

Silas Care Services Ltd

# Silas Care Services Luton

## 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

### About the service

Silas Care Services Limited is a domiciliary care agency providing personal care to people living in their own homes or flats. The domiciliary care agency is registered to provide a service to people over and under the age of 65 years old, people living with dementia, people living with physical disabilities and people living with a learning disability or autism.

CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of the inspection, the service was supporting one person with personal care.

### People's experience of using this service and what we found

People told us they felt safe. One person told us the staff followed information in their care plan when supporting them to access the community to ensure their safety.

Care plans and risk assessments had been completed with the involvement of people. People were encouraged to maintain their independence and make decisions.

Staff told us they completed an induction at the start of their employment which prepared them for their role. We were told the registered manager was approachable and supportive of the staff.

People and staff were aware of the process to raise concerns if required and felt confident these would be listened to.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The registered manager obtained feedback from people and used this to drive improvements and develop the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

This service was registered with us on 9 September 2020 and this is the first inspection.

### Why we inspected

This was a planned inspection as a newly registered service.

### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

This was an 'inspection using remote technology'. This means we did not visit the office location and instead used technology such as electronic file sharing to gather information, and video and phone calls to engage with people using the service as part of this performance review and assessment.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good 

### Is the service effective?

The service was effective.

The details are in our effective findings below.

Good 

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good 

# Silas Care Services Luton

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

#### Inspection team

This inspection was carried out by one inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave 48 hours of notice for the inspection. This was because we needed to be sure the registered manager would be available to support the inspection.

#### What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection-

This performance review and assessment was carried out without a visit to the location's office. We used technology such as video calls to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation.

Inspection activity started on 14 March 2022 and ended on 17 March 2022.

We spoke with one person using the service about their experience of care provided. We spoke with two members of staff including the registered manager and a care worker.

We reviewed a range of records. This included one person's care records. We looked at one staff file in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were systems and processes in place to protect people from the risk of harm and abuse.
- Staff had received safeguarding training and were confident in actions to take to keep people safe.

Assessing risk, safety monitoring and management

- Care plans had been completed with people and their relatives. Where a risk had been identified, information was available for staff to follow to reduce risk and harm.
- Care plans and associated risks were reviewed regularly and updated where change had occurred.

Staffing and recruitment

- People were supported by consistent staff who they knew well.
- Pre-employment checks were completed to ensure staff were safely recruited. This information helps the provider make safer recruitment decisions. It was noted for one staff file there was a gap in the employment history. This had not had a negative impact on the care and was discussed with the registered manager who took immediate action to address this.

Using medicines safely

- At the time of the inspection staff were not providing support with the administration of medication. Care plans identified people were self-administering their medication with support of their relatives.
- Medication policies and procedures were in place to support the safe administration of medication.
- Staff had received training in the safe administration of medication. The registered manager told us further checks of staff knowledge and skills would be conducted when this support was provided to people. This would ensure staff remained safe and competent in their practice.

Preventing and controlling infection

- An infection control policy was in place. This had been regularly reviewed and updated where required.
- Staff had completed infection control training which had included measures to take specific to COVID-19.

Learning lessons when things go wrong

- The registered manager conducted a regular review of all incidents and accidents to identify common themes and ensure actions had been implemented to reduce re-occurrence. The outcome of the reviews were discussed with staff during staff meetings and supervisions to raise their awareness in reducing risk.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's needs had been assessed and included information about their health, likes, dislikes, preferences and interests. People told us they had been involved in the assessment process and had felt their input had been listened to and valued.
- People were supported to access health services where required.

Staff support: induction, training, skills and experience

- Staff had completed an induction to their role which included attending the office to access policies and procedures and completion of mandatory training. Staff told us they found the training prepared them for their role.
- The registered manager completed a spot check of staff practice ensuring they demonstrated the skills and knowledge required to provide safe care and support.

Supporting people to eat and drink enough to maintain a balanced diet

- At the time of the inspection staff were not supporting with the provision of meals. Care plans clearly detailed family involvement in the provision of food and drink.
- Staff had received training relating to food hygiene.

Ensuring consent to care and treatment in line with law and guidance

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- At the time of inspection people were able to make their own decisions regarding their care and support



needs.

- People told us they were supported to make choices and decisions relating to their care and support needs.
- Staff had completed MCA training as part of their induction and understood the importance of supporting people to make decisions.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity: Respecting and promoting people's privacy, dignity and independence

- People were treated with kindness, respect and dignity.
- Staff recognised the importance of encouraging and supporting people to participate in their care where they were able.
- The registered manager ensured staff were available to support people to attend daily religious services or other events of importance to them.

Supporting people to express their views and be involved in making decisions about their care

- The registered manager sought feedback from people, their relatives and staff and used this to drive improvements and further development of the service.
- People and where appropriate their relatives, were involved in regular reviews of their care. This ensured the care visits remained reflective of people's current needs.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care records contained information to support staff in providing person centred care.
- People told us they had been involved in the assessment of their needs.
- Staff spoken with were familiar of people's needs and preferences.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed as part of the assessment process and recorded in their care plans.
- People told us they felt staff communicated with them in a dignified manner.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff supported people to maintain their interests. One person told us the staff supported them to regularly attend religious services.

Improving care quality in response to complaints or concerns

- A system was in place to record, review, action and monitor complaints, compliments and comments.
- People told us they were happy with their care, however, were aware of the process to make a complaint if required.

End of life care and support

- People were not in receipt of end of life care at the time of the inspection.
- The registered manager told us that training would be sourced where required to support staff in providing appropriate and dignified end of life care and support.



# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager promoted person centred care and treated people and staff with respect.
- People and staff told us they felt confident in the support provided by the registered manager.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibility in reporting notifiable events and incidences to organisations including CQC and the local authority.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager monitored the quality and standard of care provided using a variety of processes including audits, feedback and observations. An action plan was in place to support the service in making improvements.
- Spot checks of staff knowledge and delivery of care were completed by the registered manager. The outcome of these checks were discussed with staff through supervisions and meetings.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Quality surveys were completed by people and the feedback from these used to drive change and improvements.
- People and staff told us they felt listened to and valued.

Continuous learning and improving care

- People were positive about the care and support they received.
- The registered manager felt feedback was important to understand where improvements within the service were required.

Working in partnership with others

- The registered manager had built professional relationships with the local authority, health services and the voluntary sector to ensure people's health and social care needs were met appropriately.

