

Silver Service Carers Ltd

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Inspection report

Sandy Lodge
Bathley Lane, North Muskham
Newark
Nottinghamshire
NG23 6HR

Tel: 07906115755

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

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: Silver Service Carers Ltd is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It currently provides a service to older adults. At the time of the inspection, 10 people were receiving support with personal care.

People's experience of using this service:

- The provider met the characteristics of 'Good' in three areas, however in two they did not. Those two areas have been rated as 'Requires Improvement'. We identified one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. More information about this is in the full report.
- People received safe care from staff. We did note that the risks to people's safety had not always been fully assessed when forming care plans. However, people told us they felt safe when staff supported them.
- The provider's quality assurance processes were not fully effective in identifying potential risks to people's safety.
- Some staff training was not up to date, with some staff requiring refresher training in key areas such as; infection control and safeguarding of adults. The frequency of staff supervision was not sufficient to ensure their practice was monitored effectively.
- People were protected by staff who understood how to protect them from avoidable harm. Staff arrived for their calls on time and always completed all required tasks. People's medicines were well managed and staff understood how to reduce the risk of the spread of infection. The provider had made efforts to support staff when mistakes were made.
- People were provided with care and support which protected them from discrimination. People received the support they needed with their meals and they had access to other health and social care agencies where needed. People were supported to make decisions about their care, the provider ensured these were made in accordance with appropriate legislation.
- People found staff to be kind, caring and they were treated with respect and dignity. People felt involved with decisions and that staff respected their wishes. People's records were stored securely to protect their privacy.
- People received person centred care and support that considered their personal choices and preferences. People had access to information in a format they could understand. Complaints were handled appropriately and in line with the provider's complaints policy. People did not currently receive end of life care.
- Staff enjoyed working at the service and felt respected and valued. People could give their views about how the service could develop and improve. People and relatives told us they would recommend this service to others.

Rating at last inspection:

At the last inspection the service was rated as Good. (7 January 2016).

Why we inspected:

This was a planned inspection.

Follow up:

We will continue to monitor this service and will return within the next 12 months to ensure they have improved in the key areas identified.

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 not always effective
Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring
Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive
Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led
Details are in our Well-Led findings below

Requires Improvement ●

Silver Service Carers Ltd

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide 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. It provides a service to older adults.

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 visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity started and ended 23 January 2019. We visited the office location to see the manager and office staff; and to review care records and policies and procedures.

What we did:

We reviewed information we had received about the service since the last inspection. This included checking incidents the provider must notify us about, such as serious injuries and abuse. We sought feedback from the local authority, Healthwatch and professionals who work with the service. We assessed the information we require providers to send us at least once annually which gives us key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection, we spoke with three people who used the service and two relatives. We spoke with the senior care staff member, two members of the care staff and the registered manager.

We reviewed a range of records. This included four people's support records and three staff files. We also viewed training and supervision records and records relating to the safety and management of the service.

After inspection, we asked the registered manager to provide us with an updated training matrix, as this was not available during the inspection. We also asked for a variety of policies and procedures. All information was sent within the required timeframe. We used all this information to help form our judgements detailed within this report.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management

- The risks to people's health and safety were not always fully assessed and used to reduce to the risk to people's safety.
- The people we spoke with did not raise any concerns with us about their safety. We saw care records contained assessments in some areas of care such as the safety of the home environment. However, we did note that where people required support with their medicines or mobility, risk assessments either lacked detail or were not in place. More detailed risk assessments were needed to ensure people continued to receive care that did not place their safety at risk.
- We were informed by the registered manager and their senior care staff member that due to increased concerns about a person's mobility, they had increased the number of staff assigned to support them. This showed a responsive approach to people's on-going safety.
- Home environment risk assessments did not include guidance for staff on how to make people safe during an emergency at home or how to evacuate them if needed. The registered manager told us they would amend these assessments to include reference to this procedure.
- Risk assessments had been amended to reflect where there were concerns about the electrical wiring in people's homes. For one person, the registered manager had worked with a person to arrange rewiring of their home. This was to protect them and the staff who supported them.
- There was no protocol in place for staff to follow should a person not be home when they were due their call. The registered manager told us staff called them to say if a person was not in, but agreed that a protocol should be in place to ensure all staff understood what action to take. After the inspection the registered manager forwarded us a policy they had now put in place reduce this risk.

Using medicines safely

- People received the support they needed with their medicines. One person said, "They help prepare my medicines for me and then make sure I take them."
- We noted some care records lacked detailed guidance for staff to advise them how to support each person with their medicines. Risk assessments were also not always in place. Some people required different levels of support, such as prompting or supervising them to take their medicines. Care records were not sufficiently detailed to explain to staff what type of prompting or supervising people required. Although people told us they were happy with the way they were supported with their medicines, more robust records were needed to ensure they continued to do so safely and in line with people's personal preferences.
- Medicine administration records were used to record when a person had taken or refused to take their medicines. The records we looked at were appropriately completed showing people received their medicines when they needed them.
- Staff who administered medicines had been trained to do so; however, some staff required refresher

training to ensure their practice still met recognised best practice guidelines.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risks of avoidable harm. People told us they felt safe when staff supported them in their home. One person said, "I have no issues, I feel safe, I like it when staff are in my home."
- People had been provided with the information they needed if they wished to contact someone in an emergency. An 'out of office hours' phone line was provided if people needed to speak with someone urgently.
- Staff understood how to identify the signs of abuse and could explain the process for reporting any concerns. All staff spoken with told us they felt able to report concerns to the registered manager and those concerns would be acted on.
- A safeguarding policy was in place. The provider had the systems in place to ensure the relevant authorities such as the CQC or the local authority 'safeguarding team,' were notified of any allegations of abuse or neglect.

Staffing and recruitment

- People received support from a consistent team of staff. One person said, "They know me well and I get the same staff, which is nice to have a familiar face."
- The staff arrived on time for their calls and completed all required tasks. A person told us staff always did "little extras" whenever they asked them to. This meant people were satisfied with the actions of the staff.
- Staff had enough time to get to each call and to complete the required tasks. They also confirmed that their rotas were planned and they saw the same people regularly which helped them to understand people's care and support needs.
- Robust recruitment procedures were in place to protect people from unsuitable staff. Checks were carried out on new staff member's identity, their work history and whether they had a criminal record that would prohibit them from working with vulnerable people. These checks enabled the provider to assure themselves that the person was of suitable character to work with vulnerable people

Preventing and controlling infection

- People did not raise any concerns in way staff supported them in their homes. A home environment risk assessment was completed for all people. These recorded whether there were any issues that could affect the control of the spread of infection in people's homes.

Learning lessons when things go wrong

- The provider had processes in place to investigate and act on any accidents or incidents that could influence people's health and wellbeing. Where there were lessons to be learned from any incidents these were discussed with staff. This helped to improve staff performance and to raise awareness to reduce the risk of recurrence.
- The registered manager recorded each incident that occurred. Records showed that although the number of accidents and incidents was low, the registered manager did not complete any formal analysis to help identify any themes or trends. They told us they would address this and would begin to complete this analysis each month. This would further protect people from avoidable harm.

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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent

Staff support: induction, training, skills and experience.

- There was an inconsistent approach to the recording of when staff had completed training and ensuring that staff training was up to date. The provider did not have a policy on how frequently staff should renew their training to ensure their skills and knowledge met current best practice guidelines. During the inspection we noted the provider's training matrix showed staff had not received refresher training in key areas of care for up to five years.
- We were informed by the registered manager after the inspection that further training had now been completed and an updated training matrix was sent to us. Whilst this updated matrix showed some gaps in training had been filled, we still identified some staff who may require refresher training. This included; safeguarding of adults, infection control and medicines. Immediate action had been taken to ensure staff received refresher training in moving and handling. The registered manager acknowledged more needed to be done to improve the systems used to monitor staff training and to ensure all training was up to date and completed in good time. This would then reduce the risk of people experiencing poor quality or inconsistent care or support.
- Staff received a six-monthly spot check of their performance to assist the registered manager with identifying any areas for development or improvement. Due to the gaps in staff training, we did not feel this frequency was sufficient to identify any drops in standards or poor practice.
- People told us they found the staff to be knowledgeable and they understood how to support them. Staff told us they felt supported by the registered manager to carry out their role effectively.

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

- People received the support they needed from staff with their meals. One person said, "They help with meals and prepare them for me."
- People's care plans contained references to people's preferred food and drink choices and the support they needed with their meals. This included, preparing meals or support with eating them. This meant staff would be aware how to support people to eat and drink enough.
- We did note that when people had been described as diabetic, there was no reference in people's care records to the action staff should take if they became ill because of their diabetes. The registered manager told us they had provided staff with an information guide about diabetes and how to support people if they became ill. However, this was not reflected in individualised care plans, taking into account people's personal choices and preferences.

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

- People received support from staff that reflected their needs and personal choices. A relative we spoke

with agreed. They said, "Staff have acted quickly with a condition that my [family member] had. They provide care in line with what was agreed."

- People received their care in line with the protected characteristics of the Equality Act 2010 which protected them from discrimination. People's needs had been assessed to ensure that staff could provide the appropriate care in line with current best practice guidelines and legislation. However, we did note that some people had health conditions that had been referred to in their initial assessment but this was not always reflected in people's more detailed care plans. For example, one person had previously had a stroke and another person had Parkinson's disease yet these were rarely referred to in people's care records.
- The registered manager told us these care plans would be reviewed to reflect the need for further detailed guidance. This will help to ensure people continued to receive effective care and support.

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.
- We checked whether the service was working within the principles of the MCA and found they were. People could make decisions for themselves. Records showed they had signed their care plans to say they agreed with the care that was to be provided. People's care was regularly reviewed and discussed with them to gain their continued consent.
- People and relatives told us they were involved with decisions and the registered manager and staff had a good awareness of their responsibilities to adhere to and apply the principles of the MCA. This meant people rights were protected.

Staff working with other agencies to provide consistent, effective, timely care

- Staff understood how to identify when people needed intervention from a health or social care team. Records showed people received support from other agencies and then staff continued to support people in line with the recommendations and guidance provided.

Supporting people to live healthier lives, access healthcare services and support

- People's daily health and wellbeing was recorded in their running records and there was evidence of appropriate referrals to health and social care services when needed. Any areas of concern were reported immediately by staff to the registered manager or senior care staff. People were supported to access other health care services such as their GPs when needed.

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.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People and relatives liked the staff who supported them or their family member. One person said, "They are really kind and helpful, they are really nice to me." Another person said, "They are all so nice and kind. We have a good chat when they come, I look forward to it." A relative said, "I wouldn't swap them for the world."
- People's diverse needs were discussed with them when they first started to use this service. This included whether they had any specific cultural or religious needs. The registered manager told us that no-one had any specific wishes at the time of the inspection. They said they would continue to discuss this with people in case they raised an issue which they wanted support.

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

- People and relatives felt involved with decisions about their or their family member's care. They told us they were involved with setting up and agreeing the care plan and then were involved with reviews to ensure that the care was still what they wanted. Records showed the registered manager carried out many of these reviews and people welcomed the personal approach.
- Information about how people could access an independent advocate was not currently provided. Advocates offer guidance and support for people who are unable to make decisions for themselves and may not have an appropriate family member or friend to speak on their behalf. The registered manager told us they were confident that people did not currently require an advocate, but would make the information available for them so they could make an informed choice.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect by staff. One person said, "They are always gentle with me when helping me have a wash."
- Staff could explain how they ensured people were treated with respect and dignity. This included ensuring people were covered during personal care. People's personal preferences about whether they wanted a male or female member of staff were respected. People's care records included guidance for staff to ensure when personal care was provided, people's independence was promoted by ensuring they were supported to do as much for themselves as possible.
- People's care records were treated appropriately to ensure confidentiality both within people's homes and within the service's office. The registered manager told us they had the processes in place that ensured all records were managed in line with the Data Protection Act and The General Data Protection Regulation. This is a legal framework that sets guidelines for the collection and processing of personal information of individuals within the European Union

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received their support from staff in the way they wanted, considering their likes, dislikes and personal preferences and interests. One person said, "They know the little things that matter to me." Another person said, "They talk to me and listen and do what I ask, nothing seems too much trouble."
- Prior to people using the service, an assessment was carried out to ensure their needs could be met by staff. The information gathered from these assessments was then transferred to individualised, person centred care plans. We noted these care plans included detailed person-centred information such as; the time people wanted their calls and the support they wanted with their meals and personal care. This meant people received their care and support in accordance with their personal preferences.
- The registered manager understood the Accessible Information Standard (AIS). The AIS is a law that requires that provisions be made for people with a learning disability or sensory impairment to have access to the same information about their care as others, but in a way that they can understand. Adherence to this standard is important to ensure that people are empowered, treated fairly and without discrimination.
- People were supported to follow the activities and hobbies that were important to them. Some people were supported to access local amenities. Others were encouraged to attend the provider's day centre. There, people could meet others from the local community to help form friendships and to reduce the risk of social isolation. The registered manager told us the day centre had proved a success in helping to support people with re-engaging with their local community.

Improving care quality in response to complaints or concerns

- People had not needed to make a formal complaint but if they had to, they felt the registered manager would deal with it appropriately. One person said, "I've never had any issues but I know they would deal with any complaints I had."
- The provider had the processes in place to act on any complaints that had been received. We reviewed the complaints register and found they had been dealt with in line with the provider's complaints policy.

End of life care and support

- End of life care and support was not currently provided.

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.

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met

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

- At our previous inspection in 2016 we rated this service as Good overall. However, we did have concerns that formal quality assurance processes were not in place to assist the registered manager to identify risk and to ensure regulatory requirements were met. We therefore rated the 'Well-Led' section of that report as 'Requires Improvement'.

- During this inspection, we were not assured that the registered manager had addressed our concerns. This has led to the issues highlighted within this report. The assessment of the risks to people's safety was limited and staff training was not sufficiently monitored. Some care plans lacked detailed guidance to support people with the risks to their health and safety. The registered manager could not assure us that they had the systems in place to address these issues and therefore this posed a risk to people's health and safety.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- It is a legal requirement that a provider's latest CQC inspection report is displayed at the service where a rating has been given. This is so that people and those seeking information about the service can be informed of our judgments. We noted the rating from the previous inspection was displayed at the provider's office address.

- The staff felt comfortable raising any issues of concern and were familiar with the service's whistleblowing procedure. Whistle blowing is a term used to describe the reporting of concerns about the care being provided by a person who works at the service. The staff felt confident to raise concerns and were confident these would be dealt with.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The registered manager had a clear focus to provide all people with personalised care and support. They told us the decision had been made to only provide care and support to a small number of people so they could provide the 'personal touch'. The registered manager also carried out care visits. This enabled them to meet with people, speak with staff and to act on any issues or concerns. People and relatives welcomed this approach. They told us the registered manager was readily available either on the phone or to meet with in person. It was clear that the registered manager cared for the people they and their staff supported and wanted to provide people with the best possible care.

- The registered manager understood the requirement of their registration with the CQC. They could

explain what incidents needed to be referred to the CQC and why. This meant the registered manager operated in an open and transparent manner.

- The registered manager was aware of the responsibilities to apologise to people and/or their relatives when mistakes were made. People told us they found the approach of the registered manager warm and welcoming and were pleased with the quality of the care provided.
- A 'responsive actions system' was in place. The registered manager told us that this encouraged care staff to record concerns about the safety and wellbeing of the people they supported. This system enabled the registered manager to monitor and evaluate people's care and to address any concerns.

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

- People, relatives and staff were given the opportunity to give their feedback about how the service could develop and improve. A survey had been sent to people and relatives in January 2017. They were asked whether staff provided safe care, met the person's needs, staff were caring, responded to their wishes, whether the service was well managed and would they recommend the service others. Twenty-two out of a possible 27 responses were received and the results were positive in all areas. The registered manager told us they were about to send out another survey to enable to them gain more recent formal feedback.
- Records showed people and relatives were regularly involved with reviews of the care provided. The registered manager acted on any changes requested. For example, a relative told us they had requested the times for their family member's calls to be amended and they were. This showed the registered manager was responsive to people's changing needs.
- Staff told us that they felt the registered manager was approachable, and they felt supported. They told us they felt valued and their opinions mattered. One member of staff said, "I am really happy working here and have no concerns."

Continuous learning and improving care

- The registered manager made efforts to learn from mistakes and to keep staff informed of any changes that could affect people's care. Staff attended meetings with the registered manager where open and honest discussions were held about the care provided.

Working in partnership with others

- This is a small service that provides care for a small number of people. Opportunities to work alongside other agencies was limited. However, when health or social care professionals have made recommendations to people's care, these have been recorded within people's care records.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2014 Good Governance</p> <p>The registered person had not always assessed, monitored and improved the quality and safety of the care and treatment provided. They had not always assessed, monitored and mitigated the risks to people's safety. Records were not always accurate, complete and contemporaneous in respect of each service user.</p> <p>Regulation 17 2 (a) (b) (c)</p>