Assist Domiciliary Care Limited

Choose Your Care

Inspection report

Silverdale Care Home
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Newcastle under Lyme
Staffordshire
ST5 6PQ

Tel: 01782618357

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26 March 2018

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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

At our last inspection on 26 April 2017, the service was rated requires improvement overall but with one key question, well-led, rated as inadequate. This meant the service remained in Special Measures. We undertook this inspection to check that improvements had been made.

During this inspection the service demonstrated to us that some improvements have been made and it is no longer rated as inadequate in well-led. Therefore, this service is now out of Special Measures. We will keep the service under review to ensure improvements continue.

This service is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a service to older adults, people with a physical disability and people with dementia. At the time of our inspection the service was supporting approximately 54 people receiving support.

There was a Registered Manager in post at the time of our inspection. 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.

The principles of the Mental Capacity Act (2005) were not always being followed, but some improvements had been made since the last inspection.

Quality monitoring systems were not always effective in identifying omissions but new systems were being introduced.

Overall people felt there were enough staff to meet their needs and staff felt their rotas were manageable. Staff were recruited safely and appropriate checks were carried out.

People told us they felt safe. Risk assessments and plans were in place to guide staff and staff knew people's needs.

People were appropriately supported with their medicines.

Infection control measures were in place and people told us staff used appropriate personal protective equipment.

Actions had been put in place when things had gone wrong to try to reduce the likelihood of a similar incident occurring.

People were asked for their consent prior to being supported by staff.

People and relatives felt staff were well-trained and staff felt supported to carry out their role effectively.

Assessments took place to ensure the service could support people and plans of care were developed.

People were supported to eat and drink sufficient amounts.

People had access to other health professionals when necessary.

People all told us they were treated with dignity and respect whilst being supported to maintain their independence. People could make decisions about their own care.

Staff knew people well and care plans had personal details so staff could get to know how people liked to be supported.

People knew how to complain and felt able to. Complaints had been responded to where necessary.

The service had considered what support people might need near the end of their life.

People were asked for their opinion about their care and found the registered manager and staff approachable. Staff felt supported by the registered manager.

Notifications were submitted where necessary.

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.

There were enough staff to meet people's needs and staff felt their rotas were manageable.

People told us they received their medicines.

Risks were assessed and planned for and staff knew people's needs.

People told us they felt safe.

Suitably recruited staff understood their safeguarding responsibilities.

Lessons had been learned when things had gone wrong.

Is the service effective?

Requires Improvement

The principles of the Mental Capacity Act 2005 (MCA) were not always followed.

People felt staff were well-trained and staff confirmed they were supported.

Assessments were made to ensure the service would be able to effectively support people.

People were supported with their nutritional intake when necessary.

People had access to health care services.

Is the service caring?

Good

The service was caring.

People told us they were treated with dignity and respect.

People told us they were encouraged to be independent, where possible.

People and relatives told us they felt involved in decisions in their care.

Is the service responsive?

Good

The service was responsive.

Staff knew people well and people had detailed care plans and these were reviewed.

People knew how to complain and felt able to.

The service had considered end of life support needs.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Quality monitoring systems were not always effective in identifying omissions however new systems were being introduced.

People were asked for their opinion about their care.

People, relatives and staff all felt the registered manager was approachable.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.

The office inspection and staff interviews took place on 26 March 2018, with follow up phone calls to people and relatives on the same day. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in. The inspection was carried out by one inspector. An Expert by Experience made phone calls to people. An Expert by Experience is someone who has experience of using or caring for someone who uses services.

We looked at information we held about the service including statutory notifications submitted. Statutory notifications include information about important events which the provider is required to send us by law. We also asked commissioners if they had any information they wanted to share with us about the service.

We spoke with eight people who used the service, two relatives, five members of staff that supported people, the registered manager and the nominated individual. We reviewed the care plans and other care records (such as medicine records) for four people who used the service. We also looked at management records such as quality audits. We looked at recruitment files and training records for four members of staff.

Good

Is the service safe?

Our findings

The provider had taken action to improve the timing and consistency of people's care calls and people could be assured that there were sufficient numbers of staff to provide their care and support. There was mixed feedback about punctuality, but overall people told us staff were on time and there were enough staff to meet people's needs. One person said, "Yes, they always arrive on time" and another person said, "They are generally on time; within a few minutes either way." A relative said, "The staff are generally on time, unless something has cropped up at a previous call. They never let us down though." Staff we spoke with told us they felt the rotas were now working better. One staff member said, "We're getting the runs stabilised. Calls are not planned to be late but there'll always be odd occasions [when calls are late]. We get travel time." Other staff said, "There's more than enough time for our run, we have a gap at the moment" and another commented, "The rotas are fine, they've improved recently, we don't have any call cramming." We checked some of the rotas and could see that no calls were rostered for the same staff at the same time. This meant there were enough staff to cover calls and staff felt their rotas were achievable.

At the last inspection we found that people were not always protected against the risks of potential abuse. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider was no longer in breach of this regulation.

People told us they felt safe. One person said, "I feel safe with the carers. I suppose because they do treat me well." Another person said, "Absolutely safe; they are all lovely people and it is a pleasure having them here." A relative told us, "Yes I am sure my relative is very safe with them. They look after them very well." People were protected from abuse by staff who understood their responsibilities to safeguard people. All staff we spoke with knew the different types of abuse, the signs which may indicate someone was being abused and what action to take if they suspected someone was being abused. We saw that appropriate referrals had also been made and a safeguarding policy was in place. This meant people were being protected from avoidable harm and people felt safe.

At the last inspection we found the provider was not always adequately assessing or managing the risks to people's safety and welfare and medicines were not always given correctly. At this inspection we found that improvements had been made. Staff were more aware of the support needs of people and there were matching plans to guide staff.

We saw risk assessments were being carried out and where possible risks were being planned for and managed. Some people needed support to monitor and maintain their skin integrity. We saw that if people had been assessed as being at risk of developing pressure sores then plans or instructions were included in their plans. For example, one person had cream applied to their pressure areas. When we spoke with staff, they told us what support the person needed and this matched the person's plan of care. Another person required an inflatable boot to protect their foot and used pillows for comfort, this was detailed in their plan of care. One person had diabetes and their plan of care was clear in the support that staff were and were not involved with. There was also information about the health condition available for staff. When we spoke with staff, they were able to tell us the support people needed and their health conditions. This meant

people were being protected as staff had clear guidance about the support the person needed and staff were aware of people's needs.

People told us they were supported to move around their home safely and there were plans in place for staff to follow. One person said, "Oh I feel very safe with the staff; my mobility is not very good and they always make sure I move a round safely." When we checked people moving and handling risk assessments we saw that these included details about the different equipment staff used to help someone mobilise safely. For example, one person was hoisted and their plan contained details such as which straps on the sling to use and the number of staff required. This meant there were plans in place for staff to follow in relation to moving and handling and people felt they were being supported appropriately.

People and relatives told us they were appropriately supported by staff with their medicines. One person said, "They give me my tablets and if I have taken them myself, they will ask me if I have taken them." Another person said, "I take my own but they always check to make sure I have had them." Other people we spoke with told us they managed their own medicines or were supported by relatives. Some medicine is applied or taken as and when required, sometimes called 'PRN medicine'. We saw protocols were in place to guide staff where to apply a topical medicines, how to apply it and if there are any side effects from the medicine, for example. Medication Administration Records (MARs) were used by staff to record when they had administered or not administered a person's medicines. One member of staff we spoke with said, "The MARs are fundamentally clear, but if you have issues then you can pop in [to the office] and do training." Medicines that were contained within a blister pack were generally well signed for. This meant people were supported to take medicines when required.

People and relatives we spoke with told us that staff always wore gloves and aprons when appropriate. We saw there was an appropriate Infection Control Policy in place and we saw that staff receiving training to ensure they followed infection control procedures.

The service followed safe recruitment practices. Staff files we viewed included application forms, records of interview and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (DBS) to make sure people were suitable to work with people who used the service. DBS checks are made against the police national computer to see if there are any convictions, cautions, warnings or reprimands listed for the applicant.

We saw that the service had learned when things had gone wrong. For example, we saw that if there had been a medicine error, action had been taken to try to reduce the likelihood of a similar incident occurring, such as re-training the staff involved. An action plan was in place and we saw many improvements had been made, such as the introduction of PRN protocols, ensuring staff wore appropriate personal protective equipment (PPE) when necessary and risk assessments had been updated for people who were at risk of developing pressure sores. We also saw that action had been taken following the previous inspection and many improvements had been made.

Requires Improvement

Is the service effective?

Our findings

At our last inspection, we found that people without the legal right to consent to people's care were signing consent and the principles of the Mental Capacity Act (MCA) 2005 were not always being followed. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found there was no longer a breach however further improvements were required.

The Mental Capacity Act (MCA) 2005 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. A person who has Lasting Power Of Attorney (LPOA) for health and welfare has the legal right to make decisions and sign agreement on behalf of someone who has lost their capacity to make their own decisions. We saw evidence that LPOA had been considered by the service and saw evidence of LPOAs for people who had these in place. However, we saw one example of a person's representative, who did not have an LPOA in place, were signing consent when they did not have the legal right to do so. There were also instances whereby people had been assessed as not having capacity but they had been asked to sign their documentation, such as consent forms or assessments on the same day. When we spoke to the registered manager about this, they explained one of the people usually does have capacity but they were ill on the day the capacity assessment had been carried out. Following our feedback the registered manager told us they would go and reassess the person's capacity now that they were no longer ill and we saw evidence that this had been completed. This meant the principles of the MCA were not consistently being followed however improvements had been made since the previous inspection and additional actions were taken following our feedback to ensure people were protected.

People told us they were asked for their consent prior to being supported. One person said, "Yes the staff always ask if it is ok before they do anything for me." Another person said, "Yes the staff chat to me all the time. I feel very comfortable with them all." At the last inspection we found that mental capacity assessments had been improved and that family were involved, where appropriate. At this inspection we found that mental capacity assessments had been enhanced further to contain more detail. This meant people were asked before being supported and the service had continued to improve and ensure people's capacity was recorded more accurately.

The service often had pre-admission assessments made by a Local Authority social worker to determine if they were able to meet the care and support needs of people before accepting responsibility to provide it. However, if no Local Authority information was available, or if the service felt they could support a person who was referred to them via the Local Authority, assessments were then made. These covered the level of support people required, people's preferences and potential risks. For example, as well as risks to people, such as moving and handling and skin integrity, they also considered the environment staff were working in. This meant the service had assessed the care required and developed a plan of care based on this.

People and relatives told us they felt staff were well-trained. One person said, "Yes they [the staff] are good.

Most of them just get on with it without me telling them what to do." Another person said, "There is not a bad one amongst them. They are all very good and look after me very well." Another comment was, "I am very happy with most of the carers. They do a fantastic job." One relative said, "The staff are all very well trained and professional. They know how to care for my relative without having to ask."

Staff all told us they received training, they were able to answer questions we asked them and we saw evidence that training had taken place, such as training certificates and a training matrix. We also saw that when staff were new they shadowed other staff and what they had partaken in was documented. Staff told us they had supervisions and that they felt supported. One member of staff said, "Yes we have supervisions but we can pop in whenever" and they went on to say, "I feel very supported." Another staff member told us, "I have a one to one when they're due but I can come in whatever. Support has improved." This meant people were being supported by suitably trained staff who felt supported to effectively care for people.

Some people we spoke with were supported by relatives to make their meals. For those we spoke with who did have support, they felt it was appropriate. One person said, "They get my breakfast and a micro meal at dinner time. I choose whatever I fancy at the time." Another person said, "The staff heat my lunch up for me. I choose what I fancy that day." Someone else commented, "They just make me a cup of tea in the morning and leave me a small flask so I can carry it on my trolley." We saw guidance was available for staff about food. The manager also made us aware they were developing a choking risk assessment for a person whose needs were changing. This meant people were supported to have their nutritional needs met and risks associated with this were considered.

People we spoke with generally told us they were supported to access other health professionals by their relative or they could do this themselves. One person said, "It is an excellent service. They are very flexible too; I just let them know if I need an earlier call when I have a hospital appointment and they fit me in." We saw in people's records or we were told that people had access to other health professionals, such as district nurses, occupational therapists, paramedics when necessary and Speech and Language Therapists (SaLT). This meant people were being supported to access other health professionals to help maintain their wellbeing.

Good

Is the service caring?

Our findings

People told us they were treated with dignity and respect. One person said, "The staff are all very respectful and help me keep my dignity. When I have [staff member's name] they always support me, so as not to embarrass me." Another person said, "The staff treat me very well, they're all very respectful and are aware of my dignity when helping me wash and dress." Another comment was, "They are always very respectful when they are talking to me." Relatives also felt their loved ones were treated with respect. One relative said, "I have never heard the staff be disrespectful towards my relative. My relative has dementia but staff always treat them with dignity and privacy when they are washing. They make sure the door is closed." Another relative told us, "Very much so, they will have a laugh and joke but always stay respectful towards both of us." Staff we spoke with we were all able to give examples of how to help people maintain their dignity. This meant people were supported by people treated with dignity and respect.

People and relatives told us staff were kind and caring. Comments from people included, "I do think they are very kind and caring; nothing is too much trouble for them and they always have a smile for me," "I think they are all excellent. Very kind and caring people" and, "Lovely, lovely people." Comments from relatives included, "They are very kind and caring. They always go the extra mile and nothing is too much trouble for them" and, "[Staff member's name] is exceptional. They are very good with [relative's name] and they look forward to seeing them."

People told us they were encouraged to be independent, where possible. One person said, "I try to be as independent as possible and if I am struggling I will ask for their help. They let me do as much as I can for myself." Another person said, "They let me do as much as I can when I feel up to it; we play it by ear." A member of staff said, "If people want to help to prepare a meal, then let them help even if it might take longer. It is important to interact and give them respect." We also saw that people were able to manage their own medicines, rather than staff doing this for them. This meant people were encouraged to maintain their independence where possible.

People told us they were encouraged to be involved and make decisions about their care. One person said, "They always ask if everything is ok for me." Another person said when we asked if their opinion was respected, "Yes always, and they listen to my [spouse's] and take their opinion on board too." A relative said, "Generally, they do listen to me if I have anything to say." Another relative commented, "That includes me as well which is important to me as [person's name] main carer."

Good

Is the service responsive?

Our findings

People told us that staff knew them well and supported them appropriately. One person said, "They do everything I need and know how I like things doing. They all just get on with it now." Other comments from people included, "They always do everything I need and they all know me well and how I like things doing" and, "They never rush around and always do everything for me before they leave." One relative said, "The staff do everything and more. They always ask if there is anything else they can do." Generally people told us they were supported by regular staff, although there were some occasions when this was not the case, particularly at weekends, however people told us it did not affect them. One person said, "They are fairly consistent, I have different ones to cover sometimes but it is never a problem." Another person said, "I usually have the same one, but I know them all so it's not a problem if someone else has to cover." A relative said, "We have the occasional different one to cover, but we know them all now." This meant people were supported by staff who knew their needs.

At the last inspection the details of people's daily routines and personal details of their preferences were not always included in their care plans and information was minimal. We found at this inspection there was much more details in care plans. People told us they had care plans and that they were reviewed. One person said, "I do have a care plan and it has been reviewed. I had a new carer recently and the first thing they did was look at the plan to see what needed doing." A relative said, "Yes my relative has a care plan and it is just about to be reviewed because of their changing needs." Another relative commented, "Yes [relative's name] has a care plan and it has been reviewed in the past." Staff told us they felt care plans had enough detail. One staff member said, "Plans have enough in them. If I go to someone new I'll go read the paperwork." Staff we spoke with were all able to tell us about the support some people received which matched people's care plans. The care notes where staff record what has happened on each visit generally matched the care plans. We saw care plans contained good information such as details about how people liked to be supported. For example, how they liked to be washed, particular items of clothing some people prefer to wear and brief personal histories. This meant people felt appropriately supported and there was information available to assist staff in responding to people's needs.

At the last inspection we found that complaints were not always responded to. At this inspection we found that improvements had been made and action was taken based on feedback received. All people and relatives we spoke with felt able to complaint and knew how to. One person said, "My relative does all the contacting with them [the service] but we have never had a problem with them to complain about." A relative said, "I would be happy raising any concerns, if we had any. But we have never had a problem with them." Another relative told us, "We have never had any serious complaints but I would feel happy contacting the manager if we had." We saw that feedback, both complaints and compliments, were recorded and responded to appropriately and action taken to improve the service where possible. There was an appropriate complaints policy in place. This meant people and relatives were able to complain and the service used this feedback to try to improve.

The service had considered how to support people who were nearing the end of their life. We were told that no one currently had a specific 'end of life' plan in place written by the service as no one was nearing the end

of their life. However, we saw evidence that when people had complex health conditions which reduced their life expectancy the service had liaised and considered advice from other organisations to support Choose Your Care in effectively supporting people. There was also an 'End of Life Care Planning Policy and Procedure' in place which prompted staff to consider best practice approaches and ensure people are treated with dignity.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection, we found that effective systems were not in place to assess, monitor and improve quality and manage risks to people's health and wellbeing. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found some improvements had been made so that the service was no longer in breach of this regulation, however further improvements were required.

We saw some audits systems were in place and new audits were being developed by the nominated individual. However, the systems already in place had failed to identify some issues, such as consent being signed by people who may not have had the legal right to do so and people being asked to sign consent or agreement when they had been assessed as not having capacity to do so.

Medication Administration Records (MARs) were used by staff to record when they had administered or not administered a person's medicines. However, these MAR charts were not always easy to follow and recording was not consistent. For example, topical medicines were assigned a letter code. When the carer applied the topical medicine they would write down the date, the time and the letter code of the medicine they applied. However this made it difficult to denote if dates or times were missing or when medicines were not being administered or if they were being administered at the correct times. This meant systems were not always effective at recording and checking medicine administration.

The new audits were more in depth and actions plans were produced in response to the findings of the audit. The registered manager felt supported by the nominated individual. They said, "[Nominated individual's name] helps. They show me how to do things rather than telling me" and they went on to say, "They're here to improve things." Other audits were also being introduced, such as those about the themes of complaints, safeguarding concerns and medicines. However, only one care file had been audited so far and the process had not yet been embedded, so we could not verify that these would be effective and that improvements would be sustained.

Most people we spoke with told us they were asked for their opinion about their care. One person said, "I am sure I have had one [a survey or questionnaire] in the past." Another person said, "We may have had one [a survey or questionnaire], I am not sure. But the manager does ring sometimes to see if I am ok." Another person told us, "The manager does call from time to time to check on us." Relative's said, "We have had a survey recently" and, "They have asked questions over the phone." Another comment from a relative was, "We speak to the manager quite often." We saw a survey had recently taken place, however the analysis had not yet taken place as responses had only recently been received. Following the inspection the registered manager sent us the analysis of the responses and an action plan to address any issues identified which showed that feedback was acted upon in order to improve the service.

People and relatives and staff all told us they felt the registered manager was approachable, as well as other staff who were involved in answering the phone. One person said, "Yes we know the manager, they are very helpful." Another person said, "I know who the manager is but just speak to anyone who answers the phone.

They do try to be helpful." One relative said, "We know the manager. They are always helpful and does their best to solve any problems we may have." Another relative said, "I know the manager, they are very helpful. In fact everyone there is."

Staff also felt the manager was supportive and approachable. One member of staff said, "It's very rare to find a registered manager with such commitment. They have an empathetic nature with people and are inclusive with staff" and they went on to say, "If you can't go to the registered manager, then you can't go to anyone, they are honest and reliable and respect confidentiality." Another member of staff said, "The manager is lovely, we can have a laugh. They try to look after staff well." Another staff member told us, "The manager is brilliant. They listen to me and they sort things out." This meant staff felt supported by the registered manager to effectively carry out their role.

People and relatives also told us they felt the service was well-managed. One person said, "I think it is very well managed." Another person said, "I could not have a better care company looking after me." Comments from relatives included, "I think it is very well managed; everyone is very professional and helpful." The nominated individual told us, "I have confidence in [registered manager's name]." We saw appropriate notifications were made to the CQC. This meant people and relatives felt confident in the management of the service and the nominated individual was supportive of the registered manager.

There was an 'Equality and Diversity' policy, in relation to staff, in place which took account of the protected characteristics (such as gender, race, religion, sexuality etc). We saw that people's religious needs had been considered, where relevant.