

Silver Service Carers Ltd

Silver Service Carers Ltd

Inspection report

Grove House, 30 Old Great North Road
Sutton On Trent
Newark
Nottinghamshire
NG23 6QJ

Tel: 07906115755

Date of inspection visit:
07 January 2016

Date of publication:
04 February 2016

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 announced inspection was carried out on 7 January 2016. Silver Service Ltd provides support and personal care to adults living in the Nottinghamshire town of Newark and surrounding villages. On the day of the inspection there were 22 people using the service who received personal care.

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

People were supported by staff who knew the risks people could face and how to make people feel safe. People were supported with the minimum use of any restrictions on their independence as possible.

People were visited by staff they knew, who worked together well as a team, to provide a flexible service to suit the circumstances of each person they visited. People received any support they required to take their prescribed medicines safely when they needed to.

People were provided with the care and support they wanted by staff who were trained and supported to do so. People's human rights to make decisions for themselves were respected and they provided their consent when needed.

People were given support to eat and drink sufficient amounts to promote their wellbeing, and staff supported their healthcare needs where needed.

People were treated with respect and individuality by staff who demonstrated compassion and understanding. People were able to express their views on their care and were treated as they wished to be in a respectful manner.

People were able to influence the way their care and support was delivered and they could rely on this being provided. People were encouraged to express any issues of concerns they had so these could be acted upon.

Although the service was well managed they was a lack of systems to identify where problems and shortfalls may occur. The registered manager provided leadership that gained the respect of staff and motivated them as a team.

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 using the service because staff looked for any potential risk of abuse or harm and acted so they reduced this.

People were supported by a sufficient number of staff who worked together well and were flexible in order to meet people's needs.

People received the support they required to ensure they took their medicines as prescribed.

Is the service effective?

Good ●

The service was effective.

People were supported by an enthusiastic staff team who were suitably trained and supported to meet their varying needs.

People's rights to give consent and make decision for themselves were encouraged.

People were supported to maintain their health and have sufficient to eat and drink.

Is the service caring?

Good ●

The service was caring.

People were supported by staff who respected them as individuals.

People were involved in shaping the care and support they received which they could change if they wanted.

People were shown respect and courtesy by staff visiting them in their homes in a way that suited them.

Is the service responsive?

Good 

The service was responsive.

People were involved in planning their care and support which they were able to continue to influence whilst they used the service.

People were encouraged to report any worries or concerns and were confident these would be taken seriously and acted upon.

Is the service well-led?

Requires Improvement 

The service was not consistently well led.

People could not be certain the quality of the service would be maintained due to a lack of auditing systems and accurate records.

People were put at the heart of the service which had an open and transparent culture.

People used a service led by a well-respected manager who led a caring staff team.

Silver Service Carers 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.'

Say when the inspection took place and be very clear about whether the inspection was announced or unannounced, for example by saying:

This inspection took place on 7 January 2016 and was announced. The provider was given 24 hours' notice of the inspection because the service is small and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in. The inspection was carried out by one inspector.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received and any statutory notifications sent. A notification is information about important events which the provider is required to send us by law.

During the inspection we spoke with four people who used the service and four relatives. We also spoke with two care workers, one senior care worker and the registered manager.

We looked at a range of records kept as part of the running of the service. These included the care records for three people, staff training records, two staff recruitment files and incident and accident forms.

Is the service safe?

Our findings

People felt safe using the service and felt they were protected. A person who used the service told us, "I feel very safe with them. They always leave everywhere locked up." A relative said, "If I am not well they will lock up and put the keys through the door for me." People told us they felt safe when staff visited them and felt they were treated well. One person told us, "They couldn't be kinder."

Staff were able to describe the different types of abuse and harm people could face, and how these could occur. Staff said they would report any concerns to the registered manager or a senior care worker in the registered manager's absence who would report the concerns to the local authority.

The registered manager told us they had not needed to make any referrals about people's safety to the local authority but they had spoken with one person regarding risks they created for themselves. They told us they had considered referring these concerns to the local authority, however the person made the changes needed for their safety so a referral had not been necessary. The registered manager told us they held discussions about safeguarding and whistleblowing in team meetings. Staff confirmed they had taken part in these discussions. Staff also told us about safeguarding and whistleblowing training they had participated in as part of a professional qualification.

People received their care and support in a way that had been assessed for them to receive this safely. A person who used the service told us, "They came and had a look [around the property], nothing formal, then just asked me a few questions." A relative said, "The manager came and did an assessment, first sitting and talking with [relation] then looked round the property."

A care worker told us they looked to see if there was anything out of the normal or any signs of risk or danger every time they went into someone's home. Another care worker told us the equipment they needed was always available and the registered manager told us safety checks were completed. People's support plans provided staff with details about any equipment people used. A care worker said, "We always follow safe practices."

We saw risk assessments had been completed which were reviewed annually and updated when necessary. These showed the overall level of risk for the property and any appliances and equipment used. Additionally there was a space on the form for staff to add details of any risk they identified that had not been previously recognised.

People were supported in a way that used the least restriction needed to maintain their freedom whilst keeping them safe. People's support plans described what they could do, or could usually do, for themselves. We saw risks to people were minimised through risk assessments being updated to reflect people's changing needs. For example one person was felt to no longer be able to manage stairs safely so all care was now provided downstairs. The registered manager told us how they had monitored one person who had fallen on several occasions and they had contacted the falls prevention team to help identify ways to prevent the person from injuring themselves.

There were sufficient staff to provide people with consistent care and support which met their needs. A person who used the service told us, "If they haven't finished they will stay until the job is done."

People could rely on staff being flexible to meet any changing or sudden need. Staff told us how on one occasion an extra care worker was deployed to support one person when their relative was unwell. On another occasion the registered manager responded to a call for assistance in the middle of the night. A care worker said the registered manager "would always go."

The registered manager told us they ensured that people were visited by staff they were familiar with. They said that apart from unforeseen circumstances people who used the service had the same few workers visiting them so they had continuity. People who used the service had met the majority of staff in case they needed to support them in an emergency. One person said, "I have about three (staff members) who visit me that's all."

Care workers told us there were sufficient staff employed to complete the calls they needed to. One care worker described their workload as, "Changeable but manageable." Another worker said, "When it is needed we recruit more staff." The registered manager told us they had recently increased their staffing compliment to ensure they had the capacity to maintain the level of service.

The rota showed that there were different travelling times allowed to take into account distances and traffic flow. A record of visits carried out to people showed staff stayed for the agreed amount of time. They also showed that calls were carried out within a few minutes of the planned time.

People were supported by staff who had been through the required recruitment checks to preclude anyone who had previously been found to be unfit to provide care and support. These included acquiring references to show the applicants suitability for this type of work, and whether they had been deemed unsuitable by the Disclosure and Barring Service (DBS). The DBS provides information about an individual's suitability to work with people to assist employers in making safer recruitment decisions. Staff recruitment files showed the required recruitment checks had been carried out.

People received the support they needed to ensure they took their medicines as required. A person who used the service told us, "They will help me if I need it, sometimes I need help to pop it (a tablet) out of the packet." A relative told us, "I always stay and watch anyone new to make sure they can do it (administer their relation's medicines) properly, they always can."

Staff were clear about what support people needed with their medicines. They told us most people only needed prompting to take their medicines, but they did administer some people theirs. Staff said when they did administer medicines they completed a record to show the person had taken these. Staff said they had undergone training and had been observed administering medicines to ensure they did so safely. They said the times people needed to be supported to take their medicines were included in the planning of their call times. This ensured people had their medicines when they needed them. The registered manager told us there had not been any errors made in managing people's medicines.

Details of what support each person needed to take their medicines was included in their support plan. This included whether the person was able to self-medicate, when the person needed a staff member to prompt them to take their medicines and when the person needed these to be administered to them.

Is the service effective?

Our findings

People were cared for and supported by staff who had the skills and knowledge to meet their needs. A person who used the service said, "They have very high standards, I was in healthcare before I retired so I know they know what they are doing." Another person told us, "They are very good, I think they know what they are doing." A relative also said, "They know what they have to do, I let them get on with it."

The registered manager told us that as part of the induction new workers accompanied other staff and were introduced to people and shown how they preferred their care to be provided. The new care worker would then accompany the experienced care worker a second time and demonstrate they had understood how the person's care and support should be provided. A care worker told us, "After my induction I felt confident and prepared."

The most recently appointed staff had completed, or were in the process of completing, the care certificate as part of their induction. The care certificate is a recently introduced nationally recognised qualification designed to provide health and social care staff with the knowledge and skills they need to provide safe, compassionate care. The registered manager told us any new staff appointed in the future would be required to complete the care certificate. We saw workbooks for the care certificate that had been completed by a recently appointed care worker.

Staff demonstrated an enthusiasm and keenness to learn. They made several references to researching information themselves to help with their development. Staff told us they felt they used their skills and had opportunities to develop these further. One care worker told us how they had requested to be part of one person's care package so they could learn and develop skills in this area. The staff member told us this request was accommodated.

Staff told us they had all been trained to respond to a particular health need of one person. The registered manager had ensured no one carried out the required procedure until they had been trained and were competent to do so. The registered manager told us they had brought in an appropriate healthcare professional to carry out the training.

Staff felt they were supported by the registered manager and other members of staff. A care worker told us, "I get the support I need." Another said, "I have always felt comfortable to ask for support from day one, everyone in the team supports each other." Another care worker said, "We have the support we need, it comes from everyone." A senior care worker said how pleased they had been to be able to provide advice to another member of staff recently when they had called them. A relative had written on a survey form, "Every single member of the team delivers excellent care. They are a superb team."

People had their rights to give their consent and make decisions for themselves promoted and respected. A person who used the service told us, "I discussed my care and signed the plan." A relative told us, "They always ask [name] they don't ask me which is really important, [name] can't speak but they can signal what they want." The relative also said staff, "Always ask [name] before doing anything to make sure they agree."

The registered manager told us they always ensured people who were able to give consent to their care and agree their support plans were the ones who signed the support plan to show this. They said, "Wherever possible it is the client who signs (the support plan)." Care workers knew people were asked to sign their support plans to show they had consented to these. We saw a sample of support plans which had all been signed by the person concerned.

A care worker said if someone had the capacity to make their own decisions that is what should be adhered to. Another care worker said if they felt the person was putting themselves at risk they would try to dissuade them and look for a compromise but ultimately they would respect the person's wishes. One care worker described how despite their best efforts to encourage a person to use their walking aid they had accepted the person had decided they were not going to.

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. All of the people who used the service had the capacity to make decision for themselves, but the registered manager was aware of the need to assess the capacity of anyone in the future who may not have.

People who required support to ensure they had enough to eat and drink to maintain their health and wellbeing were provided with this. A person who used the service told us, "We sit and have a cup of tea together." Another person said, "They are very good, they tidy up my fridge for me and tell me if anything is out of date." A relative told us, "They prepare the food properly and safely."

A care worker said they always tried to make the food they served look desirable. They said the visual effect could make a difference when someone was not feeling like they wanted to eat very much. Another care worker said they normally told people what food was available so they could choose what they had to eat. Staff said they always ensured people had a drink during their visit and there was one within their reach when they left at the end of the call. There was a description of what food a person should be given in their support plan.

Staff said they followed good hygiene practices when preparing food and the registered manager confirmed staff underwent a basic food hygiene course. A care worker said they checked the dates of food in the fridge and asked permission to throw any away that had passed the best use before date. The registered manager had provided stickers to date any food taken from the freezer.

People's healthcare needs were known and supported. A person who used the service said, "They know what I need [for my health condition], I need them to help me and they know how to." A relative told us how the staff had recognised the health related support their relation needed each morning. They said, "They quickly picked up on observing [name's] orientation and balance when they got them up in the morning." A care worker said they always asked how people were feeling and watched how they responded in case they didn't want to say if they felt unwell.

Care workers told us there were details of any health concerns in people's support plans and some of these included some basic information about the health condition. Care workers said they found this information useful. The registered manager included information to keep staff informed of changes to people's health and well-being in an update sent to all staff with the weekly rota. Any urgent information was passed on to staff by a phone call or text message.

Is the service caring?

Our findings

People had relationships with staff who recognised their individuality and treated them with kindness and compassion. People described the staff as friendly and said they enjoyed their company. One person who used the service told us, "We have a nice time together we are friendly. They tell me about their ups and downs and I tell them about mine." A relative said, "[Relation] has dementia so it's good for them to see the same people and they understand their needs." A relative of a person who had recently started using the service told us their relation's first language was not English, they said, "What was really lovely was my relative speaks [language] and the two staff who have visited so far have learnt how to say hello and goodbye in that language. That really pleased my [relation]."

A care worker said they understood a lot about how people were feeling by watching their body language. They also said they similarly could provide comfort and reassurance through how they presented themselves. Another care worker said, "No two people are the same. We walk into different situations and get to know people's likes and dislikes, we get to know their ways." They went on to say, "We accommodate our behaviour to what they like. We adapt to people, you learn that quickly. Some like us to be quiet and others chat the whole time we are there."

The registered manager and staff spoke of how they recognised people's individuality. Some people had expressed a preference regarding having same gender support and this was accommodated. Staff said they were aware of people's individual and diverse needs and choices. One care worker said, "We are respectful to what people's individual wishes are."

People felt there were high standards maintained within the service. One person said, "The standards are high, very high." Another person said, "They (staff) went above and beyond, I thought they were awesome." A relative told us how one care worker had come and stayed overnight when they had been unwell so they could rest without having to worry about their relation.

We heard staff speaking about people who used the service in a caring and warm way and wanting to be told about certain events that had occurred, such as a family visiting one person and whether another person was now feeling better.

Staff spoke about their love for their work and how much they enjoyed supporting the people they visited. Comments included, "I look forward to coming back to work after I have been off, you miss the clients", "I get satisfaction out of my job" and "I enjoy my job, everyone is lovely."

People were involved in planning their care and support and making decisions about this. A person who used the service said, "We have got a care plan and we have all agreed what is in this." Staff spoke of involving people in discussions about their care and any changes needed. Staff said that some people who used the service read their records and others did not want to. A care worker said they were there for people to read if they wanted to.

A person who used the service told us, "I am still quite independent, they only help with what I can't do, I say when I can do something." A care worker said they encouraged people to make their own decisions to help them keep or regain their independence.

People were able to make changes to the care and support they received during visits because staff were flexible and responded to people's requests. A relative told us how staff asked their relation what they wanted until they signalled to show this. A care worker said they were able to be flexible during the visit so people had it, "How they wanted it to be."

People were treated in the way they preferred and they found staff respectful. A person who used the service said, "I feel they respect me and my home." Another person told us, "Nobody has ever said anything I thought was inappropriate."

Staff said they respected they were working in people's home and tried to provide the service they required to the best of their ability. They spoke of ensuring they showed respect towards the people they were visiting, their relatives and their belongings. One care worker told us, "We are always respectful in people's homes." They went on to say they never took anything for granted and always sought permission before using any facilities.

Is the service responsive?

Our findings

People had their needs assessed so plans could be made on how to provide them with the care and support they needed. Comments from people who used the service included, "We sat and talked about what I needed", "The care is how I want it" and "I can say if I want something different."

Staff said people were involved in creating their support plans and agreed to any changes made when they were reviewed. We saw all new people who used the service completed a new client questionnaire to establish what support they required from the service. The registered manager said they regularly asked if people were happy with their care package. We saw where some people's support plans had been changed following discussions about these. A care worker said the registered manager was, "Good at updating us of any changes. We get a weekly email and if anything is urgent we get a call or a text."

Staff said they made a record of how the person had been and what had taken place each visit in the daily notes that were kept. We saw a sample of these and they provided this detail. Staff said how they used these records to keep them up to date with how people had been and what care and support they had been provided with.

People were provided with care and support in a way that suited them. A person who used the service told us, "They are very thorough, but also they are incredibly kind and thoughtful. They do exactly what you would want a carer to do." Another person said, "They will do anything I ask them to and they think ahead. They are very perceptive. They will put things where I can reach them."

People were provided with the care and support they had agreed, unless they wanted to change this. A person who used the service told us, "They stay the right time, we sit and chat if they have finished early, they don't clock watch." Another person said, "I have only got to phone (the office) and they will alter the times (of the visit)." People told us staff usually arrived on time and they were contacted if there was any delay.

A care worker said they always stayed for the full length of the call unless the person asked them to leave earlier. Staff also said they did not rush people and if a call was taking longer than planned they contacted the registered manager who would make alternative arrangements. One care worker said on one occasion they had found the call time allocated was insufficient to complete all the planned tasks. They informed the registered manager of this who discussed this with the person and the call time was extended.

The registered manager said they included details about people's interests and earlier life in the support plans to give staff ideas of things to talk with people about, including when providing them with any personal care. Staff told us they found this useful as it gave them prompts of people's interests so they could include these in discussions. We saw there was information about people's interests in their support plans.

People were given opportunities to raise any concerns and told how they could make a complaint. A person who used the service said, "I could tell [manager] if anything was not to my liking." Another person said, "I

was told how to complain, but I haven't (needed to)." The registered manager told us, "If anyone had problems I would know about it." They told us there had not been any complaints made, but they did tell us about one incident that had been raised with them and how this had been addressed. The registered manager said the person had specifically stated they did not want to raise this as a complaint.

Staff said people were aware they could raise any issues or concerns with them but they had not needed to do so. They said how to make a complaint was explained to each person who used the service and their close relatives as well as being given a copy of the complaints procedure. One care worker said, "We sit and chat with people and ask them to tell us about any problems so we can resolve them."

Is the service well-led?

Our findings

There was a risk that any problems or a drop in standards might not be identified at an early stage to allow corrective measures to be put into place. Although our findings showed the registered manager and staff were committed to the development and continual improvement of the service, we found there was a reliance on informal rather than formal systems to assess and monitor the service. For example there was no system to review the daily records written by staff during visits so there was a risk important information could be overlooked if a staff member did not pass this on verbally.

We found a number of records were not up to date, such as staff training records. Some activities had not been recorded, such as competency checks on staff for administering medicines. We also found records were not well organised or checked to ensure they were complete. Some decisions the registered manager was able to describe verbally had not been backed up with records or risk assessments to explain these. The registered manager accepted they did not always keep records up to date and there were some things they did not keep records of. They agreed they needed to spend more time on the administrative side of running the service and had plans to do so in the near future.

The registered manager told us the last annual quality survey had been completed in February 2015 and showed us the results of these. These showed extremely positive feedback on the service, however this information had not been analysed or used in any way. The registered manager said they would be carrying out the next survey shortly.

People who used the service and their relatives told us they did not have any suggestions on how the service could be improved but said they were confident that if they did make a suggestion it would be considered. One person who used the service told us, "[Manager] comes to see me and we talk, I can say anything they are very very good."

People also stated there was no difference between the way the service ran in the week and at weekends. A person who used the service said, "I think things are the same (at weekends) as during the week." A relative said, "There is no difference between during the week and at weekends, it all runs very well."

People were supported by staff who were supported, valued and included in making improvements to the service. Staff told us they were encouraged to express their views and raise any issues or problems and felt confident these would be responded to. A care worker said, "We give our opinion, we are encouraged to raise issues and they are acted upon." Another care worker had suggested there was a comments book used to record all comments made. The registered manager told us they were planning to do this but had not done so yet.

Staff said they had raised the amount of travel time allowed between some calls and the registered manager had made changes to these. It was evident from the description provided by staff and the registered manager this had been done in a constructive way.

Staff said they received feedback about how they were working through supervision. They also said they fed back to each other to help them improve. One care worker said, "How can you improve if you don't know what's bad."

Staff said there was an open culture that looked on how to make improvements to the service provided. The registered manager told us there was a 'no blame culture' in the service and staff were encouraged to speak up if anything was not right or a mistake had been made. They said they had discussed staff's responsibility to raise any concerns and there was a whistleblowing procedure if needed. Staff spoke of working flexibly to ensure the service ran smoothly. Staff described themselves as a 'caring team' and we saw staff greet each other in a warm and friendly manner when they came to the office. The registered manager said although it was a comparably small staff team they tried to delegate tasks out so everything did not revolve around them.

Staff said the rotas were usually prepared in good time but they sometimes needed to be changed if there was a change in any circumstances of people who used the service, for example someone was admitted or discharged from hospital. The registered manager told us there were some people who liked to know which workers would be visiting them the following week so they were provided with details of these. The registered manager said they tried to ensure the rotas took into account staff commitments and requests. They said, "It is a two way process I ask them to be flexible as well."

People were confident in the way the service was managed and had confidence in the registered manager. One person who used the service told us, "[Manager] has very high standards."

Staff spoke highly of the registered manager and one care worker said, "We are very well led. A fantastic boss who is supportive to staff and the clients. They run that extra mile, everything we are expected to do they will do." Another care worker said the registered manager would not, "Overstretch the team, [manager] will turn down clients rather than not be able to provide the services. We keep some flexibility, like when a relative called and asked us to make a couple of extra calls when they were going away and we accommodated this." The registered manager told us they had regular enquires from people wanting to use the service but they only took on any new people where they had the capacity to do so.

The provider complied with the condition of their registration to have a registered manager in post to manage the service. The registered manager was also the nominated individual for the provider's registered company. We found the registered manager was clear about their responsibilities, however they were not fully clear about what events they were required to notify us of. We had not received any notifications from the service. Although we did not identify anything during the inspection that we should have been notified of, there remained the possibility there had been an event we had not been informed of that we should have been.