

Stephen Support Services Ltd

Clements Healthcare

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?	Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 1 February 2017 and was announced. We gave the provider 48 hours' notice that we would be visiting the service. This was because we wanted to make sure staff would be available to answer any questions we had or provide information that we needed. We also wanted the provider to ask people who used the service if we could contact them. The service was registered in February 2016 and this was their first inspection.

The service is registered to provide personal care and support to people in their own homes. At the time of the inspection the service was providing support and personal care to 4 people in their own homes.

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

People felt safe when supported by staff in their own home and were confident that staff knew how to keep them safe from harm. Staff were aware of the risks to people on a daily basis but this information was not always documented.

Staff had received training in how to keep people safe and recognise any signs of abuse. Where safeguarding concerns had been raised, lessons had been learnt and acted upon.

There was no system in place to monitor the timing and length of calls and whilst some people had no complaints regarding their calls, others raised concerns that sometimes staff did not stay for the agreed length of time.

Systems were in place to ensure staff were recruited safely and the relevant checks with the Disclosure and Barring Service (DBS) took place prior to staff commencing in post.

Staff felt well supported in their role and benefitted from an induction that provided them with skills they required to meet people's needs effectively. Staff routinely obtained people's consent prior to supporting them but their understanding of the Mental Capacity Act 2005 was limited.

Staff were aware of people's healthcare needs and supported people to access healthcare services that would help them maintain good health and wellbeing.

People spoke positively about the staff who supported them and described them as kind and caring. Staff supported people in a way that maintained their privacy and dignity. People were involved in the planning of their care and were supported to make their own decisions.

People's care needs were regularly reviewed and they were involved in this process. People were supported in line with their individual needs and wishes and by staff who were responsive to their needs. People were confident that if they did raise any concerns, they would be dealt with appropriately.

People and staff spoke positively about the service and considered it to be well led. Staff felt supported and listened to and were confident that if they raised any concerns they would be dealt with appropriately. People's opinion of the service was regularly sought. Audits in place had failed to identify some deficiencies in paperwork that were highlighted during the inspection.

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 felt safe when supported by staff in their own home. Lessons had been learnt from a safeguarding concern and changes in practice introduced. Staff were aware of the risks to people on a daily basis but this information was not always documented.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who felt and well trained in their role. Staff understood the importance of obtaining people's consent prior to offering assistance. People were aided to have sufficient to eat and drink and access healthcare services.

Is the service caring?

Good ●

The service was caring.

People described the staff who supported them as kind and caring. Staff supported people to make their own decisions and treated them with dignity and respect.

Is the service responsive?

Good ●

The service was responsive.

People were supported by staff who were aware of their likes, dislikes and individual preferences. People's care needs were regularly reviewed and their views gathered on the quality of the service provided. People were confident that if they did raise any concerns, they would be dealt with appropriately.

Is the service well-led?

Requires Improvement ●

The service was not consistently well led.

People considered the service to be well led and staff felt

supported in their role. Audits in place had failed to highlight the concerns that were raised during the inspection. People's views of the service were regularly sought.

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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 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 1 February 2017 and was announced. The inspection was carried out by one inspector.

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 in.

We reviewed information we held about the provider, in particular, any notifications about incidents, accidents, safeguarding matters or deaths. We asked the local authority for their views about the service provided. We saw that following a recent safeguarding concern, commissioners from the local authority had visited the service and put in place a stop on placements whilst the registered manager addressed the concerns raised. We used the information that we had gathered to plan what areas we were going to focus on during our inspection. We spoke with the registered manager, two relatives, one service user and three members of care staff.

We reviewed a range of documents and records including the care records of three people using the service, one medication administration record, two staff files and supervision records, training records, minutes of meetings and audits.

Is the service safe?

Our findings

We saw that the registered manager had been working towards addressing a number of areas that required improvement that had been highlighted in a recent visit by Local Authority Commissioners in response to a safeguarding concern. Concerns raised had included ensuring staff were fully aware of the risks to the people they supported and that staff were provided with the correct information in order for them to manage those risks and support people safely.

Staff spoken with were aware of the risks to people on a daily basis. One member of staff told us, "[Person] is at risk of falls, we just have to keep encouraging [person] to use their frame, even when they say 'no'". Another member of staff was able to describe how they cut a person's food up as they were at risk of choking. However despite staff being aware of the risks, some care files did not have risk assessments in place to show how risks should be managed.

One person told us, "[Care staff] always on time, never late and stay the full time". A relative told us that previously they had been concerned about the member of staff not staying on the call long enough but since a new member of staff had taken over this had not been an issue. People told us that on the odd occasion that their carer was running late, they would receive a phone call notifying them of this. One relative told us, "It's happened twice in the last six months; they missed a call. They apologised and it was ok as family live here and it hasn't happened since". We asked the registered manager what systems were in place to monitor calls to ensure staff arrived and left at the correct time. She told us, "We are looking at introducing an electronic system in March [to monitor call times]. I stay in touch with people once a week to check they are happy with the support provided. Staff are told if they are more than 20 minutes late then they should ring me and I call them" [the person waiting for the call].

For those people who were supported with their medication, they told us this was done correctly. One person told us, "I have my medication delivered by the pharmacy, but my carer puts the tablets out for me in the morning". A relative told us, "They give [person] her medication, I've no concerns". Staff were aware of their responsibilities if they were concerned that someone was not taking their medication. One member of staff told us, "If [person's name] didn't want their medication, I would try and encourage her to have it; she has never refused, but if she did I would inform the manager".

Staff were aware of how to support people with their medication, but there was a lack of guidance in people's care records to support this. The registered manager advised that she would look into this and following the inspection, forwarded us copies of new medication care plans. These provided staff with the details of the correct dosage and frequency, how the person preferred to take their medication and any allergies that staff needed to be aware of. We saw that medication audits took place on a monthly basis. We noted some confusion of the recording of the codes on the Medication Administration Records [MAR] charts which made it difficult to evidence if people had been supported with their medication. We discussed this with the registered manager.

One person told us, "Yes, I do feel safe" [when care staff were supporting him] and a relative said, "I do feel

[person] is safe". The registered manager told us, "People are in touch with me and I encourage them to raise any concerns they may have".

People were supported by staff who had received training in how to recognise the different types of abuse people may be at risk of. Staff were aware of their responsibilities to report any safeguarding concerns they may have. One member of staff told us, "I would tell my manager straight away [of any concerns] I would never ignore anything like that". All staff spoken with told us they were confident that if they did raise concerns, that the registered manager would act on them.

We saw where a recent safeguarding concern had been raised, lessons were learnt. The registered manager told us, "I learnt a lot" [from the situation] and went on to describe the particular circumstances surrounding the concerns. Staff spoken with were aware of the changes the registered manager had introduced in response to the safeguarding.

We saw that there were systems in place to record any accidents or incidents that took place. Staff were aware of their responsibilities regarding this and what actions they should take if a person had an accident whilst they were being supported. A member of staff said, "If say, a person had a fall, I would call an ambulance, the manager and the family as well". We saw there was a system in place for the recording of accidents and incidents.

Staff spoken with confirmed that reference checks and checks with the Disclosure and Barring Service (which provides information about people's criminal records) had been undertaken before they had started work with the service and we saw evidence of this. We saw that references had been obtained prior to staff commencing in post, but in some cases, they were done electronically making it difficult to evidence where they came from. We discussed this with the registered manager who told us she had contacted the people providing references by telephone in order to verify where the references came from, but acknowledged that she had failed to record that she had done this.

Is the service effective?

Our findings

People told us that they considered staff to know them well and knew how to meet their care needs. One person told us, "Yes, they [care staff] do know me, I think you could say that" and a relative commented, "We are very happy with [name of care staff]"

Staff told us during their induction they received in-house training in a number of areas including manual handling, infection control and administration of medication. Induction also involved shadowing experienced staff in order to observe how to support people effectively and in line with their needs. One member of staff told us, "It was good doing the shadowing; I learnt all about [person's name] needs". The registered manager told us that she had made arrangements for staff to complete the Care Certificate [the Care Certificate is an identified set of standards that care staff should adhere to when carrying out their work] as part of their induction.

A new member of staff told us, "The manager has done one spot check on me and I've had supervision". Staff told us they considered themselves to be well trained and supported in their role by a registered manager who provided them with regular supervision. Staff confirmed that the registered manager regularly observed their practice and we saw evidence of this.

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

We checked to see whether the service was supporting people in line with the MCA. People told us that staff obtained their consent prior to supporting them. One person told us, "They [care staff] always ask first [before doing anything] and a relative said, "I've no concerns regarding that at all". A member of staff told us, "I always ask first and ask a person's permission [to assist them]".

Staff spoken with were aware of the importance of obtaining people's consent prior to offering support, but had limited understanding of the Mental Capacity Act 2005 and required some prompting on the subject. We discussed this with the registered manager who advised that staff had received training in the subject and it was something she would look at again.

Relatives told us communication between themselves and staff was good, one said, "Communication is good, from the word go, I've kept it simple, we're in contact by phone or text and it works".

For those who required it, support was given in the preparation of a meal. One person told us that they liked their food prepared in a very particular way and that staff complied with this. We saw that additional guidance in respect of this had been provided to staff to ensure they prepared meals in line with the

person's wishes. The person added, "They [care staff] will get me fish and chips or take away if I want it as well". A member of staff told us, "I always ask [person's name] what type of food they would like" and the person they supported confirmed this.

Food intake charts had been put in place to monitor the amount of food a person was eating, but we found they were being completed inconsistently by staff, which would make it difficult to monitor the amount of food the person was eating.

Staff spoken with were aware of the healthcare needs of the people they supported. They were able to tell us how they supported people with particular healthcare conditions and what to do if they became unwell. A member of staff said, "If [person's name] was not well, I would tell them to contact their GP and support them to do that". We saw evidence of a number of occasions whereby care staff had responded appropriately when they were concerned regarding people's particular healthcare needs. For example, when care staff became concerned that a person was not eating as much as they usually did, they contacted their family. Where another person had developed a pressure sore, their GP was contacted and skin inspection charts were put in place to monitor the healing process. We saw that a member of staff had reported to the registered manager that a person had been upset and required reassurance during a call. The registered manager had contacted the person's family to alert them to this.

Is the service caring?

Our findings

People told us that the care staff who supported them were kind and caring. A relative told us, "[Person's name] has developed a real affinity with [care staff name] and has taken a shine to her". They went on to tell us that they visited their loved one often and witnessed the interaction between them and the member of staff supporting them. They told us that observing this caring interaction made them, "Feel happier and the family feel happier".

Staff spoke warmly of the people they supported. One member of staff talked of a person they supported and their developing relationship; they told us, "[Person's name] has a special bond with me; they listen to me and feel comfortable with me. They will say, 'I love you' and I'll say, 'I love you too'". Another member of staff told us, "I make sure everything is close to [person's name] to make it easy for them to reach when I've gone". They went on to describe how they tried to encourage a person to use their frame because 'it was good for their balance' and told us, "I have to sit with them and talk them through how important it is".

A member of staff told us how one person was very attached to a doll which they referred to as their 'baby'. The member of staff described how they acknowledged the 'baby' whenever they supported the person. They told us, "The doll is very important in [person's name] life, I have told colleagues not to move it away from [person's name] when supporting them". The person's relative confirmed this and the difference the doll had made to their relative's overall mood.

We saw that people were involved in their own care planning and staff were able to provide us with examples of how they supported people to make their own decisions and choices on a daily basis. A member of care staff told us, "At lunchtime, I will always ask [person's name] what they would like for their lunch and if they are struggling to understand me I will go into the kitchen and bring it to them for them to choose", adding, "They choose their own outfits or I will try and encourage them, I might say, your family is coming today so do you want to get ready and they will usually get changed".

People told us care staff treated them with dignity and respect. A relative told us, "Yes, they [care staff] treat [person's name] with dignity and respect" and another relative answered, "Absolutely" in response to the same question. Care staff told us how they maintained people's dignity when supporting them with their personal care by closing curtains and covering them with towels. One member of staff said, "We have to close the door. [Person's name] chooses their outfit and then will say, 'I want you to turn round' [whilst getting washed], so I do and I'll lay their clothes out and have a chat to take them out of them self".

We were told that no one at the service currently used advocacy services. The registered manager told us, "I would ask the Council if I needed to recommend someone for an advocate".

Is the service responsive?

Our findings

One person told us, "I was involved in my care plan and I'm very happy with what they [care staff] do for me". They told us that the registered manager visited them monthly to review their care and ensure they were happy with the service received. Relatives also told us they were involved in the pre-assessment process of their loved one's care. One relative commented, "I think the manager asked me everything she needed to know".

People were supported by staff who were able to provide a good account of them, their likes, dislikes and what was important to them. One person told us, "If I'm going to the hospital or church they [care staff] fit in with the time and will come early, I give them a bit of notice and it works. I am happy with this agency". A relative confirmed that the registered manager had introduced the member of care staff [who would be supporting their loved one] and had shown her how to support her relative. She added, "I can already see a difference in my relative. Her [care staff] approach is softer and she manages to get [person's name] to do things. I said to her, 'Don't you leave!' I'm really pleased with her. I've no concerns with [care staff] and I've told her".

Staff told us that the information they were provided with about people shaped how they responded to them when providing them with the support they required. For example, a member of staff said, "My manager keeps me updated [regarding people's care needs]" and went on to describe how she responded to information she received with regard to encouraging a person to drink more, she told us, "[Person's name] needs to drink more but she only likes a cup of tea, so I spoke to her about having some juice and she does like it".

A relative said, "I've got no complaints at all, they do listen to you when you speak to them, this is a new experience for me. I think they are ok, we are all human beings and it's not perfect but no one is. I've no criticisms [of the service]." They went on to tell us of some things they wanted to discuss with the registered manager at the next review of care and told us they were happy to wait until then to have this discussion. People spoken with told us they were confident that if they raised any concerns they would be dealt with appropriately. One person told us they felt staff did not have enough time during the call to get all the things done. They told us they had raised this with the registered manager who contacted the local authority on their behalf to see if the call time could be extended. No complaints had been received but details of how to raise a complaint were held in the guide that was given to people who used the service.

We saw there was a system in place to gather the views of the people using the service. Weekly phone calls to people using the service took place to confirm that they were happy with the service provided, as well as monthly reviews. The registered manager told us she had plans in place to send out surveys to people using the service every 12 months.

Is the service well-led?

Our findings

We saw that a number of audits were in place to check the quality of service provided. However, some audits had not picked up some of the issues that were highlighted during the inspection. For example, although staff were aware of the risks to people, this information was not always documented in their care records. Medication audits had not identified that the codes being used to record when people had received their medication were confusing and made it difficult to evidence whether medication had been administered or refused. We saw that food intake charts had been put in place to monitor the amount of food a person was eating, but were being completed inconsistently, for example, some staff had recorded 'full' as in had eaten all of the meal, whilst others had ticked the box to say the person had eaten but did not say how much. We saw that references were obtained for people, but the registered manager had failed to record that she had verified the information that was provided electronically.

The registered manager shared with us the progress she had made to date in response to an action plan that was put in place following a visit to the service by commissioners from the local authority. We saw where improvements had been made for example, ensuring documentation was stored securely and more information provided to staff as to how people wished to be supported. However, there remained a number of areas that required improvement and the registered manager was working to address these. She told us she intended to address all concerns within the timescales given on the action plan adding, "I plan to appoint an experienced care manager to work alongside me".

One person told us, "I am happy with it [the service] and I would recommend it". Relatives spoken with told us they considered the service to be well led and would recommend the service to others. One relative said, "I would recommend this service, [registered manager's name] does seem to be keeping a close eye on what goes on. As long as you feel you can speak to them [care staff] and they will listen and act, then you're halfway there aren't you?"

Staff told us they felt well supported by the registered manager and were given the opportunity to raise any concerns or issues they may have at supervision or team meetings. One member of staff told us they had spoken to the registered manager about some particular concerns they had about the care needs of a person they supported. They told us, "I spoke to [registered manager's name] and she went and visited the person and discussed it with them. She is approachable and she listens to you".

We saw that there were systems in place to ensure staff were kept up to date with any changes in people's care needs. Staff told us that the registered manager would contact them immediately by phone to make them aware of any changes and this information was then updated in people's care records. One member of staff told us, "Everything is made clear, if I saw anything not right, I would tell [registered manager's name] straight away, I've got no issues".

Not all staff were aware of the services' whistleblowing policy, but all told us they were confident that if they did raise any concerns, they would be listened to and acted upon.

Staff were motivated and told us they enjoyed working for the service. One member of staff told us, "I enjoy my job, if you help someone it's good. It gives you good satisfaction" and another said, "It is a good service, you have to be patient and you have to have passion to do it and recognise that people are different. I'm happy to have a manager like [registered manager's name]; she's very good and very attentive".

Prior to the inspection the registered manager had not been fully aware of her responsibilities with regard to alerting the Care Quality Commission of certain events that providers should notify us about by law. However, she had sought guidance and had ensured that notifications were sent in as required.