

Stable Lives Recruitment Limited

Stable Lives

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Stable Lives is a domiciliary care agency providing personal care to older people in South Yorkshire, Sheffield. Not everyone who used the service received personal care. The Care Quality Commission (CQC) only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of the inspection 12 people were receiving support.

People's experience of using this service and what we found

Quality assurance systems were in place, although these were not always effective. Audit systems and checks were not always identifying areas of development required. People were supported to share their feedback although there was no structured system in place to review feedback, consider suggestions or implement changes that people had highlighted.

There was a complaints policy in place and although people and relatives told us they knew how to make a complaint, processes were not always in place to evidence how complaints were managed. Documentation was not robust enough; records did not contain information about how complaints were responded to.

People received person-centred care, staff were familiar with the people they supported, and positive relationships had developed between Stable Lives staff and people receiving support. End of Life care was not being provided at the time of the inspection, the registered manager agreed that this was an area of responsive care that needed development.

Medication procedures were in place; people received a safe level of support from trained members of staff. Medication audits were regularly completed to assess compliance and staff performance. We identified some minor administrative errors that needed to be reviewed; the registered manager was responsive to our feedback.

People received personal care that was tailored around their individual support needs. People's level of risk was assessed, and measures were put in place to ensure people received the safe level of care they needed. Safeguarding and whistleblowing processes were in place. Staff received safeguarding training; they also explained the procedures they would follow if they had any safeguarding concerns.

Staffing levels were monitored and we received feedback to suggest that people received care and support from consistent and punctual members of staff. One relative told us, "They're [staff] the best team of carers we've had." Stable Lives staff were safely recruited; although we noted that systems needed to be strengthened so that records were more organised and contained all the relevant information.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported

this practice.

People and relatives told us that kind, caring and compassionate support was provided. One person said, "They're [staff] like family." People were treated with dignity and respect, were supported to remain as independent as possible and were involved in the care planning process.

We received positive feedback about the management and staff team at Stable Lives. People and relatives told us that they were committed to delivering high-quality, person-centred care.

Rating at last inspection and update

The last rating for this service was 'good' (published 2 August 2017). The service has deteriorated to 'requires improvement'

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We identified a breach of regulation in relation to 'good governance'. Please see the 'action we have told the provider to take' section towards the end of the report.

Follow up

We will continue to monitor information 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 not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Stable Lives

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

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

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 the service 24 hours' notice of the inspection. This was because we needed to be sure that the provider and manager would be in the office to support the inspection.

Inspection activity started on 25 February 2020 and ended on 27 February 2020. We visited the office location on 25 February 2020 and made telephone calls to people and relatives on 27 February 2020.

What we did before the inspection

We reviewed information we received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was also asked to complete a provider information return prior to this inspection. This gives some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and used all of this information to plan our inspection.

During the inspection

During the inspection we spoke with the registered manager, deputy manager, three members of staff, three people who received personal care and two relatives. We also looked at care records belonging to three people receiving support, recruitment records for three members of staff, medication administration records and other records relating to the management and quality monitoring of the service.

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 'good'. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Using medicines safely

- Safe medication processes and procedures were in place; however, we found several minor administrative errors that needed to be reviewed by the registered manager.
- People received care and support from staff who had been appropriately trained.
- Care records contained information in relation to the medication support that people required and how staff needed to provide such support.
- Medication audits were routinely carried out. Audits enabled the registered manager to establish areas of good practice, staff compliance and areas of improvement.

Staffing and recruitment

- Pre-employment checks were carried out and people received care and support from staff who had been appropriately and safely recruited, however, personnel records did not always contain the relevant information we needed to check. The registered manager was responsive to our feedback and agreed that systems needed to be strengthened.
- Staffing levels were monitored; people told us they received care and support from consistent and punctual members of staff. One person said, "They're [staff] very punctual, no issues."
- Staff told us that there were enough staff to provide the care and support people needed.

Assessing risk, safety monitoring and management

- People's support needs and areas of risk were appropriately assessed, monitored and safely managed.
- People received care and support that was tailored around their individual support needs; areas of risk were reviewed, and measures were put in place to keep people safe.
- Care records contained the correct and up to date information for staff to consult and familiarise themselves with.
- We saw a variety of personalised risk assessments in place for people receiving support.
- People told us that they felt safe when they received care from Stable Lives. One person said, "Carers know me very well, they look after me well."

Systems and processes to safeguard people from the risk of abuse

- Effective safeguarding and whistleblowing procedures were in place and people were protected from abuse.
- Staff received safeguarding training; they explained the processes they would follow to keep people safe.
- People told us, "I'm very safe in their [staff] care" and "Yes [feel safe], they know me well."

Preventing and controlling infection

- Environmental risk assessments that were completed, contained information about infection prevention control and support measures that staff needed to comply with.
- Staff were provided with personal protective equipment (PPE). One member of staff said, "PPE is always available."

Learning lessons when things go wrong

- There was an accident and incident reporting procedure in place.
- All accident and incidents were reported; Staff were familiar with the accident and incident reporting procedure and paperwork that needed to be completed. Follow up investigations were completed as and when necessary.
- Accident and incidents were monitored, and trends were established.

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 '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

- Staff were supported with learning, training and development opportunities. One member of staff told us, "Induction and training is provided."
- Staff told us they received day to day support from the management team as well as receiving regular supervision and annual appraisals.
- All new members of staff were supported with an 'induction' which was in line with 'The Care Certificate'. This is an identified set of standards that health and social care workers are expected to complete.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; and staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support

- Personal care was delivered in line with best practice and guidance.
- People's support needs were appropriately assessed before a package of care was agreed. This ensured that the provider had all the relevant information about the level of support people needed and how risks needed to be effectively managed.
- People's overall health and well-being was routinely monitored; people received care in a timely and effective manner. One relative told us, "[Relative] is involved with other professionals when needed. The managers are very good at noticing [relatives] needs."
- The provider worked effectively with other healthcare professionals as a way of providing holistic level of care. For instance, people received care and support from their local GP's, district nurses and psychiatrists.

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

- People received the necessary nutrition and hydration support they needed.
- People were supported to eat a healthy, balanced diet; care records contained information about people's likes, dislikes and dietary preferences. One care record stated, 'Please prepare all my meals and drinks; I will tell you what I want to eat and drink.'
- Care records also indicated what risks needed to be managed and the level of effective care staff needed to provide.

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.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- People were supported and encouraged to make decisions about the care and support they needed. One person told us, "They [staff] ask what I need, if I say 'no' they accept it."
- People's level of capacity was assessed; measures were in place to ensure people were not unlawfully restricted.
- Care records indicated that people were supported to make decisions and were involved in any reviews that took place around their package of care.

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 '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; respecting equality and diversity

- People received kind, compassionate, and friendly care. One person told us, "Very safe in their care, they're very attentive." One relative also said, "Best team we've had, managers got [relative] a birthday card for her birthday."
- People were well treated; staff were familiar with people's support needs and provided the care people needed. One relative told us, "They've [staff] got the human touch." One person also said, "They look after me well, they help and support me."
- Equality and diversity support needs were established and supported from the outset. People were treated fairly and were not discriminated against.
- People felt respected and told us they enjoyed Stables Lives staff visiting their homes. One relative said, "They bring a bit of light to the house; they're very reliable and professional."

Supporting people to express their views and be involved in making decisions about their care

- People were encouraged to share their thoughts, views and suggestions about the provision of care being provided. Systems were not always in place to consider or analyse feedback as a way of making positive changes.
- Care records indicated that people were involved in the care they received and were supported to make decisions that needed to be made.
- People were involved in a 'review of care needs' assessment; these reviews enabled people and their relatives to openly discuss the quality and safety of care they received, and if any improvements or amendments were needed. Care review feedback included, 'Lovely, wouldn't wish for more' and 'They [staff] are lovely, they're trustworthy'.

Respecting and promoting people's privacy, dignity and independence

- People received dignified care which also helped to promote and maintain people's privacy and independence.
- People were asked their views in relation to their expectations of the care they received. One care record we checked stated, 'Things I expect (include) respect, kindness, patience and understanding'.
- People were encouraged to do as much for themselves as possible. Care records contained information such as, 'I will shower myself as best I can, can you [staff] assist with my back, legs and feet'.
- Confidential and sensitive information was safely stored and protected in line with General Data Protection Regulations.

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 'good.' At this inspection this key question has now deteriorated to 'requires improvement'. This meant people's needs were not always met.

Improving care quality in response to complaints or concerns

- The registered provider had an up to date complaints policy in place. However, it was not always clear how complaints or concerns were responded to.
- Complaints were kept in a 'complaints' folder but there was no evidence of a response, if the complaint was investigated or if any actions/lessons learnt were identified. The registered manager was able to tell us how the complaint was managed but documentation didn't support this.
- People and relatives told us they knew how to make a complaint and who they needed to speak to if they had any concerns.

End of life care and support

- At the time of the inspection, nobody was receiving 'End of Life' care. The registered manager was aware that she needed to source 'End of Life' training and provide the appropriate paperwork to support advanced wishes of people receiving end of life support.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received person-centred care that was tailored around their individual support needs.
- Care records contained a person-centred information which enabled staff to familiarise themselves with the care and support people needed and preferred. For instance, one care record stated, 'Prepare drink of my choice and leave some biscuits on my plate'.
- Care records contained people's individual 'wishes and choices', background information and abilities and support needs.
- Staff were able to develop good relationships with the people they supported and knew how people preferred their support to be provided. Three people we spoke with confirmed that the staff 'knew them well'; one person said, "They [staff] do everything I need them to do."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Care records contained information about the different social and cultural activities that people enjoyed as well as information about 'important relationships' that they wished to maintain.
- Stable Lives staff familiarised themselves with people's hobbies and enjoyments. Care records contained information such as, 'I enjoy going the theatre, cinema and coffee shops' and 'I like doing arts and craft'.
- Stable Lives not only developed positive relationships with people they supported but also relatives who were actively involved in people's care. This helped maintain positive relationships. One relative told us, "The team [staff] are in contact with me all the time, there's good communication."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication support needs were assessed from the outset.
- Care records contained information about communication support that people needed and how staff needed to provide this support. For instance, one care record stated, 'I can hear clearly and can express my wishes'.
- Alternative methods of accessible information could be provided on request as and when needed.

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 'good'. At this inspection this key question has deteriorated to 'requires improvement'. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; continuous learning and improving care

- A variety of quality assurance measures were in place however, these were not always effective. Quality assurance procedures did not always ensure that the quality and safety of care was continuously monitored, reviewed or improved upon.
- Routine audits and checks were completed but further improvements were required. For instance, medication audits were completed but several administrative errors were identified during the inspection and recruitment procedures needed to be strengthened.
- Systems and processes to assess and improve the provision of care were not always effective. For instance, complaints were not appropriately managed; 'lessons learnt' or improvements made could not be evidenced.
- Feedback forms to assess people's views and thoughts were not appropriately reviewed and/or responded to. The registered manager agreed that although feedback was considered there was no evidence to support how improvements or developments had been made.

Systems and processes to monitor, assess and improve the provision of care people received were not effectively used. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager was aware of their regulatory requirements and responsibilities; they were responsive to feedback and agreed that improvements were required.
- Accidents and incidents were appropriately reported and recorded. Measures were in place to assess and review trends and identify if further support measures could be implemented.

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

- Team meetings were not taking place as regularly as they should have been. However, this was an area that the registered manager was committed to developing; meetings had started to take place and future dates had been scheduled.
- Referral and assessment processes identified if people required any additional equality and diversity support.
- People were involved in 'care reviews' and were able to discuss the care and support they received from

Stable Lives staff.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People told us they received person-centred care that was tailored around them and their needs. One relative told us. "They're [staff] responsive to [relatives] needs, I've got peace of mind."
- People were included in the delivery of care they needed; they were supported to remain as independent as possible and encouraged to maintain the lifestyle they wanted.
- Stable Lives was making a positive difference to people's lives. One relative told us, "The company is quite exceptional really; they [staff] are committed to their jobs."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of and complied with their duty of candour responsibilities.
- The registered manager ensured that open and honest relationships were maintained, and full investigations were carried out accordingly.

Working in partnership with others

- The registered manager worked closely with the local authority and other external healthcare professionals. For instance, people received support from local GPs and social workers.
- The registered manager had a responsibility to provide the local authority with monthly 'provider performance indicators'; this enabled them both to identify areas of strength but also areas of development that needed addressing.

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 | Regulation 17 HSCA RA Regulations 2014 Good governance Quality assurance systems and processes that were in place were not always effectively assessing, monitoring or improving the provision of care people received. |