

Shropshire Council

START

Inspection report

Ptarmigan House
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SY2 6LG

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02 October 2018

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 1 and 2 October 2018 and was announced. We gave the provider 48 hours' notice as we needed to be sure somebody would be available in the office. The first day of the inspection was spent at the agency's office and on the second day we spoke with people who used the service on the telephone.

START is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a service to people who are living with dementia, learning disabilities or autistic spectrum disorder, older people, younger adults and people who have a physical disability and/or sensory impairment. Not everyone using the agency receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating.

At the time of this inspection 15 people were receiving assistance with their personal care needs.

START provides a short-term assessment and re-enablement service (maximum six weeks) to people who are discharged from hospital and to prevent admission to hospital.

This was the agency's first inspection since it registered with the Care Quality Commission in July 2017.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager had been in post since September 2018.

People felt safe. People were protected from the risk of harm or abuse because the provider had effective systems in place which were understood and followed by staff. People were supported with their medicines by staff who were trained and competent in their role. There were sufficient staff to meet people's needs in a safe and unhurried way. The provider ensured staff were suitable to work with people. Staff knew the procedures to follow should they did not get a response when visiting a person's home. The procedures for identifying and managing risks helped to ensure people were safe.

People received effective care. People were supported by staff who were trained and competent in their roles. People's health care needs were monitored. 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.

People were supported by kind and caring staff who took time to get to know people and what was important to them. Staff treated people with respect and respected their right to privacy. People were

supported to achieve their goals and reach their full potential.

People were involved in planning and reviewing the care they received which helped to ensure people received a service which met their needs and preferences. People's religious and cultural needs were understood and considered by staff. Information was available in accessible formats where required. There were procedures in place to ensure people had access to the equipment they needed to promote their independence. People knew how to complain if they were unhappy with the support they received.

The registered manager was committed to ensuring people received a high standard of care. The provider had effective systems in place to monitor and improve the quality of the service provided. People were supported by a team of staff who felt supported and valued. People's views were valued. The registered manager worked closely with other professionals to ensure the best outcomes for people who used the service.

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 sufficient numbers of suitably experienced and trained staff to meet people's needs.

There were effective on-call arrangements for people who used the service and the staff team.

Risk assessments were carried out to make sure people received their care safely and were able to maintain their independence.

There were robust staff recruitment procedures which helped to reduce the risk of abuse.

People were protected from the risks associated with the control and spread of infection.

Is the service effective?

Good ●

The service was effective.

People received care from a staff team who had the skills and knowledge to meet their needs.

The agency made sure they could meet a person's needs and preferences before a service was offered.

People were always asked for their consent before care was given.

Staff liaised with other professionals to make sure people's healthcare needs were met.

Is the service caring?

Good ●

The service was caring.

People felt staff were very caring and went out of their way to make sure they were comfortable and content.

People were treated with respect and their right to privacy was

maintained.

People were supported by a team of staff who they were able to build trusting relationships with.

People were supported to maintain their independence.

Is the service responsive?

Good ●

The service was responsive.

People received care and support which was personal to them and took account of their preferences.

Care plans had been regularly reviewed to ensure they reflected people's current needs.

People felt comfortable to make a complaint and felt any concerns raised would be dealt with.

Is the service well-led?

Good ●

The service was well-led.

People benefitted from having a staff team who were well supported and happy in their role.

The registered manager and staff team were committed to providing people with a high-quality service.

There were systems in place to monitor the quality of the service provided.

START

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 1 and 2 October 2018 and was announced. It was carried out by two adult social care inspectors on the first day and one inspector on the second day. We gave the provider 48 hours' notice of the inspection as we needed to make sure we were able to access records and gain permission from people who used the agency to speak to them.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information in the PIR and also looked at other information we held about the service before the inspection visit. We also looked at notifications sent in by the service. A notification is information about important events which the service is required to tell us about by law. We used this information to plan the inspection.

We spoke with five people who used the service on the telephone and two relatives. We met with two care staff and spoke with three further care staff on the telephone. We met the registered manager and two members of the provider's senior management team.

We looked at a sample of records relating to the running of the agency and the care of individuals. These included the care records of four people who used the agency. We also looked at records relating to the management and administration of people's medicines, health and safety and quality assurance. We checked two staff recruitment files and staff training and supervision records.

Is the service safe?

Our findings

People told us they felt safe with the care provided and with the staff who visited them in their homes. One person said, "I feel completely safe and the staff always check my house is secure before they leave." Staff wore a uniform and photo identity badge when they visited people.

People told us staff always arrived on time and had never missed a call. They said support was provided in a relaxed and unhurried manner. A person who used the agency said, "I've never known them [staff] to be late but if there was a chance they might be running late, the office call me to let me know." Another person told us, "The carers have been marvellous and always arrive on time. They [staff] never rush me. It's all relaxed and I am helped at my own pace."

Staff told us they had sufficient time during their visits to support people in a safe way. A member of staff said, "We are allocated plenty of time with people and plenty of travel time so you are never rushing from one visit to another." Another member of staff told us, "It's brilliant that you have more than enough time allocated. It means people are never rushed and we always have time for a chat." Staff told us they could contact the office if they needed to extend their visit. A member of staff told us, "If you arrive at a visit and the person has fallen or is just not feeling well, all you have to do is call the office and they will sort out cover for your next visit."

There was an on-call and out of hours arrangement which meant people who used the service and staff could obtain support when required. A member of staff said, "There is always somebody there if you need support or advice."

Staff were clear about the procedures to follow where they were unable to get a response from a person they were visiting. A member of staff said, "We are always provided with people's next of kin contacts, so would try them first. Failing that it would be the police or ambulance." Another member of staff echoed this and added, "I would never leave the property until I knew the person was safe."

Risks of abuse to people were minimised because the provider made sure all new staff were thoroughly checked to make sure they were suitable to work for the service. These checks included seeking references from previous employers and carrying out checks with the Disclosure and Barring Service (DBS.) The DBS checks people's criminal history and their suitability to work with vulnerable people. Staff told us, and records confirmed, they had not been able to begin work at the agency until all checks had been carried out.

Staff told us, and records seen confirmed that all staff received training in how to recognise and report abuse. Staff spoken with had a clear understanding of what may constitute abuse and how to report it. All were confident that any concerns reported would be fully investigated and action would be taken to make sure people were safe.

All staff had received training in the safe management and administration of medicines. This meant staff

were able to support people safely when requested or required. Risks to people had been assessed as part of the initial assessment process and on-going review of people's care plans. The risk assessment process enabled people who were able, to continue to manage their own medicines in a safe way.

There were procedures in place to mitigate risks to people. People's care files included a wide range of risk assessments in areas including environmental risks, fire safety, moving and handling, medicines, and nutritional needs. These provided guidance to staff on how they should support people in a safe way and ensure people's environment remained safe.

The registered manager told us they were not supporting anybody who required a hoist to transfer, however all staff had received training in safe moving and handling techniques which meant they could respond to people's changes needs.

Records of accidents and incidents were maintained. All accidents and incidents were analysed by the registered manager at the time they occurred. This helped to identify any trends and actions needed to reduce the risk of reoccurrence. We saw any lessons learnt were shared with staff and other professionals. An example included a medication error. The registered manager established that insufficient information had been provided by the hospital when the person had been discharged about the level of assistance the person required. This had been shared with the staff team and the registered manager was in communication with hospital staff to explore ways to reduce the risk of this happening again.

There were policies and procedures in place to reduce the risk of the spread of infection and these were understood and followed by staff. Staff had access to sufficient supplies of personal protective equipment (PPE) such as disposable aprons and gloves. People told us that staff used PPE when assisting them with their personal care needs.

Is the service effective?

Our findings

People received effective care and support from staff who had the skills and knowledge to meet their needs. People were positive about the staff who supported them. One person said, "I feel the staff are very well trained and know what they are doing. I don't have any worries when they are helping me." Another person told us, "The carers are marvellous and I feel more at ease when they visit to support my [relative]. They are very competent."

People were supported by staff who had undergone a thorough induction programme which gave them the skills to care for people safely and effectively. New staff had opportunities to shadow more experienced staff. This enabled them to get to know people and how they liked to be supported. A recently appointed member of staff told us, "The induction was brilliant. I was new to care so I was given lots of shadow shifts with experienced staff. The whole way through I was really well supported and could have asked for more shadow shifts if I had wanted them. There was no pressure. It was all about making sure I felt happy and confident."

People were referred to the agency either when they were being discharged from hospital or through GP referrals to prevent admission to hospital. The agency received assessments from health care professionals and used these to consider whether they were able to fully meet a person's needs before a package was offered. A senior member of staff then met with the person to discuss the level of support they needed. The person was also supported to set their goals and aspirations. For example, in one of the care plans we read, a person had wanted to be able to shower themselves within two weeks and we saw that this had been achieved.

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. The registered manager informed us there was nobody using the service who lacked the capacity to consent to their care and treatment. This meant that there had been no requirements to make applications to the Court of Protection. However, they were very clear on the procedures to follow where there were concerns about a person's capacity to make day-to-day decisions.

Staff had received training about the MCA and they understood the importance of ensuring people's rights were respected. People were supported by staff who knew the importance of ensuring people's rights and choices were respected. A person who used the service said, "Everything is done the way I want it done. I feel in control of the way I am supported."

People were supported to maintain their health and well-being. Staff monitored people's health and liaised with relevant health care professionals to ensure people received the care and treatment they required. Staff recorded clear information about any health issues, action taken and the outcome of people's contact with health care professionals.

Is the service caring?

Our findings

Without exception everyone we spoke with was complimentary about the agency and the staff who supported them. One person said, "All the carers are so very kind. If it wasn't for them I wouldn't have been able to stay at home. I am very happy and so very grateful." Another person told us, "The staff are extremely kind and helpful. I can't fault any of them. They are all so lovely." A relative said, "We just couldn't wish for anything better. My [relative] thinks the world of all the staff and now thinks of them as family."

People were treated with respect. A person who used the agency said, "The staff are very respectful and very polite." Another person told us, "They [staff] are very professional and I feel I am treated with upmost respect."

People told us that staff knew them well and knew what was important to them. A relative said, "We have regular carers and have got to know them well. They are lovely to my [relative] and know just how they like to be helped. I hear staff chatting to them when they are helping them to get ready in the morning and it's lovely." The care plans we read contained a "remember me" document which had been completed by the people who used the service. This document provided staff with information about people's hobbies, interests, preferred daily routines and likes and dislikes. This information helped to ensure staff provided a service in accordance with people's preferences.

People told us staff were always willing to do little extras for them. One person said, "The staff are never in a rush and when they have finished helping me to get ready in the morning they always ask if there are any extra jobs I want doing." A person who used the service had written to the agency to say, "On the first visit I knew I was in good hands. [Name of staff member] rekindled my love of reading by lending me two books which I now can't put down. There are wonderful people [staff] looking after me."

People were supported to reach their full potential. The care plans we read provided information for staff on how to promote independence. For example, the care plans we read clearly stated what the person was able to do for themselves and the level of support they needed to wash and dress. People's progress on their goals and aspirations were regularly monitored and reviewed. A member of staff told us, "It gives you such a great sense of achievement when you have supported someone to achieve their goals. It's wonderful for them."

The provider had procedures in place relating to confidentiality. Staff were required to read and confirm their understanding of the policy when they commenced employment. Copies of people's care records were securely stored at the agency office.

Is the service responsive?

Our findings

Care planning and delivery was person-centred. Person-centred planning is a way of helping someone to plan their life and support they needed, focusing on what was important to the person. A person who used the agency told us, "A carer had a chat with me when I first started using the agency. It wasn't just about the help I needed, we chatted about how I wanted to be helped and what I wanted to achieve." The care plans we read contained important information about people's preferences, the level of support they required and details about people's preferred daily routine.

The registered manager told us there was nobody using the service who had any diverse religious, cultural or sexual needs however; people were able to discuss their needs and preferences when they started to use the service. All staff had received training in equality and diversity.

The provider had procedures in place to meet the needs of people who experienced communication difficulties. For example, the provider was able to request the services of interpreters and people trained in sign language.

People were involved in planning and reviewing the care they received. This helped to ensure people received a service which met their needs and preferences. A person who used the service said, "I have a care plan in my home which I was fully involved in. Staff meet with me and go through it to see how I am doing."

Where required, the service ensured people had access to the health-care and equipment they needed. A number of senior care staff had received additional training in assessing what support or equipment people may require to help promote their independence and assist their recovery.

Staff made entries about people when they had visited them. Records contained information about the person's well-being, how they had responded to interactions and their progress against their goals. This information helped to review the effectiveness of the plan of care and helped to ensure people received care and support which was responsive to their needs and preferences.

The agency had systems in place to deal with any concerns or complaints. The people we spoke with told us they were confident that any concerns would be appropriately dealt with. One person said, "I have never had cause to complain. If I did, I know my concerns would be dealt with." Another person told us, "I am very happy with everything but I know I can call the office if I needed to. They are very good." Each person was provided with a copy of the complaints procedure when they started to use the service. The complaints procedure was produced in an easy read format for those who required it. The agency had received one complaint in the last 12 months. This had been responded to within agreed timescales and to the satisfaction of the complainant.

The registered managers informed us they were not providing a service to anybody who was receiving end of life care. However, care plans showed there had been discussions with people about their preferences for life saving treatment in the event of a medical emergency.

Is the service well-led?

Our findings

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager demonstrated their commitment to improving the quality of the service people received. Since becoming the registered manager in September of this year, they had carried out an audit of all areas of the service based on the five questions we ask; Is the service Safe?, Effective? Caring? Responsive? And Well-Led? From their audits they had identified areas for improvement and had implemented an action plan. The action plan showed that action points had been completed within the agreed timescales. Improvements included increased visits by senior care staff to people when they first started to use the service, improved care planning and risk assessment documentation to promote a more person-centred approach and the introduction of a computer system to monitor staff training. Audits and checks were also carried out by the provider's senior management team.

People's views about the quality of the service provided were encouraged. When people started to use the agency, they were provided with a feedback form to complete at the end of their package. The forms we read showed a high level of satisfaction about the service provided. Comments included, "The carers are kind and capable.", "Very good care." And, "Carers are polite, smart, entertaining and very professional in their approach."

People were cared for by a staff team who were well trained and supported. Staff had the opportunity to discuss their role, performance and training during regular one to one sessions and annual appraisals. One member of staff said, "The support is great and the training is just brilliant. I have never worked anywhere as good as this." Another member of staff told us, "I have had excellent support and there is really good team work. The training opportunities are amazing." Another member of staff said, "Staff morale is really good and you feel the management care about the staff as much as the service users." The agency had access to the provider's on-site training organisation which provides a comprehensive range of learning and development opportunities.

There were regular meetings for staff and newsletters which were used as an opportunity to share information, updates, compliments and best practice. The minutes of recent meetings showed there had been discussions about safeguarding adults from abuse and equality and diversity. Compliments from people who used the service had also been shared with staff. Staff told us their views were encouraged and responded to. A member of staff told us the registered manager had sought the views of staff about how to improve care planning documentation to ensure a more person-centred approach. They said, "It's really good that the staff were asked as we are using the paperwork every day. It also makes you feel valued."

The registered manager and provider promoted an ethos of honesty and were aware of their requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in

relation to care and treatment. An example included the actions taken following a near miss incident regarding the administration of a person's medicines.

The registered managers worked effectively with other health and social care organisations to achieve better outcomes for people and improve quality and safety. These included social workers, commissioners, GP's and hospital staff. A person who used the service told us how the agency were assisting them to source a long term package of care with another provider.

In accordance with their legal responsibilities, the provider had informed us of significant events which had occurred at the agency.