

Steady Care Services Ltd

Steady Care Services Dorset House

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

Steady Care Limited is a domiciliary care agency which was supporting 82 people in their own homes at the time of inspection. Seventy-two people received the regulated activity 'personal care'; CQC only inspects the service being received by people provided with personal care; help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service:

People received their care from consistent staff who understood their needs. Staff were kind and caring and treated people with respect. People confirmed that staff offered them choices and respected their decisions about their care. Staff supported people in a way which promoted their independence.

People told us they felt safe when staff provided their care. They said staff understood and followed any guidance in their care plans. People told us their care visits were almost always made on time and said the agency contacted them if staff were running late.

Assessments had been carried out to identify any risks involved in people's care and measures put in place to mitigate these. Accidents and incidents were recorded and there was evidence of learning when untoward events occurred. People's medicines were managed safely. Staff were recruited safely and understood their roles in protecting people from abuse.

People's care and support was provided according to their individual needs. Staff were given sufficient information about people's needs before providing their care. If people's needs changed, their package of care was reviewed to establish whether staff had enough time to meet all their care needs at each visit.

Staff monitored people's health effectively and any concerns they identified were communicated to healthcare professionals, these if necessary. The agency had established good working relationships with professionals involved in people's care and supported some people to attend medical appointments. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff had an induction when they joined the agency and access to training relevant to their roles. This included training on the use of any equipment involved in people's care. Staff met regularly with their managers for supervision, which enabled them to discuss their performance and training needs.

The management team maintained an effective oversight of the service and communicated effectively with people, their families, professionals and staff. People had opportunities to give feedback about the care they received through quality checks, surveys and reviews.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection:

At the last inspection this service was rated requires improvement (report published 11 January 2019). The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

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 ●

Steady Care Services Dorset House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

One inspector carried out the inspection.

Service and service type

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

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 a short period notice of the inspection visit because we needed to be sure the registered manager would be available to support the inspection.

Before the inspection

We reviewed the evidence we had about the service. This included any notifications of significant events, such as serious injuries or safeguarding referrals. Notifications are information about important events which the provider is required to send us by law.

We used the information the provider sent us in the provider information return. This is information

providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We used all of this information to plan our inspection.

During the inspection

Inspection site visit activity started and ended on 9 January 2020. We visited the office location on this date to speak with the registered manager and to review records, policies and procedures.

We checked care records for five people, including their assessments, care plans and risk assessments. We looked at five staff files and records of training and supervision. We also checked arrangements for medicines management, the complaints record, quality monitoring checks, audits and surveys.

After the inspection

We spoke with four people who used the service and four relatives by telephone to hear their views about the agency. We received feedback from nine staff about the training and support they received to carry out their roles.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection we recommended the provider consider current guidance on recording medicines administration and act to update their practice. The provider had made improvements.

- Medicines were administered and recorded safely. People who received support with their medicines told us staff managed this aspect of their care safely. This was confirmed by the relatives we spoke with, one of whom said, "They [medicines] are delivered and the carer makes sure [family member] takes them."
- Staff who administered medicines received training and their competence was assessed before they provided this aspect of people's care. Staff confirmed the training they received had enabled them to feel confident about medicines management. One member of staff told us, "I have had medication training and am confident carrying out this role." Another member of staff said, "I administer medicines and from the beginning, I was trained on how to do so with confidence and safety first. I am scheduled for refresher training in March 2020."
- Staff maintained medicines administration records (MARs) which were audited regularly by the management team. This included recording the administration of topical medicines, such as creams and pain relief patches.

Assessing risk, safety monitoring and management

- People and their relatives told us staff provided safe care. They said staff used equipment such as hoists and slings safely. One relative said, "They use a hoist to lift [family member]. They are very careful with that."
- Risk assessments had been carried out to identify and mitigate any potential hazards involved in people's care. If risks were identified, guidance had been put in place for staff about how to provide care in a safe way. Staff confirmed that they had had access to training in use of any equipment involved in people's care. The registered manager told us the local occupational therapist team provided support with training on the use of equipment if necessary.
- Staff followed emergency procedures when necessary to ensure people's safety. The agency instructed staff that they should not leave a person's home if they could not get a response when they arrived for a visit. On one recent occasion, a person did not answer the door when a care worker arrived for a scheduled visit. The care worker informed the office, who called the police. The police attended the person's home and forced entry when they could not get a response. The police found the person on the floor and called paramedics, who attended and treated the person.
- The agency had a business continuity plan to ensure that people would receive their care in the event of an emergency, such as severe weather conditions. The plan prioritised the delivery of care to people who would be most at risk if they did not receive it.

Learning lessons when things go wrong

- Accidents and incidents were recorded and reviewed by the registered manager to identify any underlying themes or trends. Staff had responded well to keep people safe if accidents had occurred. For example, on the day of our inspection one person told their care worker that they had a fall before the care worker's arrival. The care worker reported this to the office, who contacted the person's GP.
- There was evidence of learning when incidents and untoward events occurred. The registered manager told us that staff were reminded of the need for transparency and the importance of reporting errors or 'near misses.' The registered manager said, "They are being more transparent. They have reported incidents and learned from them." For example, a care worker had reported that they had prepared the afternoon dose of a person's medicine instead of the morning dose. This event was discussed with staff and staff were reminded of the importance of following medicines procedures correctly.

Staffing and recruitment

- Almost all the people and relatives we spoke with said care workers always arrived on time. None of the people we talked to had experienced missed calls. One person said of staff, "Their timekeeping is very good. If they have ever been late, it has always been for a good reason." Another person told us, "They are very rarely late and then only if they have been delayed at a previous call. The head office gives us a ring if they are going to be late." One relative told us their family member had experienced late calls in the past, particularly at weekends. The relative said the provider had taken steps to improve the service their family member received.
- The registered manager said staffing capacity and skills were considered before new packages of care were agreed. The provider information return stated, 'We only take on new people when we have capacity. We also pay bank staff to ensure we have staff on standby should there be an emergency that needs extra staff on the day. We also put our staff in clusters to reduce on travel time.'
- The provider operated safe recruitment procedures. Prospective staff had to submit an application form and attend a face-to-face interview. The provider obtained provide proof of identity, proof of address, references and a Disclosure and Barring Service (DBS) certificate for staff. DBS checks help employers make safer recruitment decisions and include a criminal record check.

Systems and processes to safeguard people from the risk of abuse

- Staff received safeguarding training in their induction and attended regular refreshers. Staff understood their responsibilities in safeguarding people from abuse and knew how to report any concerns they had, including escalating concerns outside the agency if necessary.
- If concerns had been raised about people's care, the agency had informed appropriate agencies, including the local authority and CQC. The agency had investigated concerns when requested to do so and been transparent with its findings. The provider had taken action to improve where shortfalls were identified through the investigation process.

Preventing and controlling infection

- Staff maintained appropriate standards of infection control. People told us staff helped keep their homes clean and tidy. Staff had access to personal protective equipment, including gloves and aprons. They received training in infection control in their induction and attended regular refreshers.

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience; delivering care in line with standards, guidance and the law

- People and their relatives were confident in the skills of staff. They told us staff were competent and provide people's care safely. One person said of staff, "They all know what they are doing, I have no doubt about that." Another person told us, "They are very efficient at what they do."
- Staff had an induction when they joined the agency which included mandatory training and shadowing colleagues. Staff told us the induction had prepared them well for their roles. One member of staff said, "I had an induction and did shadowing too before I started work, which was very helpful." Another member of staff told us, "I had an induction because it is mandatory for everyone who joins our agency and it well prepared me for the job I am doing."
- The provider's PIR stated that all staff received training which enabled them to complete the Care Certificate. The Care Certificate is a nationally-agreed set of standards that health and social care workers should demonstrate in their daily working lives. We found evidence to confirm this.
- Staff told us they had access to the training they needed to provide people's care. One member of staff said, "I have had all the training to meet people's needs and we get refresher courses and our company always tell us about new courses available." Another member of staff told us, "I have had all Care Certificate training with Steady Care and I have refreshers every year."
- Staff received regular one-to-one supervision, which they said provided opportunities to discuss their performance and training needs. One member of staff told us, "We meet our manager for supervisions. They are useful because we talk about clients' needs and where we need more help." Another member of staff said, "[Supervision] is useful because it makes me feel like I am part of the team when my views are heard."

Assessing people's needs and choices

- People's needs had been assessed before they used the agency to ensure staff had the skills and experience to provide their care. People and their relatives confirmed they had been involved in their assessments and encouraged to express their preferences about their care. One person told us, "We talked about what sort of care I needed." A relative said, "They did an assessment and we were asked about the care plan."

Supporting people to live healthier lives, access healthcare services and support

Staff working with other agencies to provide consistent, effective, timely care

- People told us staff supported them to maintain good health, including contacting healthcare professionals on their behalf if necessary. Staff supported some people to attend medical appointments.
- Relatives told us staff were observant of any changes in their family member's health. They said staff kept

them informed about their family member's well-being and ensured that healthcare professionals were consulted if necessary. One relative told us, "They are good at letting me know if they need to call a GP or if they notice something they are concerned about."

- The registered manager told us any concerns highlighted by staff were referred to relevant professionals, such as GPs or district nurses, and discussed with people's families. We saw evidence of this in people's care plans. For example, the agency had requested referrals for occupational therapy through GPs where people needed equipment to enable them to receive their care safely.

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

- People's needs in relation to nutrition and hydration were assessed and recorded in their care plans. If people were identified as at risk of failing to maintain adequate nutrition or hydration, staff kept records of people's dietary and fluid intake.

- If staff observed that people were losing weight, they had reported this to the management team, who contacted people's GPs to request a referral to a dietitian. This has resulted in people being prescribed supplements to support them to maintain a healthy weight.

- Staff had also reported any concerns they had about people's ability to eat and drink safely. This had resulted in speech and language therapy assessments and guidance about the texture of foods and fluids.

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 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. We checked whether the service was working within the principles of the MCA.

- People's care was provided in line with the MCA. People recorded their consent to their care plans before these were agreed. Staff attended training in the MCA and people said staff asked them for their consent on a day-to-day basis.

- The registered manager had been involved in best interests discussions where people lacked capacity to make decisions about their care. These discussions had involved people's legal representatives and relevant healthcare professionals.

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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; equality and diversity

- People's care was provided by consistent staff who understood their needs. People said they received their care from regular staff, which was important to them. One person said, "We see the same ones all the time unless they are sick or on holiday." A relative told us, "We see familiar faces. They are all very friendly."
- The registered manager understood the importance of providing consistent care. The registered manager said, "The continuity helps. It keeps our service users calm and gives them confidence because their routine is known."
- People and their relatives told us staff were kind and caring. One person said of staff, "They are very kind and friendly." A relative told us, "We are delighted with [staff], they are all lovely. [Family member] is well looked after." Another relative said, "We are very satisfied with the care we are getting."
- Relatives told us their family members had established positive relationships with their care workers and enjoyed their visits. One relative said of their family member, "He gets on very well with [staff]. They come in with a question to talk about and they have a chat. It brightens up the day."

Respecting and promoting people's privacy, dignity and independence; Supporting people to express their views and be involved in making decisions about their care

- People confirmed that staff offered them choices and respected their decisions about their care. They said staff treated them with respect and maintained their dignity. When we asked people if staff provided care in a respectful way, responses included, "Very much so" and, "Oh yes. I haven't had anyone being rude or anything like that." The agency respected any specific wishes people expressed about their care. For example, one person had stressed the importance to them of receiving their care from a small team of staff.
- We asked staff what they understood the agency's values to be. Staff responses focused on providing care that respected people's rights and supported their independence. One member of staff told us, "The values are promoting clients' independence, giving our clients choice and assisting them to stay in their own homes." Another member of staff said, "Good care to our clients, promoting independence and offering our clients choices."
- People confirmed that staff encouraged them to manage aspects of their own care where possible. Relatives told us staff supported their family members in a way which promoted independence. One relative said, "The care [family member] has had has improved her mobility. They encourage her to walk."
- Staff had supported some people to regain their independence following their discharge from hospital to the point where they no longer needed care. The registered manager told us staff were encouraged to support people in a way which promoted independence. The registered manager said, "We ask our care workers to provide reablement. If a service user can make tea, encourage them, supervise them. Ask them if

they want to do some of their personal care after a bath or a shower."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved to Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

At our last inspection the provider had failed to carry out person-centred care planning. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- Care was planned to meet people's individual needs. People's care plans had been developed where needs had been identified in people's initial assessments. People and their relatives confirmed they had been involved in developing their care plans. Since our last inspection, the agency had recorded information about people's backgrounds and personal histories. This enabled staff to engage with people about their family and their interests.
- Care plans recorded people's preferences about their support and contained guidance for staff about how people's care should be provided. People's care plans were reviewed regularly to ensure they continued to reflect their needs.
- Staff told us they were given enough information about people's needs before they provided their care. They said that, if people's needs changed, they reported this to the management team. Staff told us the management team reviewed people's needs if they did this to establish whether a longer or shorter visit time was needed. One member of staff said, "I follow their care plan but if it is not enough time I ask the office to review their needs." Another member of staff told us, "If I need more or less time, I feed back to the office for a review to increase or decrease the time."
- People and their relatives said the agency had responded well if they had requested changes, including changes to visit times. One relative told us, "When [family member] had a hospital appointment, they came earlier in the day; they changed things around."
- The agency supported some people whose needs related to areas of their lives other than personal care. For example, staff supported some people to attend support groups, appointments, and when they did their shopping.

Meeting people's communication needs

From August 2016 onwards all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were considered at the time of their initial assessment. Where needs had

been identified, care plans had been developed setting out the support people needed to communicate effectively.

- People told us they were able to obtain any information they needed about the service, including their care plans and the complaints procedure, in a way that was accessible to them.

End of life care and support

- At the time of our inspection, the agency was providing some palliative care but not complex end-of-life care. All staff received training in palliative care and had access to support from specialist healthcare professionals. The registered manager told us, "We work alongside the hospice staff" in the delivery of end-of-life care. The registered manager said the agency informed hospice nurses if staff observed changes in people's needs. For example, if people developed needs in relation to eating and drinking or suffered a deterioration in their mobility.

Improving care quality in response to complaints or concerns

- The agency had a complaints policy which was given to people when they began to use the service. The policy set out how complaints would be managed and action complainants could take if they were dissatisfied with the agency's response. None of the people we spoke with had complained but all said they would feel confident to do so. One person told us, "We haven't had any problems but I wouldn't have a problem telling them if we did." A relative said, "The service we get is pretty good. I have no complaints at all."
- The provider's PIR recorded that the agency had received four complaints in the previous 12 months. Records confirmed that these had been appropriately investigated and responded to by the registered manager. The provider had identified timekeeping as the theme to emerge from the complaints received and had taken action to address this. The provider had invested in an app-based communication system which improved the ability of the management team to monitor staff and employed drivers to transport care staff who were non-drivers to their visits.

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

At our last inspection the provider had failed to notify CQC of significant events when required. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- The registered manager understood their responsibilities as a registered person, including duty of candour and the requirement to submit statutory notifications when required.
- The agency's management team comprised the registered manager, a care co-ordinator and a field supervisor, who were supported by two administrative staff. The management communicated effectively with people, staff team and one another and maintained an effective oversight of the service.
- People and their relatives told us the agency was well run and communicated with them well. They said they could always access the information they needed from the agency's office. One relative told us, "We can always get hold of someone if we need to."
- One relative told us they did not have a named person to contact when their family member first used the agency, which made communication difficult. The relative said they now spoke regularly with the agency's care co-ordinator, which had improved communication about their family member's care. The relative told us, "I have got a good relationship with [care co-ordinator]. She is really efficient at responding by email and phone."

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

- People and their relatives had opportunities to give feedback about the care they received. People told us the management team contacted them regularly to check they were happy with their care. One person said, "I have had a lady come to see me and they sometimes phone me up as well to see how things are going." A relative told us, "They give us a ring on a regular basis to see how things are. They rang just before Christmas."
- We saw evidence that, where people's feedback identified areas for improvement, action was taken to address these. For example, one person had expressed that their care worker did not engage with them a great deal when providing their care. The registered manager had spoken to the care worker and coached them on how to improve their engagement with the people they supported.

- The provider distributed annual surveys which asked for people's views about all aspects of their care and support. The results of the 2019 surveys had been collated and provided positive feedback about the agency. Comments included 'We get on very well with [care worker] and we want him to continue', 'When I phone I always find you helpful and friendly towards us both' and, 'Excellent, reliable, responsive service by competent, caring carers.'
- Staff told us they received good support from the management team. They said they had access to advice and support when they needed it. One member of staff told us, "We are well supported by the office team." Another member of staff said, "We have an on-call number we can call at any time of day and help is always available in the case of an emergency."
- Team meetings were held regularly and were used to discuss working practices and any issues relating to people's care. Staff told us they were encouraged to contribute to team meetings and to raise any concerns they had. One member of staff said, "I can speak up if I have concerns or suggestions and I am happy with how they respond. They will ask to meet and talk about it one to one."

Continuous learning and improving care; Working in partnership with others

- The agency communicated effectively with health professionals involved in people's care, including occupational therapists, GPs and district nurses, to achieve good outcomes for people.
- The agency had established effective working relationships with other agencies, including the local authority and national provider groups. For example, the agency worked collaboratively with the local authority to deliver the winter pressure easing programme. This involved the local authority carrying out initial assessments and referring packages of care to the agency where appropriate.
- The agency was a member of the local care providers' association, which provided opportunities for training and information-sharing. The registered manager attended managers' forums arranged by the care association and accessed guidance and resources through Skills for Care.
- The registered manager had completed a 'Train the Trainer' course with the UK Homecare Association, the professional association for homecare providers. The registered manager said this enabled them to provide training to staff flexibly as and when it was required rather than having to wait for availability on a course.
- The management team carried out spot checks to monitor the quality of the care that staff provided. This included assessing whether staff provided care in a safe way according to the person's care plan and whether they provided care in a dignified manner.
- Staff told us that the management team used spot checks to identify ways in which they could improve and gave them feedback about their work. One member of staff said, "We get spot checks and they give us feedback about our practice." Another member of staff told us, "My performance is reviewed and feedback given to me with areas to focus on for improvement."