

Sterling Care Partners Ltd

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection was announced and took place on 25 February 2016. We gave the provider short notice of the inspection as we needed to make sure we were able to access records and gain permission from people who used the agency to telephone them.

The last inspection of the service was carried out on 25 February 2014. No concerns were identified with the care being provided to people at that inspection.

Sterling Care provides personal care and support to people living in their own homes. At the time of this inspection the agency was providing support with personal care to 34 people.

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

People and their relatives were very complimentary about the quality of the service provided and of the management and staff team. They felt the care was exceptionally good. One person told us ""They are marvellous. I would recommend them to anyone. They are the best. The girls are lovely. You get a smiling face. When they leave I am better than when they arrived. I know exactly where I am. They arrive within ten minutes and do everything I need. " A professional described the service as "A very good service providing "above and beyond" support especially to people with dementia."

People said how well they had been supported when they had been ill. Relatives felt they had been exceptionally well supported when their relative had been at the end of their life.

People had consistent staff that they were able to build trusting relationships with. This ensured people received care from a small number of staff who they got to know well. This aspect of the service was very much valued by people.

Care was planned and delivered in a way that was personalised to each person. Staff monitored people's healthcare needs and, where changes in needs were identified, care was adjusted to make sure people continued to receive care which met their needs and supported their independence.

The agency had a robust recruitment procedure that ensured staff were thoroughly checked before they began work. Staff knew how to recognise signs of abuse and all said they were confident that any issues raised would be appropriately addressed by the registered manager. People felt safe with the staff who supported them.

There were systems in place to monitor the quality of the service and plan on-going improvements. People

using the service and staff felt involved and able to make suggestions or raise concerns.

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.

There were sufficient numbers of suitably experienced and trained staff to meet people's needs.

Risk assessments were carried out to make sure people received their care safely and were able to maintain their independence.

There were robust staff recruitment procedures which helped to reduce the risk of abuse.

Is the service effective?

Good ●

The service was effective.

People received care from a staff team who had the skills and knowledge to meet their needs.

People were always asked for their consent before care was given.

Staff liaised with other professionals to make sure people's healthcare needs were met.

Is the service caring?

Good ●

The service was outstanding in providing caring staff to support people.

The registered manager and staff were committed to a strong person centred culture which put people first.

People had positive relationships with staff that were based on respect and celebrating people's diversity.

People were treated with dignity at all times.

People felt staff went the extra mile to provide compassionate and enabling care. Relatives felt well supported if their family member had reached the end of their life.

Is the service responsive?

Good ●

The service was responsive.

People received care and support which was personal to them and took account of their preferences.

Care plans had been regularly reviewed to ensure they reflected people's current needs.

People felt comfortable to make a complaint and felt any concerns raised would be dealt with.

Is the service well-led?

Good ●

The service was well-led.

People benefitted from a staff team who were well supported and happy in their role.

The registered manager, responsible individual and staff team were committed to providing people with a high quality service.

There were systems in place to monitor the quality of the service provided

Sterling Care Partners Ltd

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 inspection took place on 25 February and was announced. We gave the provider short notice of the inspection as we needed to make sure we were able to access records and gain permission from people who used the agency to telephone them. It was carried out by an adult social care inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information in the PIR and also looked at other information we held about the service before the inspection visit. We had sent questionnaires to people receiving a service, their relatives, staff and community professionals. We received five questionnaires from people using the service and three staff. We did not receive any questionnaires back from relatives or community professionals.

We looked at previous inspection reports and other information we held about the home before we visited. We looked at notifications sent in by the provider. A notification is information about important events which the service is required to tell us about by law.

At the time of this inspection the agency was providing support with personal care to 34 people. During the inspection we met with the registered manager and we spoke with five people who used the service, one relative, six members of staff and one social care professional.

We looked at a sample of records relating to the running of the agency, staff recruitment and care of the people who used the service. These included the care records of five people who used the service and recruitment records for three staff members. We also looked at records relating to the management and administration of people's medicines, health and safety and quality assurance.

Is the service safe?

Our findings

People were supported by sufficient numbers of staff to meet their needs in a relaxed and unhurried manner. One person said "They are marvellous. I would recommend them to anyone. They are the best. The girls are lovely. You get a smiling face. When they leave I am better than when they arrived. I know exactly where I am. They arrive within ten minutes and do everything I need." Another told us "I feel completely safe. I can pick up the phone at any time. There is nothing to improve."

All people and relatives who responded to our questionnaire said they felt safe from abuse and harm from care and support workers. Staff who replied to the questionnaire felt protected and safe whilst at work. Staff did all they could to prevent and control infection for example by using hand gels, gloves and aprons

Staff told us rotas were well organised and there was always flexibility to ensure everyone received their care, even in emergencies or when care staff were off work at short notice. Senior staff at the agency were available to provide cover at short notice. Staff told us they always knew who they would be supporting and knew the times and length of each visit. One member of staff said "I have a regular group. I always see my regulars. Of course we help out with other people but we are kept up to date with all clients. Planning is very good. Runs are planned well. We are not put under unnecessary pressure. We do minimum mileage. If there are any problems we can ring the office. They go out of their way to accommodate the people and staff." People told us staff arrived at the agreed time. One person said "They have never missed a visit and they always arrive on time." A relative told us "I can totally rely on them."

Risks of abuse to people were minimised because the provider made sure all new staff were thoroughly checked to make sure they were suitable to work for the service. These checks included seeking references from previous employers and carrying out checks with the Disclosure and Barring Service (DBS.) The DBS checks people's criminal history and their suitability to work with vulnerable people. Staff told us, and records confirmed, they had not been able to begin work at the agency until all checks had been carried out. Staff completed shadow shifts until they felt confident to deliver care to people on their own.

Staff told us, and records seen confirmed that all staff received training in how to recognise and report abuse. Staff spoken with had a clear understanding of what may constitute abuse and how to report it. All were confident that any concerns reported would be fully investigated and action would be taken to make sure people were safe. Where allegations or concerns had been brought to the registered manager's attention they had worked in partnership with relevant authorities to make sure issues were fully investigated and people were protected. Staff told us providing support to a small number of people enabled them to get to know them. Staff felt they would be able to recognise changes in people's behaviour, mood or physical well-being and take action to keep them safe.

The safeguarding policy was comprehensive and very clear providing staff with all required information and guidance on actions to be taken if they were concerned about anyone. We saw evidence that when any concerns about people's safety were raised staff attended safeguarding meetings. The service worked with the local authority and multi-disciplinary teams to keep people safe.

Care plans contained risks assessments which outlined measures which enabled care to be provided safely in people's homes. Risk assessments included the risks associated with people's homes and risks to the person using the service. The risk assessment was extensive and included accessing the home, people's possible illness and behaviour and infection control. Risk assessments relating to assisting people with mobility recorded the number of staff required and the equipment needed to minimise risk. To protect people from the risks associated with unsafe moving and handling procedures all staff received regular training in safe moving and handling procedures. A one page overview of the risk assessment was available in the care plans in people's homes. The summary enabled staff to see quickly any specific issues relating to that particular person.

The agency did not supply any equipment, such as moving and handling equipment, to people in their own home. This meant people were responsible for ensuring equipment remained safe to use. However the registered manager told us they kept a record of all equipment used by people and the dates when equipment should be serviced. They told us they would remind people to arrange servicing and would assist them with this where required. Staff told us they visually checked any equipment when they visited people. Monthly checks of fire and smoke alarms were conducted in all houses. The service contacted the fire brigade if they felt people encountered any fire risks or needed advice.

People who required support to administer medicines received support from staff who had received training in this area. There was a traffic light system in place to show the level of support people required with taking medicines. The majority of people required only prompting and monitoring. Where staff administered medicines to people they recorded this on a medication administration record. Records seen were well completed meaning it was easy for other carers or visitors to see if the person had taken their medicines.

Is the service effective?

Our findings

People received effective care and support from staff who had the skills and knowledge to meet their needs. People were very positive about the staff who supported them. One person told us "They are very good indeed" Another person said "My regular carer knows exactly the how I like things done. They really are all very well trained."

All people who responded to our questionnaire felt they received support from familiar and consistent care workers. They would all recommend the service to other people. They confirmed care workers arrived on time and had the skills and knowledge to provide the support people needed. They stayed the agreed length of time and helped people to be as independent as possible.

People were supported by staff who had undergone a thorough induction programme which gave them the skills to care for people effectively. One new member of staff said "They have been very helpful." They told us they had been enrolled on the care certificate which combined on-line learning with support and observation from a staff trainer. They told us they had been offered training and career opportunities that had motivated and supported them.

All staff who responded to our questionnaire said they were told about the preferences of people they provided care for. Their induction had fully prepared them for their role and they received the training they needed to meet people's needs. Their visits were planned to enable them to be on time and provide care for a consistent group of people.

Staff received training appropriate to the needs of the people who used the agency. This included end of life care and caring for people living with dementia. We sent questionnaires to staff and received this comment "Sterling care I feel are a forward moving company who invest heavily not just in the brilliant person centred care packages and continuity of carers to individuals but in their staff both with time and training. They used the new care certificate to refresh and update all our carers this year which I felt was extremely beneficial".

Staff told us they always received the training they needed to meet people's specific needs. The registered manager maintained a staff training matrix which detailed training completed by staff and when refresher training was due. This helped to make sure staff knowledge and practice remained up to date. All staff had completed or were working towards the newly introduced nationally recognised care certificate as a way of up-dating their training. To gain the certificate staff must complete assessments of knowledge and be observed in practice.

Staff had an understanding of the Mental Capacity Act 2005 (the MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant.

The registered manager told us the people who were currently using the service were able to consent to the care and support they received. Staff were very clear about the rights of the people they supported. One member of staff said "We never forget it is their home. " A person who used the service told us "They are always checking what I want or need "

The staff monitored people's health and liaised with relevant health care professionals to ensure people received the care and treatment they required. Staff recorded clear information about any health issues, action taken and the outcome of people's contact with health care professionals. One person told us "if I don't feel so good they get help right away. They give extra help if you need it. They know my problems. They know if I am worried or bothered. Then they get the professionals in. I can rely on them in any circumstance to get something done."

A member of staff told us "If we have called an ambulance for someone who is poorly we would stay and support the family if needed. We are part of their life. We can call the agency and they will sort things out."

Staff gave us examples of times when they had been able to help someone access healthcare services. When one person seemed to have "lost their sparkle" The regular carer persuaded them to talk to their doctor. After treatment they were now much better again. The member of staff emphasised that it was only by seeing people regularly they were able to see quite subtle changes in people and support them when needed.

A member of staff told us the small staff team meant they got to know people really well and would notice if somebody appeared a little off colour. The office manager told us "Continuity and consistency is so important and this helps to make sure clients get the care they need."

Some people received care and support for a short period due to acute illness and injury. One review of the service said "I got in touch with the Stirling Care when I hurt my back. I was in a lot of pain. The carer arrived and got in touch with the OT (occupational therapist) and doctor. The management were on the ball and I had equipment that night. I only required care for four weeks but it really helped my needs and I was able to gain my mobility."

Staff assisted people with their meals when required. We saw staff offering people choices of meals from their freezers and getting them ready for lunch time. People were left with access to a drink and arrangements made for any meal that was needed until staff arrived again. One staff member told us how the service worked with the community nurse, GP and person using the service to reverse the person's weight loss and build up their nutritional status and confidence

Is the service caring?

Our findings

Without exception everyone we spoke with was extremely complimentary about the agency and the staff who supported them. People valued their relationships with the staff team and felt they would help them in any way they could. One person said "They are marvellous. I would recommend them to anyone. They are the best. The girls are lovely. You get a smiling face. When they leave I am better than when they arrived. I know exactly where I am. They arrive within ten minutes and do everything I need. " Another person said "I am more than satisfied. Anything extra they would do it. When I have been in hospital they have popped in to see if I wanted anything. My (regular carer) will do anything to help me."

A relative described the agency as "outstanding, absolutely reliable. The management are excellent and go that extra mile." Another relative told us "This agency is a care company that really does care. I would recommend them to anybody."

People who received a service and their relatives were offered the opportunity to complete a review published on an internet site. They were left a card to post and were asked to comment on the service and rate aspects of the service from very poor to excellent. 51 reviews had been posted in the last two years giving an overall score of 9.9 out of a maximum of 10. Care and support was consistently rated by people and their relatives as excellent. One comment was "I have found that Sterling Care is very good, efficient and friendly. Nothing is too much trouble. My main carer is very, very good. They are friendly and nothing is too much trouble."

People told us staff assisted them in a way which maintained their dignity and respected their privacy. Care plans emphasised the discussion with people about the amount of care they required. When a person was able to shower themselves just the required amount of assistance was offered to maintain their independence and dignity. When this person was away on holiday staff continued to complete tasks required in the person's house. We saw this had been discussed and a written confirmation of the person's wishes was in the care file.

Staff said "We give a personal service. We try and go that extra step. I am going into someone else's house. I treat them as I would like my family treated. I show respect. We help people to maintain their independence."

When we looked at other sources of information about the agency this confirmed people had been supported in an exceptional way. We read reviews conducted by senior staff on a regular basis. One said "X is my main carer. I have X as my additional at weekends. I'd really class them more as friends popping in to see me than carers. They are very conscientious and thorough. I think they are both lovely." This person described themselves as perfectly happy and satisfied with everything.

People who responded to our questionnaires said they were always introduced to the care and support workers who visited them. They were happy with the care and support provided and felt they were treated with care and respect. Care and support workers were caring and kind.

The manager told us they planned staff rotas around the preferences of the people who used the service. For example, people had preferred regular staff to support them and they were able to facilitate this. They explained the small team of staff meant people were supported by staff who got to know them really well and were able to build up trusting relationships.

When another person had wanted to reduce the amount of care they required, staff had discussed the support the person might need to enable this to be successful. For example they ensured the person's clothes were laid out and their medications were accessible. As part of the daily service staff ensured the person had ironed shirts and looked as smart as they wished to. They had done all they could to ensure the person was able to maintain their independence with dignity.

There were ways for people to express their views about the service they received. Each person had their care needs reviewed on a regular basis which enabled them to make comments on the care they received. One person told us "I am always being asked if I am happy with everything or if I want anything changed." There were systems of reviews and checks that enabled people to meet up with senior staff on a regular basis. When we visited people who received a service we saw they were happy and relaxed both with the care staff and the directors of the service.

A member of staff told us "People have the opportunity to get to know people. They can flag up any worries and are not pushed aside. There are human values. People are treated as we would want to be treated."

The results of a satisfaction survey had been very positive and people had expressed a high level of satisfaction with the service provided.

The PIR stated people had telephone numbers for Sterling Care, and could contact them day or night as the phone was always manned. If staff were worried about anything they were able to notify the senior staff and action was taken immediately.

The service offered support to people at the end of their life. They provided the service when they were sure they had the capacity to meet the person's needs to the highest standard. Care and support was often provided by the registered manager and the registered person themselves. The registered manager said they worked as a team with healthcare professionals to ensure people were as comfortable as possible. Care records confirmed staff contacted community nurses and doctors whenever they were required. They alerted them to possible problems such as an indication of pressure damage or deteriorating pain control. Records showed support was offered in a flexible way according to the person's needs at that visit. For example the delivery or absence of personal care at a given time. There was evidence staff went back to see people who had been too deeply asleep at the time of the scheduled visit. When people were very poorly they checked "on their way home." A waking night service was available if people needed it.

The registered manager recognised the importance of supporting the families of people at the end of their life. They supported the families in any way they could. For example one note said "Took X (the relative) shopping." There was a folder containing cards thanking the agency for the care and support they had provided. Comments included "Thanks for the kind and compassionate care" "Your understanding and support were much appreciated." One relative had written "Thank you for all the support you gave me, especially at the end."

The service continued to support some people after their relative had passed away. One person called in for a cup of tea regularly. The registered manager explained they continued to offer support immediately following the end of the person's life. They explained "We are often so involved with supporting the family.

Afterwards there is such a gap, they feel bereft. It is so hard for people so we go and see them a few times just to make sure they are alright." One relative told us "They couldn't have done more. They were incredibly caring. I would certainly recommend them very highly. They dealt with whatever came along. There were no problems they could not solve. In the end it was very nice. The time keeping, the staff were excellent. They made the unthinkable bearable."

Is the service responsive?

Our findings

Each person had their needs assessed before they started to use the agency. This was to make sure the agency was appropriate to meet the person's needs and expectations. These assessments gave details about the assistance the person required and how and when they wished to be supported. The registered manager told us they would not offer to provide a service unless they were sure they could meet the person's needs. This included having staff with capacity to undertake regular calls at the time the person required the care. The support of the agency enabled one person to remain independent and pursue their occupation. Staff always arrived on time and were totally reliable.

People were able to make choices about how the service supported aspects of their day to day lives. They or their relatives were able to commission the services required. People were able to choose how much support they required and when it was delivered. People received support up to four times a day seven days a week. Others requested a single regular daily visit or assistance once or twice a week. The agency aimed to accommodate people's wishes. Personal care was supplemented by support with cleaning and shopping which is not inspected by us.

The service directors introduced staff to people before they commenced providing a service for them. One person told us they had sat down with the directors and their daughter and planned their care. Senior staff came to see them to check all was well. They said "Sometimes the boss will come to do the care. They like to know all is well."

Staff had a good knowledge of the needs and preferences of the people using the service. This enabled them to provide care that was responsive to people's individual needs and wishes. One person said "I have one particular member of staff who always comes to me at 7:15. I like them to come early. They are very good. All the staff are always polite and kind. They have become friends I have known them so long. I do not need any extra care at the moment but I know they are only a phone call away."

The Provider Information Return (PIR) stated Sterling Care "tailor make a care plan round each individual client giving them person centred care and choices. This may be putting that they like lots of butter on their toast. They may like tea not coffee, each client should make their own choices."

People who responded to our questionnaire said they were involved in the decision making about their care and support needs. They felt able to raise a complaint or discuss any concerns they might have.

Care plans gave staff the information they needed to provide people with care and support in accordance with their needs and preferences. People had been involved in regularly reviewing their plan of to make sure it reflected their needs and wishes. One person told us "They discuss the service every couple of months and make sure there are no changes." This person had been able to reduce their support as they had gained in confidence and independence. They commented on the flexibility of regular staff. Staff would "do anything." They were helpful and did the "little things like getting papers or providing a lift to the station for a holiday."

Another person told us they would not be able to remain in their home without the support of the agency. They said "They are first class." Staff were always reliable and they could always be counted on.

People said they would not hesitate in speaking with staff if they had any concerns. People knew how to make a formal complaint if they needed to but felt that issues would usually be resolved informally. One person told us "I don't have any problems but I know I can easily ring the office any time and it would be sorted. They would almost know about a problem before I do."

Is the service well-led?

Our findings

There was a management structure which provided clear lines of responsibility and accountability. The provider of the service was a partnership where one partner was the registered manager with overall responsibility for the service. The partners worked together to co-ordinate the day-to-day running of the service such as completing the rosters and speaking with people and staff. They worked together when recruiting new staff and making decisions about taking on new work.

The geographical division of the service provision into east and west teams enabled the partners to know people receiving a service really well. A small team of senior staff lead on training and monitoring staff.

The registered manager and responsible individual showed a great enthusiasm for wanting to provide the best level of care possible. They had both completed a level 5 diploma in care management and had been able to implement skills gained during their studies into practice. They both continued to deliver care on a regular basis and were able to support staff and any people receiving a service at short notice. Staff had clearly adopted the same ethos and enthusiasm and this showed in the way they spoke about people.

The service had effective systems to manage staff rosters, match staff skills with people's needs and identify what capacity they had to take on new care packages. This meant that the service only took on new work if they knew there were the right staff available to meet people's needs.

The office manager planned visits to make sure staff arrived to each person at the agreed time.

Staff were very positive about how their work was allocated. One member of staff told us "We get really good travel time between visits. I've never had a problem." Another member of staff said "There is plenty of travel time and we even get 15 minutes additional time between visits just in case we run over time. It's brilliant and really well organised here."

There was an on-call rota which meant someone was always available to deal with concerns and offer advice to staff. One member of staff said "I know for sure that if I needed support or advice somebody would be there." Another member of staff said "I enjoy my job and feel really supported by the management. They are 100 % committed to the staff and all the service users making sure that all needs are met and carried out to a very high standard. The directors are very approachable and supportive of all the staff and service users."

There were systems in place to make sure high standards of care were delivered. All staff received formal supervision and there were regular spot checks on staff working in people's homes. Supervisions and spot checks were an opportunity for staff to spend time with a senior member of staff to discuss their work and highlight any training or development needs. They were also a chance for any poor practice or concerns to be addressed..

There were effective quality assurance systems in place to monitor care and plan on-going improvements. A person with an independent interest in the business conducted quality assurance interviews with people

receiving the service. There were audits and checks in place to monitor safety and quality of care.

The partners sought people's views regularly and took them into account when making improvements or changes to the service. People and relatives who responded to our questionnaires knew who to contact, were asked what they thought of the service and received information which was clear