

Sterling Care (Liverpool) Ltd

# Sterling Care

## Inspection report

497 Rice Lane  
Liverpool  
L9 8AP

Tel: 01512688132  
Website: [www.sterlingcare.co.uk](http://www.sterlingcare.co.uk)

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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?	Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Sterling Care is a domiciliary care agency providing personal care to people in their own homes. It provides support services to people with a range of needs such as physical disability, dementia and mental health needs. Not everyone who used the service received personal care. 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 54 people were being supported with personal care.

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

Safe recruitment processes were not always followed appropriately. This meant some staff had not had their references verified before starting at the service and full employment histories had not always been recorded. We made a recommendation about this.

Protocols for as and when needed medicine (PRN), were not always available. PRN protocols we did see did not contain enough information about when people required that medicine. However, staff we spoke with were able to detail when people would need this medicine. We found people had received their medication when they should.

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. However, we found these systems were not always followed appropriately in relation to best interest decisions. We made a recommendation about this.

People received person centred care and support based on their individual needs and preferences. Staff were aware of people's life history, and their communication needs. They used this information to develop positive and meaningful relationships with people. People were happy with the care and support they received.

Risks which compromised people's health and well-being were appropriately assessed, reviewed when needed and contained detailed information. People told us they felt safe with the service.

Staff were caring and always promoted people's dignity and independence. Staff were trained to support people safely and effectively.

There was a clear complaints policy for the service. Complaints we saw had been responded to appropriately. People told us they felt comfortable discussing any concerns with the service and felt confident concerns would be addressed.

There were systems in place to monitor the quality of the service and drive improvements. The service

regularly sought feedback from people regarding their care and used this feedback to improve quality.

Everyone we spoke with was complimentary about the service and felt there was an open culture. People told us they would recommend the service to others.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

This service was registered with us on 28/06/2018 and this is the first inspection.

Why we inspected

This was a planned inspection based on our inspection programme.

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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

# Sterling Care

## **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 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 7 June 2019 and ended on 11 June 2019. We visited the office location on 7 and 11 June 2019. We visited the homes of people who used the service on 10 June 2019. We also contacted relatives of people who used the service by telephone.

#### What we did before the inspection

We reviewed information we had received about the service since registration and we sought feedback from professionals who work with the service. We used all of this information to plan our inspection.

The provider did not complete the required Provider Information Return. This is information providers are required to send us with key information about the service, what it does well and improvements they plan to

make. We took this into account in making our judgements in this report.

During the inspection

We spoke with four people who used the service and four relatives about their experience of the care provided. We spoke with eight members of staff including the registered manager, care manager, coordinator and care workers.

We reviewed a range of records. This included four people's care records and medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# Is the service safe?

## Our findings

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

At this inspection this key question was rated good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

- Recruitment processes were in place but not always followed appropriately. We found full employment history for staff was not always recorded, and references were not always received from the most appropriate person or verified by the service.

We recommend the service seek advice and guidance from a reputable source regarding safe recruitment procedures in line with Schedule 3 of the Health and Social Care Act 2008.

- There were enough staff to support people safely, in line with their assessed needs.
- People, their relatives and staff had access to an out of hours on call system. This ensured people's safety outside of office hours.
- People told us they usually had the same care staff visit. One person said, "I feel safe because I know who is coming to support me."

### Using medicines safely

- PRN (as and when needed) protocols were in place for some PRN medicines. However, these were not available for all medicines, and when they were available they did not contain enough information regarding when the person required the medicine. However, staff we spoke with were able to detail when someone would need their PRN medicine.
- Medicines management systems were organised, and people were receiving their medicines when they should.
- Staff were trained in the administration of medicines and could describe how to do this safely. Their competency to do so was checked regularly by the provider.

### Systems and processes to safeguard people from the risk of abuse

- Staff had received safeguarding training and were knowledgeable about safeguarding procedures.
- People and their relatives said they felt safe with the service. One person said, "I feel very safe. The staff are very patient with me. I only have to tell them something once and they remember."
- Safeguarding referrals had been made appropriately and actions put in place to help ensure the safety of people.
- A whistleblowing policy was in place and staff were aware of the procedures to follow with regards to this.

### Assessing risk, safety monitoring and management

- People's care plans contained a range of assessments identifying potential risks. Records showed that

measures were in place to mitigate those risks.

- There was a system for the recording of accidents and incidents. The manager reviewed these to see if there were any patterns or behaviours that required input from specialists such as health care professionals.

#### Preventing and controlling infection

- Staff completed training in infection control.
- Staff confirmed they had access to aprons and gloves when supporting people with personal care or when preparing food. Information about infection prevention was included in people's care plans.

#### Learning lessons when things go wrong

- There were appropriate forms and processes in place for recording and investigating accidents and incidents. There were systems in place to learn when things went wrong.
- Staff members were aware of the processes to follow when an accident or incident occurred.



# 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 this inspection this key question has been rated as good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty. We checked whether the service was working within the principles of the MCA.

- Records showed people's capacity was assessed and where they were able to, people signed to consent to the care they received.
- We found the service had not always followed appropriate processes in relation to best interest decisions.
- Staff had received training in the MCA, but there was a lack of understanding from the service regarding their role and requirements in relation to this.

We recommend the service seek advice and guidance from a reputable source in relation to the Mental Capacity Act 2005.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care plans described the support required and reflected their personal choices and preferred routines. We saw care plans promoted people making choices.
- People and their relatives told us they were involved in developing and reviewing care plans.
- Staff said care plans were clear and updated immediately if people's needs changed.
- People's protected characteristics under the Equalities Act 2010 were identified as part of their need's assessment.

Staff support: induction, training, skills and experience

- Staff had received appropriate training to ensure they were able to carry out their roles safely and effectively.
- New staff received a comprehensive induction which included training, one to one meetings and shadowing experienced staff.

- Staff had regular supervisions in which they could discuss a range of subjects.
- People and relatives were confident in the abilities of staff. One person said, "The staff are great. They know exactly what I need." A relative told us "Staff are well trained. They know exactly what they are doing."

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

- People's eating and drinking needs were recorded in care plans. People's preferences were clearly recorded.
- People's daily records evidenced the support they received.
- People who needed help with food said food preparation was good.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service worked with other agencies and professionals to ensure people received effective care.
- Where people required assistance from other professionals this was supported, and staff followed guidance provided. A relative told us of an occasion when staff noticed a health concern with their family member. They told us the staff had contacted the GP immediately and followed up to ensure treatment was timely. This person said, "They're really good at picking up things that may be wrong; I feel [my relative] is in safe hands."
- Information was shared with other agencies if people needed to access other services such as GPs, health services and social services.

# 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 this inspection this key question has been rated good. 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 told us staff treated them well and they felt supported. Comments included, "Staff are nice. They treat me well," and "They [the staff] treat me very well. They talk to me and do all the things I need."
- Relatives told us they trusted the staff and felt they always supported people in a caring way. One relative said "I'm very happy. The family are happy. They treat [the person] really nicely. They are caring and lovely. I can relax knowing [the person] is in safe hands."
- Staff showed concern for people and were keen to ensure people's rights were upheld and that they were not discriminated against in any way.

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

- People and their relatives were involved in care decisions daily and through reviews and surveys about their experiences.
- The views and preferences of people using the service were clearly expressed in their care plans.
- People using the service were visited by management for care reviews or quality assurance checks. We saw only positive comments from people regarding the care they received on satisfaction surveys we looked at during the inspection.

Respecting and promoting people's privacy, dignity and independence

- People's confidentiality was respected. Care plans and other records containing personal information were completed on a mobile phone. The service uses an electronic system which can only be accessed in the homes of people and by people with a password.
- People told us they felt staff protected their dignity and privacy. Staff clearly described how they protected people's dignity and privacy.
- People were supported by staff to undertake tasks and activities aimed at encouraging and promoting their independence. Support plans included what people could do for themselves and where they needed support.

# Is the service responsive?

## Our findings

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

At this inspection this key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- People using Sterling Care had an individualised plan of their care based on an assessment of their needs. Plans were reviewed regularly. People and their relatives were involved in these plans and in reviewing them.
- People's likes, dislikes and what was important to the person were recorded in person centred care plans.
- The service used an electronic care planning system. Staff had mobile phones which they used to access people's records in their home. Staff told us information was updated immediately and meant people's information was always the most up to date available. People and their relatives could also log into the system to access care plans, care notes and personal tasks completed during calls.
- People told us their needs were met by the service. They said the calls were always on time and were planned to ensure all needs could be met. One person told us "I'm very happy with my calls. I get what I need. The staff are always on time."

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 needs were detailed in their care plans.
- The registered manager told us the service would be able to provide information in different formats if needed. Information could be printed off in larger font for example. However, the service relied on people asking for this information. We discussed with the registered manager having other formats available for people based on their needs identified in care plans.

Improving care quality in response to complaints or concerns

- The service had a complaints policy. This was clearly detailed in the information pack given to people.
- People and their relatives told us they knew how to make a complaint.
- Complaints had been responded to appropriately.

End of life care and support

- The service was not supporting anyone on end of life care at the time of the inspection.
- Care files we looked at showed discussions took place with people regarding their preferences and wishes for their end of life care.

# 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 this inspection this key question has been rated requires improvement. This meant the service management and leadership was inconsistent.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider did not complete the PIR. This is a document required by CQC.
- Safe recruitment processes were not always followed or recorded appropriately.
- The registered manager had submitted notifications in line with legal requirements.
- Policies and procedures were in place, including disciplinary processes. This helped to ensure staff were aware of the expectations of their role and were held accountable for their actions.

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

- The service was caring and focused on ensuring people received person-centred care. It was evident staff knew people well and put these values into practice.
- People and their relatives told us they felt able to raise concerns with the service. They said the managers responded quickly to any issues.
- People, relatives and staff told us they felt a part of the service and outcomes were met. One relative told us "I get to be part of the care. [The person] has come on leaps and bounds with this service, the fits have reduced, and we are both less stressed."

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 service had a duty of candour policy.
- The service investigated all incidents and accidents, and ensured all learning was put into practice. There had been no incidents that fell under duty of candour since the service registered with CQC, however the registered manager was able to tell us the process that would be followed in such circumstances.

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

- Systems were in place to gather feedback from people, and the management team responded to comments and suggestions made.
- There were regular staff meetings and staff told us they felt supported in their roles, and management listened to their ideas.

Continuous learning and improving care

- Audit systems were in place to check the quality and safety of the service.
- The registered manager was part of various manager and care networks. These networks enable best practice from the care field to be shared across services.
- The management team completed 'spot observational checks'. This was to ensure quality standards were being met and people were happy with the level of care they received. Any issues identified at these checks were discussed with staff in supervision or team meetings.

#### Working in partnership with others

- The registered manager had worked in partnership with other professionals including local commissioners, GP's, social workers and speech and language therapists.