

Steady Care Services Dorset House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection took place on 18 December 2018 and was announced.

This service is a domiciliary care agency. It provides personal care to older people living in their own homes. The agency provided personal care to 60 people at the time of our inspection.

There was a registered manager in place. 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 assisted us with our inspection.

Although people received the medicines they required, we found where people had topical creams, staff did not record formally when they had applied these. We have made a recommendation to the registered provider in this respect.

People's care plans contained sufficient information to allow a staff member to know what care a person needed. However, they lack the individuality needed to demonstrate a person-centred approach. This included a lack of personal histories, likes, dislikes in relation to people and individualised care plans recording people's needs.

Registered services are required to inform CQC of significant events. However, we found the registered manager had failed to always do this. We also received mixed feedback about the management of the agency which did not reflect a person-centred approach towards people.

Sufficient staff, who had gone through a robust recruitment process, were employed by the agency and people told us that staff generally arrived on time.

Risks to people had been identified and guidance was in place for staff to help keep people safe. This included training staff in safeguarding people from abuse. We saw evidence of the agency working with the local authority in relation to the safeguarding concerns.

Staff understood their responsibility in following good infection control procedures and they received sufficient support and training to enable them to work competently in their role.

People's individual dietary needs were recognised and people were supported to access healthcare professional input when required. People had their needs assessed prior to receiving care from the agency. At this point, people's capacity was assessed to determine whether they had capacity to consent to the care in line with the Mental Capacity Act 2005.

People were cared for by staff who had developed good relationships with them, were caring and showed them respect and dignity. Staff encouraged people to be independent and people told us they were cared for by a consistent staff team.

People said they would know how to complain should they need to. The registered manager held evidence to demonstrate they responded to any concerns raised with them. The registered manager had a drive to provide a good service and as such obtained feedback from people and their relatives and carried out spot checks on staff. Staff told us they felt supported by management and met together to discuss all aspects of the agency. The agency worked in conjunction with external partners to provide a good service to people.

During this inspection we found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and one breach of the Care Quality Commission (Registration) Regulations 2009. We also made one recommendation to the registered provider. You can see what action we have told the registered provider to take at the end of our 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?

Good ●

The service was safe.

People received the medicines they required. However, we have made a recommendation to the registered provider in relation to recording topical cream application.

There were sufficient care staff to cover people's calls.

Risks to people had been identified and in the event of an incident appropriate action was taken.

People were protected by the provider's recruitment procedures.

Staff attended training in safeguarding and were aware of their responsibilities should they suspect abuse was taking place.

Staff maintained appropriate standards of infection control.

Is the service effective?

Good ●

The service was effective.

Staff had access to the induction, training and support they needed.

People's care was provided in accordance with the Mental Capacity Act 2005.

People's nutritional needs were met.

People were supported to maintain good health.

People's needs were assessed before receiving care from the agency.

Is the service caring?

Good ●

The service was caring.

Staff were kind and had developed positive relationships with

the people they supported.

People were cared for by a consistent staff group.

Staff showed people respect and dignity.

Staff supported people to maintain their independence.

Is the service responsive?

The service was not consistently responsive.

People's care needs were recorded, but care plans were not person-centred.

The agency worked in conjunction with other professionals in relation to end of life care.

People were provided with information on how to make a complaint.

Requires Improvement ●

Is the service well-led?

The service was not consistently well-led.

The registered provider had not always notified CQC of significant events.

There was mixed feedback from people and relatives about the management of the agency.

People, relatives and staff were asked for their views and spot checks were carried out by telephone and in person.

The registered manager carried out quality monitoring audits and worked with external agencies to provide appropriate care.

The registered manager had a drive to improve the agency and the service provided to people.

Requires Improvement ●

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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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 18 December 2018 and was carried out by five inspectors; some carrying out telephone interviews or home visits and others completing the office inspection. The provider was given notice of our visit because we wanted to ensure the registered manager was available to support the inspection process.

Before the inspection we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the registered person is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we visited the agency's office and spoke with the registered manager and the administrator. We checked care records for eight people, including their assessments, care plans and risk assessments. We looked at four staff files and records of staff training and supervision. We also checked records related to the management of the service, including satisfaction surveys, complaints, quality monitoring checks and audits.

As part of the inspection, we spoke with, or obtained feedback from three people who used the service and five relatives to hear their views about the care and support provided. We spoke with four members of staff to hear their views about the training and support they received. We also received feedback from two social

care professionals.

Is the service safe?

Our findings

People received the medicines they required. A relative told us, "They're (staff) are good at making sure they (family member) get their medication and don't miss any." Another said, "They manage her medicines well." Each person had a Medicine Administration Record (MAR). We reviewed the MAR records for the months of October and November 2018 and saw that there were no gaps. Where people were not at home or someone, other than the carer, administered medicines this was recorded. This included where medicines had been given to one person by the paramedics and 'amb' (ambulance) was recorded on the MAR chart. The registered provider's PIR stated, 'medication administration sheets are completed by care workers at each visit and these logs are audited on a monthly basis to ensure there are no medication errors'. We found this to be the case as we reviewed people's MARs and noted they were audited for their accuracy. We noted where there were errors these were followed up appropriately. However, where people had topical creams (medicines in cream format) there was no record completed to show that these had been applied. We spoke with the registered manager about this who told us, "At my last registered manager's forum we discussed this and we are now going to start recording this on the MAR charts."

We recommend that the registered provider ensures up to date and contemporaneous medicines records are held for people.

People and relatives told us that staff provided their care in a safe way and understood any risks involved in their care. One person told us, "I feel very safe with the help that she (carer) gives me." A relative fed back to us, "I think the new carers would keep my relatives safe."

People were cared for by staff who received training in safeguarding and recognising the signs of abuse. The registered manager had the local multi-agency safeguarding procedures and staff had been given information about how to raise concerns outside the agency if necessary. The registered manager had co-operated with the local authority in investigating potential safeguarding concerns. A social care professional told us, in relation to a recent safeguarding concern, "They (the agency) have upheld all the things we have asked of them under the safeguarding investigation. They have managed this well." A relative told us, "They keep a good diary of her care. They keep her safe." A staff member said, "It could be family not buying enough food or physical abuse. People could be living in fear – if I suspected anything I would speak to the line manager."

Risks to people had been identified and appropriate action taken to help address the risks. For example, one person was at risk of falling out of bed and we read that bed rails had been provided for them. Each person had an environmental risk assessment in place which reviewed any safety issues. One person was at risk of choking and there was guidance for staff on how to ensure the person was sitting upright when eating and that they should supervise them at meal times. We observed a staff member ensuring someone's elbows were placed inwards so they did not bang them on the door frame as they wheeled them through it. When the person was back in their lounge, the staff member placed the person's walking aid within their reach. The person told us, "I have to have help. She (carer) understands my needs, she knows exactly what to do."

The registered manager had identified which people would be most at risk if they failed to receive their visit and had prioritised the delivery of care to these people should an emergency occur. A staff member told us if there was an incident, "We have incident forms to record things. Dependant on the type of incident, I may have to call the emergency services, or the manager."

The registered manager learnt from incidents and safeguarding concerns through investigation and working with external agencies. We read they held a safeguarding dashboard on which they recorded any specific incidents. They told us, "We had a missed call. Since then the field supervisor will call high risk people and audit log sheets and carry out more spot checks on staff." She added, "I am consulting with the UK Homecare Association about what other actions I can take."

There were enough staff employed to meet the agency's care commitments. One person told us they had never had a missed call saying, "They are not always on time if there is an emergency, but they do ring and tell me." A relative told us, "There seems to be a sufficient number of staff." Another told us that staff were reliable and usually arrived on time. 25 care workers were employed at the time of our inspection, which was sufficient to ensure care visits were carried out as scheduled. People told us their care workers usually arrived on time and feedback from people who had returned questionnaires to the agency confirmed this. The registered manager told us they allowed for travelling time between calls in order to help ensure staff arrived on time. A relative told us, "There are some excellent carers that work there (for the agency). Some of them are perfectly on time." A staff member said, "I do feel there is enough staff. [Name] should have two and there are always two here."

The registered manager operated robust recruitment practices when employing new staff. This included requesting and receiving references and checks with the disclosure and barring service (DBS). DBS checks are carried out to confirm whether prospective new staff had a criminal record or were barred from working with people.

People told us staff helped them keep their homes clean and hygienic. A relative fed back to us, "They (staff) always wear gloves." Another relative told us, "They (staff) are clean. They wear gloves if they are preparing food. They also wear shoe covers and always wash their hands."

Is the service effective?

Our findings

Staff had access to the training and support they needed to carry out their roles. A relative told us, "The staff are experienced and skilled in care work. They understand her dementia and moods." Staff attended a five-day induction when they joined the agency, which included shadowing colleagues. The registered manager told us, "After shadowing, staff will go on a double-up call. It all helps to ensure they are ready to go out on their own." Training covered topics such as dementia, first aid, food and nutrition, health and safety and infection control. The registered provider's PIR stated, 'staff have quarterly supervision to discuss their progress, give them feedback, discuss their development plan and for them to raise any concerns or questions they might have'. This was confirmed by staff. A staff member said, "I did some training before I started. I shadowed for one week. [Registered manager] does the supervisions and we have had lots of spot checks." Another staff member told us, "We have training and it's alright. We have supervisions to show where we are and to highlight what we are doing."

People's needs were assessed before they used the service to ensure the agency's staff could provide the care they needed. One person said, "They came with the care worker that initially provided the care to me and asked in depth what I needed." A relative told us, "It was very useful and relevant to have the assessment at the start with the carers." We noted that the agency used the funding authority's assessment to form the basis of the person's care plan, rather than filling in their own. The registered manager told us, "I will read this and visit the person within 72 hours. At that visit I will write straight into the care plan."

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People's care was provided in accordance with the MCA. A relative fed back to us, "They (staff) now always ask permission before they do something." A staff member said, "It's where you understand if a person has the capacity to be able to consent." Another staff member told us, "The staff have training and we will contact the local authority to get an assessment done." This was confirmed by the records we reviewed which demonstrated people's capacity was assessed by the local authority as part of their assessment of care. No one was currently being provided care by the agency who lacked capacity to make some sort of decision.

People who received support with meal preparation were happy with this aspect of their care. A relative told us, "Staff ask them (family member) what they would like for lunch and cook it for them. They make sure they leave them with a drink too." Another relative said, "They ask her what she wants to eat. They get her to decide." We read where people had dietary needs, particularly in relation to poor swallowing, staff were given information on using thickeners in drinks, etc. A social care professional said, "Care staff ensure that the client has a choice of what meals they would like to have prepared for them, ensure they maintain a nutritional diet and promote that they drink plenty of fluids to remain hydrated."

Staff understood people's healthcare needs and supported them to maintain good health. One person was not eating and in response the registered manager had raised an alert with the person's GP who had made a referral to the dietician. Another person was having trouble swallowing and again the registered manager sought input from an appropriate professional, in this instance, the speech and language therapist. A staff member told us, "If someone is unwell then we speak to the office and sometimes we call the GP if we need urgent advice." Carers were good at leaving information for family members. A relative fed back to us, "The carers leave updates in the communication book at the house for the family in case there is anything we need to know."

Is the service caring?

Our findings

People told us that their care workers were kind and caring. One relative said, "I can't fault the kindness of the carers. I think the standard of care is good." Another told us, "The carers are very good, they are very patient."

Relatives told us their family members had established good relationships with the staff who supported them. One person had complimented the agency saying, 'A big change for the better since you've been visiting'. Another person told us, "[Name] is lovely. Very kind. We can have a laugh." We heard them and the carer laughing and chatting together. A relative told us, "The carers that go in to them now are absolutely brilliant and have formed a lovely rapport with them both. I can't fault the new carers at all." Another relative said, "The carers are gentle and caring as people."

People received their care from consistent staff who knew their needs well. The registered provider's PIR stated, 'with the experience of 10 years in care, we know how important it is to have continuity of care. We always endeavour to maintain a very low number of care workers attending to an individual'. We heard from people that this was the case. People told us they saw the same care workers regularly, which was important to them. One person said, "We know about three or four of them now, they are very pleasant people." They added, "They are all very good."

People told us they had established good relationships with their regular care workers, enjoyed their company and received good care. One person told us, "They are lovely. [Carer name] is very funny – always makes me laugh." The registered manager told us, "I remind staff to be human when they are with people." One relative said, "The staff talk to them both and ask things like where they used to work. They use this to form future conversations." One relative told us, "On the whole it's a good service. They have done everything they said they would. They (staff) are quite informative. They went through everything with me. They have dealt with my requests well and quickly."

Staff supported people to be independent where this was important to them. We read in one person's care plan, 'can wash upper body'. This was followed by information for staff on the other areas where this person needed support. A relative told us, "They try to encourage her when they can to do more for herself." A social care professional told us, "Care staff promote independence where possible and give encouragement to allow the client to meet their full potential in remaining independent."

People told us their care workers treated them with dignity and respect. One person said, "Yes, I always get asked if it's alright. They ask if there is anything else they can do for you. They are friendly but not over familiar." Another person told us, "I am always treated with respect." A relative fed back to us, "The new carers respect his dignity." The registered manager told us they carried out some 15-minute calls to people. They said, "I did not want to do 15-minute calls as I think they are not dignified, but the funding authorities ask that I do some. I make sure though that these calls are for one simple task only, such as prompting medication or making a drink. I would not expect people to accept a 15-minute call if there was more than one thing to do – it's not fair." Where people had requested female staff only, we noted in the daily records

that this request was respected. A social care professional told us, "I have seen their work with the clients and some very challenging, they have always been professional and treated the client with respect and dignity."

Is the service responsive?

Our findings

Care plans provided guidance for staff about people's needs and there was sufficient information that would enable staff to know what care to provide to people. However, we found that care plans were not as person-centred as they could be. The registered manager relied on the information provided to them by the funding authority and as such did not produce their own care plans relating to some aspects of a person's care. For example, one person had epilepsy but there was no separate care plan for this informing staff what they should do if the person suffered a seizure in their presence. Another person was on thickening powders and although staff did not directly make meals for this person, information around the risks to this person in relation to this would be useful to the carers in the event they were required to make a drink or snack for them. A third person was noted as being, 'profoundly deaf and sensitive to bright lights', although there was information about their communication needs there was no reference to the bright lights. This meant staff may be unaware of this and use inappropriate lighting in the person's vicinity. Furthermore, this person was recorded as, 'feels unsafe and frightened when doorbell rings' but there was no further information about this and how staff could reassure them. A further person had diabetes, but there was no separate care plan explaining the risks of high or low blood sugar levels, or identifying the signals and how staff should respond to this. We asked staff about people's needs and although they were able to give us some information, they were not able to describe people's medical conditions to us or confirm exactly why they needed care from the agency.

None of the care plans we reviewed contained background information on people or their likes, dislikes, interests and hobbies. This is useful information to enable staff to get to know people and give them a talking point. Following our inspection, the registered manager provided us with evidence to show that they had reviewed the information they were going to hold for people and that they had amended the format of people's care plans. We will check at our next inspection if these changes have been embedded into practice.

The lack of person-centred care planning for people was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We did however, read one care plan which provided more comprehensive information. This was one that had been reviewed and updated. The registered manager told us they had introduced a new format as well as risk assessment and our observations were that these were both more comprehensive. We also found that the daily notes written for people were not written in a purely task-orientated way. For example, we read that staff had been, 'practising spelling' with one person and how other people spent their day was noted.

People received a service that was responsive to their needs. One relative had commented in their feedback, 'Happy with care. Meets son's needs'. Another person had commented in their annual questionnaire response, 'cheerful and careful in fulfilling their duties'. We asked people if the agency was responsive if they asked for any changes to their care. One person told us, "They have done one or two things we've asked for."

The agency worked with appropriate agencies when people were at the end of their life. The registered manager told us they engaged with the local hospice and we read of positive feedback from family member's in relation to the care that was provided to their relative at such a time. One relative had commented, 'staff treated [name] with such kindness and respect during that very difficult final period' and another had written, 'you made an amazing difference to my mum'. Where one person was on end of life, there was clear information on how they wished to be looked after.

The provider had a written complaints procedure which explained how concerns and complaints would be dealt with. Details of this procedure were provided to people when they began to use the service. One person said, "I haven't had to (complain) but I know there is information in the home pack." A relative told us, "We have no complaints." The registered providers PIR stated, 'we have a complaints dashboard where all incoming complaints are recorded'. We saw that this was in place. The registered manager told us they had not received any formal complaints, however they recorded concerns or feedback as such and used this information to investigate and improve. We read that one person reported their carer regularly arrived late, another carer had forgotten to replace someone's keys in their key-safe and a third carer had not worn shoe covers when going in to someone's house. We read that all concerns were fully investigated and usually involved a meeting with the complainant and the staff member. This was followed up in the carers one to one supervision.

Is the service well-led?

Our findings

The registered providers PIR stated, 'all safeguarding cases are reported to the local authorities involved and the CQC'. However, we found this not to be the case. The registered manager told us during our introduction that they had experienced missed calls, although none had happened since October 2018. We heard that one person had not received their weekend calls, however the person was not at risk of harm as they lived with a family member. Another person had waited three hours for staff to arrive the day before our inspection as there was no one available to attend to them. This was aggravated by an external agency not ensuring the person was left comfortable and in an appropriate place in their home, which had resulted in this person being left in an undignified situation. Although the staff member had found this person cold and upset, they had considered the situation a potential safeguarding incident. These incidents would constitute notifications to CQC under the requirements of registration.

The lack of notifying CQC of significant events is a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

The registered manager was keen to continuously learn and a drive to improve the agency and the service that they were providing to people. They told us, "I am recruiting a co-ordinator and thinking about what else I can do to give 100% care to people. There is always so much you can improve on."

Professionals were complimentary about the agency and management. One told us, "I have found them very helpful and reliable, phone answered and queries answered in good time." Another said, "[Registered manager] is very responsive and professional at all times. She will always notify us with an e-mail if a client has been admitted into hospital."

It is important for a registered manager to have a clear vision to deliver high-quality care and promote a positive culture that is person-centred and achieves good outcomes for people. However, we received mixed feedback in relation to the management of the agency from people and relatives, although the agency was new and still growing and developing. A person told us, "No staff have ever been spot checked by management when they've been here."

The administrator had taken on responsibility for telephone spot checks with people and the field supervisor spot checks on care staff. One person told us, "We've had one or two of them (office staff) come round. We talked and they checked on the carers." Another person said, "[Registered manager] asks me about my thoughts on the care." A third said, "I do get asked for feedback. They ask me questions." We saw records that spot checks were being carried out and used to check that staff were providing safe care in a way that reflected people's needs and preferences. A staff member told us, "They (management) keep checking on us and that we are on time with our calls."

However, one person said, "I would have liked to have been told (when my carer was changed)." A relative fed back to us, "The manager is not approachable at all." And another relative said, "Generally the management is good. It's not 100%. I get the impression that they are still feeling their way forward. There's

room for improvement with communication. If a carer is going to be late I would like advanced notice of it." However, one person did tell us, "I have had to call the out of hours number and leave a message. Someone does always get back to me within half an hour." A second person told us, "[Registered manager] seems good." And a relative told us, "The managers are good. They have always been there to talk to me and answer my questions. The agency is well managed."

People and their relatives were asked for their feedback through an annual satisfaction questionnaire. A relative told us, "I have completed surveys and questionnaires." We saw that 21 responses had been received to date. Of those, people rated the agency as either 'good' or 'very good' in relation to their needs being met, continuity of staff, receiving the medicines they needed, being treated with dignity and respect and knowing who to contact out of hours. Comments received included, 'carers are very intuitive and getting to know mum's needs', 'she is being looked after very well' and, 'they are all very kind and supportive'.

The registered manager had carried out audits of key aspects of the service, such as medicines administration records, daily care logs and staff training. This helped to improve the monitoring of the service and ensured that any shortfalls or concerns could be identified. We read that the registered manager held a medicines errors log and saw that one person had taken a potential overdose of their medicines. As a result, the registered manager organised with a family member to purchase a medicines box and staff monitored the person's intake.

Team meetings had been held with staff, which had provided staff with opportunities to discuss all aspects of the agency. A staff member told us, "We are given an option of dates. They (staff meetings) are very useful. We get to meet our colleagues." The agenda for the meeting held in October 2018 included medicines, timekeeping, double-ups, rotas, safeguarding, whistleblowing and training. Staff told us they felt supported by the registered manager. One staff member said, "[Registered manager] is great. She is really nice to work with." Another staff member told us, "She is very good. Responds to our calls and we get feedback." A third commented, "I find her very approachable and organised. Sometimes she is very busy but she will always come back to me – she puts time aside."

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	Regulation 18 Registration Regulations 2009 Notifications of other incidents The registered provider had failed to notify the commission of specific incidents.
Regulated activity	Regulation
Personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The registered provider had not demonstrated person-centred care planning for people.