

Silverdale Care Services Limited

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Inspection report

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Date of inspection visit:
11 July 2017

Date of publication:
23 August 2017

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

Silverdale Care Services Limited is a domiciliary care service providing care and support to people in their own homes. At the time of this inspection the service supported 52 people with their personal care needs. Thirty two staff were deployed to provide this care.

At the last inspection, the service was rated 'Good' overall, with 'Requires improvement' under 'Well-led'. Concerns had arisen with regard to the reliability and timeliness of care calls and the ability and effectiveness of the management to monitor and address these concerns.

At this inspection we found the service remained 'Good' overall and was now rated 'Good' across all areas. The registered manager and provider had taken steps to improve the areas of concern. These included the establishment of an effective call scheduling and monitoring system and better oversight and governance of the effectiveness of this and other aspects of the service provided. The views of people and relatives were being sought more systematically to assist management to provide an adequate response to any issues raised with them. The service had taken positive steps to improve recruitment and retention of staff.

People felt safe and well looked after by the staff who visited them. They felt staff were competent, treated them with kindness and respected their dignity and rights. People felt consistency in terms of the staff providing their support, had improved recently. This had led to increased confidence that staff knew their needs and how they wanted to be supported.

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 received a thorough induction and training in all relevant areas which was regularly updated to ensure they maintained knowledge of current best practice. Staff received ongoing support in their work and personal development through regular supervision, annual performance appraisal, spot checks and other observations of their care practice.

People said the service was flexible and responsive to changing needs and felt confident in calling the management or office staff if they had a concern.

Further information is in the detailed findings in the full report.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service is now rated Good in terms of leadership and governance.

The provider and registered manager had taken steps to improve monitoring and governance. Regular management audits took place and the registered manager reported to the provider on a monthly basis.

Improvements had been made to the monitoring of the timeliness of care calls and an effective system for monitoring these had been established.

The views of people were being sought more systematically and acted upon by management.

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Detailed findings

Background to this inspection

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

This was a comprehensive inspection which took place on 11 July 2017. The inspection was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service and we wanted to ensure the registered manager would be available.

It was carried out by one inspector supported by an 'Expert by experience' who carried out a series of survey calls. We last inspected the service in May 2015. We rated it Good, with a recommendation that the service sought guidance about best practice regarding quality assurance and governance. On this occasion we found improvements had been made in this area.

Prior to the inspection we reviewed all the current information we held about the service. This included notifications that we received. Notifications are reports of events that the provider is required by law to inform us about. We reviewed the last inspection report and contacted representatives of the local authority who funded people supported by the service, for their feedback. We reviewed the feedback provided by people, staff and relatives to our written survey.

During the inspection we spoke with the registered manager, the area manager and a director. We examined a sample of six care plans and other documents relating to people's care. We looked at a sample of other records to do with the operation of the service, including recruitment records for four recent recruits and medicines recording. As part of the inspection an 'expert by experience' contacted nine people, one relative and eight staff to seek their views about the service.

Is the service safe?

Our findings

People felt safe when they received the service's support. Several made positive comments about this. These included, "They use my key safe to let themselves in so I trust the company only to give carers access to my house," "I've been with them a long time...I've always found them honest and trustworthy" and, "I have to be hoisted but I'm never scared or anything like that."

With regard to the impact of staff consistency, people commented, "It's usually carers that you know coming to see you so that is better and you feel more at ease than lots of strangers" and "I really don't worry about being with any of them, they're all different of course but I'm comfortable with them all." In general people felt consistency and continuity of staff had improved recently although this had previously been an issue, based on previous survey feedback.

The service continued to keep people as safe as possible. Although staff recruitment had been challenging the service had improved the robustness of the recruitment process. Shortfalls identified in a recent internal review of recruitment records were being addressed. For example written explanations of any gaps in employment history were on file and missing references had been addressed. The new provider had recently improved various aspects of staff pay and conditions to support better recruitment and retention.

People were kept as safe as possible because appropriate risk assessments had taken place and steps were taken to reduce risks wherever possible. Risk assessments had been reviewed but in some cases it was not clear that this had been done as no new date had been entered. One person's premises risk assessment did not include details of the locations of isolation points for services such as water, electricity and gas. The registered manager agreed to address this. The provider had a contingency plan in place to respond to crises such as sudden high levels of sickness or computer failure.

The provider had taken steps to improve call management and monitoring through the introduction of a nationally recognised computer-based system. They had also proactively given back out of area calls which had been problematic to cover consistently, to the local authority. This had led to improvements in call scheduling and the timeliness of calls. The new system required staff to 'sign in' using a company mobile phone, which enabled better monitoring of timekeeping. This in turn, enabled office-based staff to substitute carers in a more timely way in an emergency.

The management team and staff had a clear understanding of their roles and responsibilities regarding the safeguarding of people from all forms of abuse. Staff had received training on safeguarding and could describe clearly what they would do in response to any concerns. They were confident management would respond appropriately to any concerns. Where such issues had arisen, the service worked positively with the local authority safeguarding team.

People's medicines were managed safely where this was part of the care plan, following a robust procedure. The procedure had recently been improved by the use of typed medicines administration records, which reduced the risk of errors due to hand writing them. One medicines omission had arisen due to a

misunderstanding between staff and a relative. Appropriate steps were taken to reduce the risk of recurrence.

Is the service effective?

Our findings

People felt the service provided for their needs effectively and staff were confident. One person told us, "I find they know the routine and can get on with it, which is good, you don't want to have to keep going over things." Lots of other positive comments were made including, "They all seem to know what they are doing, some are better than others but they are all good" and, "When there is a new [staff] they have to come in with others that know you for a bit first of all, or they'll double up with someone who knows you." People were happy they were consulted. One said, "They always ask me what I want doing and make sure I'm happy with it." Another commented, "They don't take things for granted and always ask me. It wouldn't be very nice if they just barged in and thought they knew better."

The registered manager told us all staff were being required to retrain under the provider's new training programme to ensure everyone was fully up to date. In the last six months a further eight staff had signed up to complete their QCF (a nationally recognised care qualification), and others had commenced in depth 12 week courses on dementia and end of life care. New staff were completing the nationally recognised 'Care Certificate' induction and existing staff were to be assessed against the same competencies.

Staff reported having received a thorough induction and initial training which had equipped them for their role. One said, "Yes it was very good. I did shadowing and then had two more weeks on double-ups. I then felt confident to work alone." Another told us, "I had information about the job role and what I was expected to do. We covered medication, moving and handling, safeguarding, I covered lots." Other staff commented positively about the ongoing training and confirmed their competency had been assessed in key areas. Staff reported spot checks and observations of their care practice had been carried out to ensure they were working as they should be. They also told us regular team meetings took place, but said although minutes were produced, they were not distributed. The registered manager agreed to send these out to staff in future. Feedback about the frequency and effectiveness of supervision meetings was mixed. The registered manager was aware there had been issues with this previously and said this was now being addressed.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The registered manager told us people had capacity to make day to day decisions, so no 'best interest' decisions were currently in place. She told us and staff confirmed, people's consent was always sought before providing care support. We saw reference to staff needing to seek consent, within staff meeting minutes. If capacity concerns were identified the service would refer to the local authority to seek an assessment.

People were provided with support around meal preparation where this was part of their care plan and staff monitored people's health as part of their visits. If they identified concerns, staff generally contacted the office for advice and the office staff made contact with health care professionals or family when required.

Is the service caring?

Our findings

People consistently reported a kind and caring approach by staff. Some of their comments were, "They are all super, so helpful and caring," "They truly are sweet, considerate and helpful," "My carer is very amicable, I do enjoy her company," and "I get on well with them all and we have a good laugh and a good chat."

People found staff's manner respectful and friendly. One said, "They never push me or force me into anything I'm not happy about. I think their manner is very respectful." Another told us, "They show me respect by asking me what I'd like them to do, like would I like a shower, or just generally wanting to be of help."

People also told us staff looked out for their dignity. One person said, "two [staff] come to me but even though one is a man, the man always leave the room when I'm washed and it's the lady carer that does it." Other comments included, "I had some visitors once and the carer asked if I wanted the door closed whilst she got me dressed," and "Even though my carer lets herself in, she always knocks and calls to me when she arrives."

People knew about their care file and the care plan within it. The care plan had been periodically reviewed with them. One person said, "I know it's there for them to look at and it's all up to date." Another person told us, "We looked at it and there didn't seem to be any changes this time."

Staff spoke consistently about offering people choices to empower them and about the importance of being respectful. One commented, "It's important that people trust you and you get to know them." Another commented, "I want people to be looked after how I would look after my own relatives." Others said, "It's how you communicate and always ask them, and ask them if it's ok what you are doing. Get permission and don't take away any independence."

Staff also commented positively about respecting dignity. One told us, "I make sure clients are covered up and I'll close curtains if anyone might be able to see into the bedroom." Another said, "I wouldn't speak to anyone like a child or be bossy or patronising."

One staff member summed up their actions by saying, "Before I go I make sure everyone has what they need, not just that they're safe, but comfortable and happy." Posters about appropriate care practice and maintaining dignity were displayed in the training room.

Is the service responsive?

Our findings

People told us the individual staff and the agency as a whole were responsive to their needs. People said, "If I ring them to change or cancel any of the calls, it's never a problem," and, "They're always happy to accommodate if they can." One person had a problem regarding call times previously but this was sorted out to their satisfaction. People also said senior staff had visited and sought their opinion about the care provided. People were happy to speak to any of the staff if they had concerns or said they would call the office.

The responses of staff reflected a flexible approach to supporting people. One said, "Everyone is different so you have to check what is best for them as individuals." Another told us, "I am going to see someone with dementia later and although she can't communicate well, I still talk to her and explain everything I am doing."

Staff confirmed the care plans contained the information they needed to provide individualised responsive care. One told us, "The care plans have all the details to know about each person and what they need." Another explained, "I know my clients really well but if a different person comes then the care plan is there to refer to as well as the recording sheets."

The care files had all been reviewed in January 2017. The files contained the necessary information about people's wishes, to enable individualised care. The service had liaised with external specialist suppliers to support people's needs. For example they had sought advice from Age UK regarding key safes to enable staff to access people's home where they were unable to answer the door. They had also worked with a service to help people get nuisance telephone calls blocked.

An appropriate complaints procedure was provided to each person supported as part of the file in their home, within the Statement of Purpose. One person told us, "I would never have any worries about ringing the office. I've no complaints so it's rare I have to contact them." In response to people's complaints about the timeliness of calls, the provider had introduced a new call monitoring system. This enabled arrival and departure times to be monitored and alerted the office staff should staff not arrive at a visit. Management and office staff had reviewed visit 'rounds' to ensure they worked as well as possible, in order to offer greater consistency and continuity of staff.

People we spoke with said that arrival times of staff and lack of a courtesy call about late arrivals, was still an issue at times. The registered manager agreed to ensure office staff notified people more reliably, if staff were unavoidably running late. The staff who previously covered calls in another area had now begun to cover visits in the service's core area of West Berkshire. The registered manager felt this too, would help to improve timekeeping as they now had more staff available to deploy.

Is the service well-led?

Our findings

A registered manager was in place for this service. 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.

With one exception, the people we spoke with all said they would recommend the agency and were happy with the service provided. One person's concerns were raised with the agency and had now been addressed. Other people commented, "I think they are very good and do a good job," "They're accommodating and you can talk to them," and "I find the office staff very pleasant and nice".

At the previous inspection we identified some improvements were required within this area. Some concerns had been expressed regarding the timeliness of care visits and the effectiveness of management monitoring of the service's operation. The registered manager and provider had taken various positive actions to address the issues which had arisen through complaints and other feedback, previously. They were taking steps to further develop the service, to improve its effectiveness as well as improve staff training and support. Some staff remained unhappy about working conditions. The recently introduced pay and other enhancements had only just been introduced and improvements in available staff numbers had only very recently come about. The feedback from the local authority was positive. They reported there were no major concerns with the service, and told us the registered manager was very open and worked closely with the Council to address any issues and improve the service.

The management team reminded staff of key policies and procedures through a 'policy of the month' scheme where they were posted on the training room wall and discussed as part of staff team meetings. Team meetings had been held and minuted monthly since January 2017, having not been held consistently prior to that. Regular spot checks were carried out to monitor staff practice and seek face to face feedback from people and relatives. The provider operated a 'carer assessment' process which entailed regular practice observations and detailed reporting to feed into the supervision and Care Certificate processes. The provider had an action plan in place following work with the local authority to address some issues identified previously. The service also had its own action/development plan.

The registered manager carried out monthly audits of the service and sent a manager's report to the provider regarding key aspects of the service's operations. The provider was about to commence periodic compliance reports. The provider carried out annual surveys to seek the views of people, relatives and staff. This was due to take place the month after this inspection, having not been completed regularly in the past. Some surveys had been sent out to people in January 2017. However, the results had not been collated. We saw some completed survey forms on people's files. They identified the issues the provider was aware of and working on and also contained positive feedback regarding the carers themselves. The registered manager and other office staff carried out some care calls each month to help maintain awareness of any difficulties and issues and monitor any changes in people's needs.