

SAS Support & Solutions Limited

SAS Support and Solutions Ltd

Inspection report

The Goslings, 137 High Street
Shoeburyness
Southend On Sea
Essex
SS3 9AU

Tel: 017002291321

Date of inspection visit:

03 August 2016

04 August 2016

08 August 2016

12 August 2016

Date of publication:

11 October 2016

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The announced inspection took place on the 3, 4, 8 and 12 August 2016.

SAS Support and Solutions provides personal care in a supported living environment as well as personal care for people in their own homes. At the time of our inspection there were twenty six people using the service. The majority of people living within the supported living service were independent and required limited support with personal care however there were a minority of individuals with more complex needs requiring more support than others.

The service is required to and did have 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.

The service needed to develop more robust quality assurance systems. Although some processes were in place, effective monitoring and auditing systems were required to drive the improvements and ensure consistent, high quality, safe and effective care.

Care records in respect of people's specific end of life, dietary, medication and moving and handling care did not adequately indicate people's needs and wishes to mitigate risks to their health.

Insufficient members of staff meant people's individual needs could not be consistently met within reasonable time frames.

Staff supported people to ensure they received access to healthcare services when required. Staff also worked with a range of health professionals, such as speech and language therapists and intensive support nurses, to implement care and support plans.

Management and staff understood their responsibilities and the framework of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). In general people were supported to carry out their own daily interests independently or achieve them with the assistance of staff, if requested.

A robust recruitment process was in place and staff were employed upon completion of appropriate checks.

Staff were respectful and caring towards people ensuring privacy and dignity was valued. Care was provided in a way that intended to promote people's independence and wellbeing.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not consistently safe.

Risks to individuals were not always managed safely by ensuring people's needs were adequately documented.

Staffing levels impacted negatively on people's experience of the service.

People's medication administration records were not audited to ensure safe administration of medicines. Management responded to concerns appropriately.

Appropriate checks were carried out making the recruitment process effective in recruiting skilled staff.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

Although the induction process was robust subsequent regular supervisions and appraisals were not consistent.

Staff received mandatory and additional training specific to people's needs. However competency spot checks were not consistently carried out to ensure people received effective care from competent staff.

Systems and processes were not consistently used to support people with their dietary needs effectively.

Is the service caring?

Good ●

The service was caring.

Staff treated people kindly and respected people's privacy.

Positive relationships were created between people and support staff. Friendships had also been formed between people using the service.

Staff supported people to be independent, and acted in a caring

manner towards people.

Is the service responsive?

The service was not consistently responsive.

There were no end of life care plans in place where required to ensure people's end of life wishes were met.

The process of reviewing care plans was unclear and made difficult by two operational computer systems in use simultaneously.

Complaints were not responded to in line with service policy. Analysis of complaints needs to be more robust to drive improvements.

Requires Improvement ●

Is the service well-led?

The service was not consistently well-led.

The service needed to develop more robust quality assurance systems to help ensure people receive high quality, safe care.

Staff felt supported by each other. However, expressed a lack of formal support in relation to the demands of their role.

Requires Improvement ●

SAS Support and Solutions 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.

We inspected SAS Support and Solutions on the 3, 4, 8 and 12 August 2016 and the inspection was announced. The provider was given 48 hours' notice because the service provides a domiciliary care service and we need to ensure that someone would be available. The inspection was carried out by one inspector.

Before the inspection we reviewed previous reports and notifications that are held on the CQC database. Notifications are important events that the service has to let the CQC know about by law.

We spoke with nine people, eight relatives, four members of staff, the senior support worker, the deputy manager and the acting manager. Meetings were arranged to discuss the inspection with the registered manager after the site visit as they were unable to attend the location on the date of the visit due to commitments. We observed interactions between staff and people. We looked at management records including daily planners, six people's individual care plans, risk assessments and daily records of care and support given. We looked at six staff recruitment and support files, training records and quality assurance information. We also reviewed six people's medical administration record (MAR) sheets.

Is the service safe?

Our findings

Risks to individuals were not always managed safely. People reported that they felt safe during personal care, for example one person said, "I completely trust them when they hoist me from my bed to my chair." The service had an umbrella risk assessment for moving and handling all people which, instructed staff to follow an individual person's care plan and risk assessment. However, care records we looked at did not always indicate people's specific needs. Two people's records who required the use of a hoist to support them to move safely did not contain information to specify the type and size of handling equipment or the methodology for each specific activity. Staff told us if information was not in the care records they had learnt people's needs informally .i.e. observing and discussions with other colleagues.

People's care records contained medication risk assessments which identified people's basic needs regarding their medicines. However, information within care records did not consistently provide enough information to ensure that staff would know how to manage medicines safely. One person's medications were time specific and the regime was shared between support staff and family. The senior support worker told us how there had been some confusion due to the responsibility of medicine administration being shared. Medicine administration needs for this individual were not clearly recorded within care records as required in the service's own medication policy. Although support workers had access to individual care plans via electronic tablets, hardcopy care plans were kept in people's houses which were used if the computerised system failed. However there was also no care plan at the person's house when we visited them. This demonstrated that the person's medication needs were not being managed effectively.

Additionally, Medication Administration Record (MAR) charts of people living in the community were not monitored or audited. The deputy manager confirmed that community MAR charts were not monitored or audited. Although there was documentation to state MAR charts had been audited for people within the supported living environment we found a discrepancy within the audit. The audit indicated that each PRN (when required) medication had an up to date PRN protocol. We found that PRN protocols were not in place. However the senior support worker immediately took action to put PRN protocols in place and began to implement and improve auditing systems of MAR charts.

Although instructive care records were not consistent staff had good knowledge of people's medications. One support worker told us, "It's important [person's name] gets his Perindopril half an hour before food in the morning." People told us they were happy with how support staff prompted or administered their medicines. One person told us, "I can take my own medication they just come and remind me to take it but I'm independent otherwise." Another person told us, "They [support workers] supervise me and I'm very happy with them. I trust them and now I'm learning to trust myself."

These failings are a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service did not make sure that there were sufficient numbers of staff to keep people safe and meet their needs. People and their relatives were advised during their pre assessment that each visit would be met

within a set time frame and regular visit times every day could not be guaranteed. However people and relatives reported to us that they were not happy with the inconsistency of arrival times and the duration the support workers were visiting. People told us, "The times they arrive are very erratic;" and, "One morning I will be out of bed at 7am and the next it could be 11am." Another person expressed, "They come in do what they have to do, say goodbye and before I can ask a question they're gone." A relative told us, "They don't seem to have enough time to do the job they are allocated to do; they are as helpful as they can be, they just don't have enough time."

The acting manager confirmed with us what the staffing numbers were per shift and this was confirmed by reviewing daily planners. We reviewed support workers' daily planners over a set period of time and people's contracts for their commissioned hours of care. These documents revealed that there were not enough staff on shift each day to meet the assessed needs of people in the community adequately. Support staff in the community reported to us that they felt there were not enough staff during morning, lunch, tea and bed calls. This demonstrated that the service was not ensuring there were sufficient numbers of staff to meet people's needs in the community as contracted by Local Authorities and as assessed in terms of their needs.

These failings are a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff received training in how to safeguard people from abuse. Staff were knowledgeable of the signs of potential abuse and they knew how to protect people from harm and keep people safe. The service had a policy for staff to follow on safeguarding and whistle blowing and staff knew they could contact outside authorities such as the Care Quality Commission (CQC) and local authorities. One member of staff passionately told us, "I'd have no qualms in reporting abuse, it doesn't matter who the abuser might be, if someone was being abused I'd report it immediately." The deputy manager and senior support worker had a good understanding of their responsibility to safeguard people and knew how to make referrals to the local safeguarding authority to investigate if they needed to raise concerns.

People were cared for in a safe environment. Risks of the environment were assessed in people's own homes and staff received training on how to respond to fire alerts at the supported living service. There was an Emergency Evacuation Plan in place should the service need to be evacuated and emergency contingency plans implemented. All safety checks were completed regularly and as required. Staff were trained in first aid and knew how to respond in an emergency. We observed staff using an audio monitor where appropriate which reduced the risk of harm when people with more complex needs wanted privacy within the service. This demonstrated the service respected people's choice of privacy whilst protecting them from harm.

An effective system was in place for safe staff recruitment. This recruitment procedure included processing applications and conducting employment interviews. Staff files we looked at contained interview notes and detailed answers of competency based questioning. Relevant checks were carried out before a new member of staff started working at the service. These included obtaining references, ensuring that the applicant provided proof of their identity and undertaking a criminal record check with the Disclosure and Barring Service (DBS). Staff we spoke to told us they had interviews and supplied all the relevant documents before starting work at the service.

Is the service effective?

Our findings

People that were more independent and received care as part of the service's supporting living scheme received good support with their nutrition and they had enough to eat and drink. One person being supported told us, "They support me to cook good food here." We also observed one person ask a support worker to help them with their shopping list which was duly completed. This was in contrast to what we found for people living in the community. Two people told us how erratic visit times caused problems with their meal times. One person told us, "The gaps between visits don't fit in with meals." Another person said, "Sometimes they [support staff] come and I haven't cooked [person's name] dinner so I end up having to feed them myself later." One person with complex needs required thickened fluids as advised by speech and language therapists (SALT). The support staff we spoke with knew how to thicken fluids according to the person's specific needs. However, the person's care plan did not document the specific dietary requirements advised by SALT. The acting manager and senior support worker told us the care plans needed to be reviewed and understood the importance to ensure all the information staff were aware of was reflected in care plans to avoid risk and harm.

Regular supervisions and appraisals were not consistent. A robust induction process was in place and staff files showed us that mandatory training and shadowing of experienced staff was undertaken during the induction period. Support workers had supervision after the first, third and sixth month of employment. The deputy manager told us that supervisions were completed when a need arose or every six to eight weeks. However, documentation of regular supervisions and appraisals to support staff were inconsistent in staff files. One member of staff told us they had not had any supervision since their induction period. This meant that support workers did not always have a structured opportunity to discuss their wellbeing, practice and development to ensure that they continued to deliver care effectively to people.

Competency spot checks were not consistently carried out to ensure people received effective care. People consistently told us they were happy with the care the support staff provided. However we were not provided with any documentation which demonstrated how the service assured itself the support staff were competent to meet the needs of people. The registered manager had created an action plan for spot checks to be carried out in their absence, which stipulated they were to be completed every four weeks. We were not provided with any documentation to suggest regular spot checks were being performed. The senior support worker and deputy manager confirmed competency spot checks were in the process of being planned to be undertaken regularly.

Staff told us they felt they had received sufficient training in order for them to acquire the skills and knowledge to fulfil their role. Staff had received mandatory training as well as additional training specific to the needs of people. For example, catheter care, end of life care, epilepsy and diabetes. One support worker told us, "I am confident of how to look after people having a seizure." Support staff consistently spoke of one person's health needs and the specific procedures that need to be followed if a seizure occurs. Although the deputy manager did not have access to a current training matrix we were advised that support workers' training needs are inputted on their computer system which ensured training and refresher dates are flagged. Staff files contained support workers completed training courses and associated percentage scores

which were consistently high.

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. The acting manager, deputy manager and staff had a good understanding of the Mental Capacity Act. Staff understood how to help people make choices on a day to day basis and how to support them in making decisions. Staff told us that they supported people in making day to day decisions and always offered people choice. Staff communicated with some people using pictures when required. We also saw one person being patiently supported to make a decision whether to use public transport or walk to their destination. People's care records contained signed documents of consent for SAS Support and Solutions to provide them care. Lasting Power of Attorneys signed consent when appropriate.

People had access to healthcare professionals. The deputy manager told us, all appointments regarding people's health were recorded within the computer software and dairy. We also saw correspondence within people's care records, such as advice from speech and language therapy teams. People told us if they needed to book any health appointments staff would support them to attend if required. One person said, "I see my psychiatrist every six months. [Registered manager's name] comes with me or another carer so they help me understand what's going on." One relative told us, "They take [person's name] to appointments for me." Another person reported, "Staff make and take me to appointments." An Intensive Support Nurse explained how the care and support of staff at SAS Support and Solutions has ensured regular contact with multi-disciplinary teams. As a result an individual with complex needs has been successfully supported to live in the community after a long history of failed placements in the community.

Is the service caring?

Our findings

People were very complimentary of the support and care that staff provided to them. One person said, "[Deputy manager's name] is my favourite, they're all nice but I can really talk to them tell them anything that's on my mind." A relative emotionally told us how support staff had been caring through a difficult time in their lives, "They are absolutely wonderful, I stand outside the room listening sometimes and they all [support staff] laugh with dad, he adores them."

Positive caring relationships had been developed. We saw positive, friendly and comfortable exchanges of conversation between people and support staff. People told us that they always knew the support workers that came to their houses; one person told us, "If there's a new one they always come with someone I know to learn the ropes first." The deputy manager told us agency staff are not used by the service to care for people in the community. Support workers knew the people and their relatives they were caring for well. One relative told us, "I know [person's name] is happy and safe in their care, they interact extremely well with [person's name]."

People's privacy and dignity was respected. One person told us, "Staff are respectful, they won't come and bother me if I tell them not to." A relative told us how one person had become unwell just as the support staff had finished their visit so stayed until past midnight to make sure the person was clean and cared for appropriately. They said, "They are very respectful of [relatives' name] and their home."

People and relatives in the community reported that discussions about their care and treatment did not regularly occur, only if a change in need arose. Due to the nature of the many short term care packages, people reported they were happy with these arrangements as they knew they could approach management when they needed to. However people and relatives in the supported living environment told us that their care plans were discussed with them when regular reviews were had.

The support staff were aware of advocacy services and when people might require these services to make their voice heard.

Is the service responsive?

Our findings

People or those acting on their behalf contributed to the initial assessments of care required. A member of the support staff met with people to complete an assessment of their needs and to see if these could be met by the service. During this meeting a member of the support staff gained the information needed to understand people's personal histories, their preferences for care and how they wanted to be supported with regard to personal care. One person told us, "I remember meeting with someone initially to go through everything I needed." Several people told us how they were really grateful as their care packages had started urgently to enable them to return home from hospital. The deputy manager informed us that in these instances they ensured the care plan provided by the relevant agencies and professionals was adequate and produced their own care plan as soon as possible, in line with their service policy.

Care plans we looked at varied in quality of content. When discussed with the senior support worker it was revealed that lesser experienced staff had completed one care plan which contained limited information to support the person safely. The senior support worker advised all support staff are involved in the pre assessment process to ensure assessments were able to be carried out as soon as possible. However, quality audits of care plans produced by the lesser experienced staff had not taken place.

Care plan reviews were completed when a change in need occurred. The care and support planning policy stated a minimum standard of an annual review for care plans. However the systems used to create and review care plans had caused operational difficulties by the fact that two operational computer systems were in use simultaneously. This was due to plans to introduce an improved computer system failing and the service reverting back to the old system.

There were no end of life care plans in place where required. The senior support worker and deputy manager informed us that 13 of the 18 people in the community required end of life care. Although staff working within the community had received end of life training there had been no discussions with people during their initial assessment to make sure staff knew how to manage, respect and follow people's choices and wishes for their end of life care. This was not in line with the service's own advanced care planning policy. Care records did not consistently record who had a do not attempt resuscitation (DNAR) order in place.

The service learnt from people's experiences. We saw examples of care plans that had been reviewed and updated due to a change in need. For example one person had expressed to the senior support worker how they felt their medication needs had increased from prompting to administering. The senior support worker visited the person to discuss and assess concerns which they then discussed with relevant external parties. Additionally support staff had acknowledged another person's behaviour changed negatively when they were supported to receive necessary treatment outside the service. To lessen the negative impact the person was feeling the registered manager and deputy manager collaborated with the necessary parties to train themselves in order to provide the necessary treatment within the service where the person felt more relaxed and comfortable. The initiative proved successful and the person's behaviour improved during the activity. Appropriate risk assessments and person centred care plans were produced.

The service accounted for people's strengths and levels of independence. Within the supported living environment support staff had positive relationships with people who were supported to be as independent as they chose to be. Two people in the supported living environment reported to us their unsettled histories and felt happy, safe and ready to move towards living independently as a result of being supported at the service. We observed high levels of independence from many people and they chose to fill their days with their own activities. People we spoke to told us about the outings to various places they had been, for example, the cinema, the zoo, bowling and out for meals. One person said, "There's loads to do around here, the shops, the park, the beach, the pub and college. We also play games together here I've made some best friends here." Risk assessments had been put in place for one person who enjoyed fishing as a hobby.

The service had policies and procedures in place for receiving and dealing with complaints and concerns received. The information described what action the service would take to investigate and respond to complaints and concerns raised. Although we viewed that some complaints were documented, the deputy manager and senior support worker both expressed that the majority of complaints or concerns raised were dealt with immediately so seemingly unimportant and not documented. This is not in line with service policy which states details of all verbal and written complaints must be recorded in the complaints book, the person's file and in home records. Complaints that were recorded did not document any learning outcomes. Although the yearly quality report revealed complaints surrounding medications, robust documentation of how complaints were analysed was not provided. We were not provided with any documentation or explanation when we asked the acting manager how they ensured that the complaints that were documented were analysed in order to drive improvement. The acting manager informed us they would highlight these concerns with the registered manager.

Is the service well-led?

Our findings

The service did have a registered manager in place. During the inspection the registered manager was unable to attend the location on the date of the visit due to pre-arranged commitments. The registered manager had employed an acting manager to oversee the service and support the deputy manager and senior support worker who were responsible and aware of the daily operations of the service. However, although the deputy manager and senior support worker appeared competent in the daily operations they did not have entire access to all documentation necessary for the running of the service, which the acting manager reported may improve the smooth and effective running of the service on occasions when the registered manager is absent from the service.

The service demonstrated an inclusive and person-centred culture during the inspection. We observed people and support workers interacting positively discussing support and care needs with discretion. When we asked staff if they felt supported we received mixed views. One staff member stated, "[Registered manager's name] has been very supportive to me, I had personal issues and they referred me to specialists." Another staff member reported to us, "We don't receive much formal support at all; it can be a difficult job, especially when people pass away, I don't feel we get enough time to deal with losing people." However staff consistently told us how they supported each other. The senior support worker was reported to be most people's and staff's point of contact if they had any issues to discuss.

We asked staff what they thought the vision of the service was. Support staff we spoke to reported that they felt the vision of the service was to take the pressure off families and help people be cared for where they chose to be cared for. Another member of support staff told us, "We are trying to make people comfortable at the end of their life and for the people we are supporting in house to help them to move on, encouraging as much independence as possible." It appeared to us that emphasis was placed upon helping people to urgently return home from hospital to receive care in the community. However necessary systems and processes required developing to ensure high quality care is delivered to people consistently.

The registered manager had created an action plan for the deputy manager and senior support worker to act upon during their absence from 30 July until 23 August 2016. The plan included actions such as; monitoring duty rota to ensure adequate staffing levels as per people's needs, monitor and check staff supervision and carry out spot checks at people's homes. However, the acting manager, deputy manager and senior support worker were unable to produce any documentation to demonstrate that these actions were carried out at regular intervals as per the registered manager's instructions prior to the creation of the action plan.

Therefore, effective systems and processes were not consistently in place. Monthly quality assurance audits were undertaken within the supported living service with regards to things such as, equipment servicing, fire drills, alarm calls and hot and cold water temperatures. However, regular audits had not been completed for care plans or missed and late calls in the community. In turn the registered manager could not ensure one person received their time specific medications consistently. People reported erratic visit times in the community. Additionally, MAR charts of people in the community were not audited to ensure safe and

effective administration of medications. Regular staff competency spot checks were not undertaken or documented. The complaints system did not appear to be robust to demonstrate analysis and drive improvements within the service. Staffing levels had not been assessed adequately and people were not receiving their assessed and commissioned hours on a regular basis. People and staff reported to us that they did not feel there were enough staff to meet people's needs adequately. Systems and processes required developing and embedding in order to improve the safe and effective running of the service.

The acting manager, deputy manager and senior support worker all told us that they recognised the development of effective systems and processes was required. However, they felt positive having identified how these systems and processes could be improved to help ensure people receive high quality, safe care. The senior support worker and deputy manager had already begun to develop auditing systems during the inspection.

These failings are a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager used questionnaires to gain feedback on the service. We saw an annual management review of the quality system report which had been produced from questionnaires which were distributed to people, relatives, staff, stakeholders and health care professionals to gain feedback in order to identify improvements in the service. The responses of questionnaires from January 2015 to January 2016 identified developments such as: a need for pictorial format of communications to provide ease for people communicating choice. We saw that this had been implemented. Supervision for each member of staff at least once every 6-8 weeks was also identified. Records we saw revealed this staff development required embedding.

People were able to express themselves and were involved in the running of the supported living service. Monthly residents meetings and monthly staff meetings were held to discuss current issues such as homecare, the complaints document log and people's needs. People and relatives using the service in the community told us they felt confident that they could openly discuss concerns with the registered manager and the support staff if they needed to. People also told us how the registered manager had arranged meetings to resolve any concerns.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Regulation 12 - Safe care and treatment was not being provided because the provider was not assessing the risks to the health and safety of service users of receiving the care or treatment and doing all that is reasonably practicable to mitigate any such risks because people's records did not reflect their current needs and risks to their safety.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Regulation 17 - Poor governance resulted in lack of effective systems and processes to ensure the provider was mitigating against risks.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>Regulation 18 - The inadequate monitoring and provision of sufficient staff placed people's health and wellbeing at risk and the provider was unable to meet people's needs effectively.</p>