

Sorelle Support Limited

Sorelle Support

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

This inspection took place on 23 February 2016 and was announced. Sorelle Support is a domiciliary care service and at the time of the inspection was providing personal care to seven people living in their own homes.

At the time of the inspection there was a registered manager in post. 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 and their relatives were happy and felt safe using the service provided by Sorelle Support. Recruitment procedures were mostly robust. However, staff had not signed a declaration regarding their physical and mental fitness prior to starting work, which is a legal requirement. This was immediately addressed during the inspection and the declarations were on all staff files by the end of the inspection. Measures have been taken to ensure this declaration is gained prior to employment for all new employees.

There were systems in place to manage risks to people and staff. People were kept safe by staff who were knowledgeable about the policies and procedures used to safeguard people. Staff also supported people to understand how to keep themselves safe.

Staff received training to ensure they had the skills to care for people safely and effectively. Training was also provided in topics related to the specific needs of the people using the service, for example, autism. Staff were encouraged to gain recognised qualifications and progress in their careers.

There was an open culture in the service. Staff felt comfortable to approach the registered manager for advice and guidance. Staff were well supported through one to one meetings, direct observation of their work and appraisals.

People had their right to make decisions protected. Staff understood their responsibilities in relation to gaining consent before providing support.

The service focused on enabling people. Staff involved people, supporting them to maintain and develop their independence.

People were treated with dignity and respect. They were involved in decisions about their care and said they felt they had been listened to. People's support needs were reviewed regularly with them.

Information was communicated to staff quickly to ensure they could provide appropriate support for people. Staff contacted healthcare professionals to seek advice regarding people's well-being when necessary.

The quality of the service was monitored in a variety of ways. Feedback was encouraged from people, their relatives and other stakeholders and used to improve the service. Audits and direct observation of staff helped to ensure the quality of the service was maintained.

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.

Recruitment procedures were mostly robust. Missing health declarations were completed and filed during the inspection.

Risks were identified and managed to protect people and staff.

People felt safe and staff knew how to report any concerns. Staff were familiar with safeguarding and whistleblowing policies and procedures.

Is the service effective?

Good ●

The service was effective.

Staff received effective support and training to enable them to fulfil their role.

People's rights were upheld and staff sought people's consent before providing support.

Staff sought advice from professionals with regard to people's health and well-being when appropriate.

Is the service caring?

Good ●

The service was caring.

People felt they were treated with kindness and respect by a consistent team of support staff.

People were encouraged and supported to develop and maintain their independence.

Staff built trust with people and supported them to make decisions about their care.

Is the service responsive?

Good ●

The service was responsive.

People were involved in planning and reviewing their support.

Staff supported people in a personalised way taking their preferences into account.

The service was flexible and responded to people's needs promptly. People knew how to raise concerns or make a complaint.

Is the service well-led?

Good ●

The service was well-led.

There was an open culture in the service. People, their relatives and staff found the registered manager approachable and said she listened and acted promptly when necessary.

The service sought the views of people and their relatives and used them to help develop and improve the service.

The registered manager monitored the quality of the service and set clear values and expectations. She monitored and mentored staff to ensure their practice met these standards.

Sorelle Support

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.

This inspection took place on 23 February 2016 and was announced. The provider was given notice because the location provides a domiciliary care service and we needed to be sure that senior staff would be available in the office to assist with the inspection.

The inspection was carried out by one inspector.

Before the inspection we reviewed the information we held about the service which included notifications they had sent us. Notifications are sent to the Care Quality Commission to inform us of events relating to the service.

We also reviewed the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with four people and two relatives of people who use the service. We spoke with four members of staff and the two directors (one being the registered manager). We requested feedback from professional contacts and received information from one. We looked at records relating to the management of the service including, four people's support plans and associated risk assessments. We also looked at five staff recruitment files, staff training records, minutes of one to one meetings with staff, policies, complaints log and daily communication records.

Is the service safe?

Our findings

People felt safe when they received care. One person said, "Yes, definitely." Another said, "Safe, yes, they do everything I ask." Relatives also felt their family members were safe. For example one told us, "Yes I do feel [name] is safe, I have no hesitation in saying that," while another commented, "[Name] is extremely safe, absolutely no worries at all."

Recruitment processes were mostly thorough. References were sought for prospective employees in relation to their conduct in previous employment. A disclosure and barring service (DBS) criminal record check was also carried out. A DBS check ensures there are no criminal records which may prevent a prospective member of staff from working with vulnerable people. Other checks had been carried out to establish the suitability of staff and included establishing proof of identity and a full employment history. However, a declaration from staff with regard to their physical and mental fitness was not available. Immediate action was taken when this was raised with the directors. All staff were contacted and asked to complete a declaration. At the end of the inspection visit seven members of staff had completed their declaration and the following day the directors confirmed declarations had been signed by all staff. This omission in the recruitment process had not had any impact on people using the service. The directors also told us they were taking steps to ensure all future applicants completed a health declaration prior to being offered employment.

A relative said they felt the service carried out recruitment with great care and commented, "They are a well selected team of people." The number of staff required was determined by the needs of the people using the service. The registered manager accepted new support packages only once they had assessed the availability of staff. They said they needed to feel confident they had sufficient flexibility and staff resource to manage the support safely.

Risk assessments were carried out before any support was provided. These included risks related to the individual person, for example, risk of financial exploitation or self-neglect. Additionally, risks associated with the home environment and social environments people and staff may visit were also assessed. Detailed guidance was available to enable staff to manage these risks safely while also supporting people to be as independent as possible. Staff made it clear that changes in risk were reported immediately. Any alterations in support as a result were documented and communicated throughout the whole support team.

Staff were familiar with the policies regarding the safeguarding of vulnerable people and whistleblowing. They had received training in these areas and each had a handbook which they could refer to for further information, if required. Staff described the signs that may indicate a person had been abused and the actions they would take if they were concerned. They were aware of the recognised reporting procedures and told us they could go outside the organisation to the local authority or police if they thought it was necessary. One member of staff said, "I've never heard or seen anything that jeopardises people but I would definitely report it if I did."

People were supported to maintain their own safety. Staff spent time discussing how they could stay safe

both in their home and in the community. People and their relatives said they could speak to staff if they were concerned about their safety and felt confident action would be taken.

Appropriate plans to manage emergencies were in place. Staff described the action they would take in the event of an incident such as fire. There was a system to monitor accidents and incidents and staff were aware of the reporting processes they needed to follow if either occurred.

The service had recently started supporting one person with their medicines. Other people using the service managed their own medicines. A policy relating to the safe management of medicines was available for guidance and staff involved with supporting the person had received appropriate training. The rest of the staff team were undertaking the training so that if necessary they would be able to provide support for this person safely. The two directors were undertaking training in assessing the competency of staff in relation to the safe management of medicines.

Is the service effective?

Our findings

Staff received induction training when they began work. This consisted of a company induction to introduce staff to policies, procedures and the expectations of their role. This was followed by a period of shadowing more experienced staff. Shadowing continued until staff were familiar with the people they supported and confident in the skills required. New staff completed mandatory training through programmes called, "Preparing to work in social care" and "Grey Matters" which incorporated the care certificate standards. In addition, training provided by the local authority commissioners was also completed. A senior support worker assessed the competence of staff by direct observation of their work following training.

The staff were also provided with more specific training in relation to the people they cared for. In particular training in awareness of autism. Staff told us this training was very important in helping them understand the people they supported. One commented, "It's really good training and makes a real difference."

The directors offered support in career progression for their staff team and explained how they considered training to be essential. One said, "It's so important for staff morale and keeping knowledge up to date. We want staff to grow with us." Staff progressed from their induction training onto either a level two or three diploma in health and social care. At the time of the inspection eight of the fifteen staff members had gained their diplomas. The remainder were working towards their qualification. More senior staff were encouraged to take further qualifications, one told us, "I have completed my level three and now I'm doing level four, they really encourage us to go further." One director had begun level five in leadership and management to enhance their own skills and knowledge, while the other had planned to do this in the future.

The directors explained that for the last two years Sorelle Support had been part of the Skills for Care Workforce Development three year pilot scheme. They described this as, "Having opportunities to share best practice with other organisations." It had provided forums for them to attend and network with other professionals.

Staff felt supported. One staff member said, "They [the directors] are so good, I feel supported by both [name] and [name]." This sentiment was echoed by all the staff we spoke with. Staff had regular one to one meetings with their line manager. These meetings provided staff with an opportunity to discuss their work and raise concerns or issues if need be. Regular discussion took place regarding training and development as well as issues arising from supporting people. A system which ensured an on-going programme of planned meetings for each member of staff was in place. Monitoring visits to carry out direct observation of support staff were conducted. When issues or concerns were identified they had been addressed with the staff member. Annual appraisals were also in place for staff to review their work and plan their development.

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

Staff had received training in relation to the MCA. They were aware of their responsibilities to ensure people's rights to make their own decisions were upheld. Staff told us they sought people's permission before supporting them and always gave them choice. People had been asked to give their consent to their planned support. Whenever possible they had signed to indicate their agreement and consent. When people were unable to give consent due to lack of mental capacity, records indicated appropriate procedures had been followed to make decisions in their best interests.

When required, people were supported with eating and drinking. Staff supported people to plan menus, shop and cook. People were supported to eat a healthy, balanced diet and when necessary their nutrition was monitored.

People were supported to make and attend medical appointments when this was required. The service was flexible to accommodate changes to visit times to support people in this way. Staff also sought medical attention for people if they were unwell or needed urgent attention. For example, one member of staff said they had called 999 when someone suffered chest pains. A person who uses the service stressed, "I can't tell you how good they were when I was ill."

Is the service caring?

Our findings

People spoke positively about the staff and described the support they received as, "Excellent" or "Very good." Comments made by people's relatives included, "They are extremely caring" and "Staff go above and beyond what they should do."

People were visited by consistent support staff and told us staff knew them well. Staff spoke about people in a caring manner, they knew how people liked things done and what mattered to them. They also spoke about managing situations which people found difficult and challenging in a way that remained positive and caring. A relative told us, "They know how to diffuse situations [name] finds difficult."

The consistency of staff was valued by both the people who use the service and the staff. It had been developed by matching the knowledge and skill base of staff to the person's needs. It also took account of factors such as hobbies and interests so that staff could develop a meaningful relationship with the person. People met new support workers before they worked with them on an individual basis. This allowed time for the person to get to know a new support worker while they had the familiarity of an established support worker to help them feel safe.

The registered manager (one of the directors) felt communication between the staff team played a significant part in ensuring the service was caring. She said, "The whole team goes above and beyond to make sure accurate information is passed on. Concerns are raised straight away and there are constant updates between the staff team." Staff agreed and felt this helped to build trust with people they supported. One said, "It's important to get to know people, work with them, make them feel confident and trust you." One person who uses the service said, "They've changed my life, I feel I've got a life now" and another told us they wouldn't change anything as, "It's good as it is."

People were shown respect and their privacy and dignity were protected. Staff described and gave examples of how they respected people, for instance, "People are addressed as they want to be, we speak quietly and consider how people feel about their disability" and "(We) are discreet when talking about personal care." Staff also spoke about respecting people's homes and how they were invited to be there so must focus on what the person they were supporting wanted.

People were supported to maintain their independence, one person said, "They're (staff) good in that way, they get me to do things for myself." They went on to explain how they wanted to be more independent and staff were supporting them to achieve this. A relative commented on the service being proactive in supporting their family member to be as independent as possible. They said, "They are motivated to get results."

Is the service responsive?

Our findings

People were involved in planning their support and made decisions about how and when they received it. Before the service began supporting a person their needs were assessed. This included their personal history, details of the social interests and the hobbies they liked to pursue. It also gave full consideration to the outcomes or goals people wished to achieve. This assessment led to the development of a support plan, personalised and focussed on what people wanted from the service.

Reviews of people's support plans were carried out after they had received support for six weeks and then regularly every six months. People and when appropriate their relatives and other professionals were involved in reviewing support plans. One relative commented, "There is an open and honest dialogue with regard to [name's] support and they (staff) interface with us and professionals very well. If any changes arose in a person's well-being or support needs a review was held to assess the changes. For example, one person's support was being reviewed on a daily basis as their needs had undergone significant change. The service was making regular adjustments in collaboration with the person, professionals and their relatives. The registered manager said, "We are learning all the time so the review is on-going at the moment."

The service was flexible in meeting people's support needs and took account of their individual preferences. When people requested a change to their visit time this was accommodated. During the inspection we observed people sent text messages or telephoned if they wished to make a change. People, their relatives and staff confirmed that the service was flexible. One staff member said, "They will always find a way to accommodate what a person wants." A relative told us there was a mobile hotline to ensure they could contact the service at any time and added, "They respond straight away."

Staff supported people to look for new opportunities to engage with the community and were aware of the importance of avoiding social isolation. The service had the use of an allotment where people could grow fruit and vegetables. People were encouraged to make decisions about what should be grown and when work should take place. It also provided a place where people could meet and spend time working on the project together.

People were asked for feedback on the service at their review meetings. A quality survey had been conducted in June 2015 and the service had received mainly positive responses. This had been the first one the service had conducted and the directors were discussing ways of changing the format in order to capture more detailed feedback.

There was a policy and a system for recording and dealing with complaints. One complaint had been received by the service in the last year. This had been investigated and was being dealt with appropriately at the time of the inspection. People and staff said they were confident to raise concerns if they were not happy with something. They knew who to raise a complaint with and felt sure their concerns would be listened to. A relative said, "There's a clear route to complain, they are responsive if any concerns are raised, they never disregard anything."

Is the service well-led?

Our findings

At the time of the inspection there was a registered manager in post who was one of the directors of the company.

People and their relatives spoke highly of the service. They felt it was well-led and told us the registered manager was always contactable if anything needed to be discussed. They said she listened to what they had to say. For example a relative said, "If I had a concern I feel I could discuss it and it would be resolved immediately."

There were clear expectations in terms of values and ethos employed at the service. Staff were made aware of these through their induction and the employee handbook issued when they began work. Staff understood and respected these values and spoke about wanting to deliver the best possible support for people. One said, "We are encouraged to reflect on beliefs and values to provide person centred care."

The service worked closely with other professionals and acted on advice from social workers, health professionals and others. They sought to collaborate with other organisations to better their practice, for example Skills for Care and the South East Sector Led Improvement Programme. The service was assessing its own performance through audits and case studies which identified trends and details of practice. The findings were shared with the staff team and used to improve the service. For example, improved detail was now recorded in the daily communication records of approaches and techniques used in supporting people successfully.

There was an open culture at the service. Staff received regular support and could contact the registered manager at any time for advice. One told us they were, "Always welcomed in the office" and another commented, "We have a good relationship with the managers, they take things seriously." Staff gave positive feedback about the two directors and other senior staff. One staff member said, "I think it's very well managed and led. There's good communication and a newsletter, the whole team work together." Another told us, "No-one fears going to them (the directors), they are always looking for ways to improve and get better at things."

The quality of the service was monitored by the registered manager. Regular observations of staff practice helped to ensure standards were upheld. Both directors mentored and shadowed staff to model good practice. Formal team meetings had not taken place but informal gatherings to aid team bonding were organised. Staff felt communication was good and they had opportunity to share their views. To further assist with communication the directors had set up a secure social media forum which enabled regular sharing of information. Staff all spoke positively about the weekly newsletter prepared by the registered manager. This informed them of any changes they needed to be aware of and updated them on developments in the service. It also provided useful information they could use to support people, for example, cinema cards and new opportunities.

Community links had been forged with numerous organisations including a local college, social groups, for

example, the good thinking bunch and community based projects.