

Sterling Care & Support Ltd

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Inspection report

Box Studios
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Liverpool
Merseyside
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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 Thursday 14 September and was announced. We gave the provider one day's notice of the inspection in order to ensure people we needed to speak with were available.

Sterling Care and Support provides 'personal care' to people who live in their own homes. Different levels of care is provided to older people, people living with dementia, people who have physical disabilities, people living with sensory impairments and people living with mental health difficulties. The office base is located in the Kirkdale area of Liverpool and has suitable facilities which are needed to operate its services.

At the time of the inspection the registered provider was supporting 63 people across different areas of Liverpool. At the previous inspection, which took place in April, 2016 the registered provider was found to be complying with all regulations we inspect against.

A registered manager was in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 a number of different systems in place to assess and monitor the quality of the care being provided, ensuring that people were receiving safe, compassionate and effective care. Such systems included monthly 'spot checks' and monthly care plan and medication audits.

Staff were caring towards people they were supporting and it was evident to see that positive, respectful and caring relationships had been developed. People we spoke with during the inspection expressed that they felt supported, well cared for and felt they were provided with effective care. Relatives we spoke with told us that good quality care was being provided and they felt the staff genuinely cared for the people they were there to support.

Care files we reviewed during the inspection contained individual care plans and risk assessments which were reviewed and updated in order to minimise risk. Care plans were person centred and provided detailed information in relation to a person's wishes, choices and preferences.

People were protected from avoidable harm and risk of abuse as there were robust safeguarding procedures in place. Staff were familiar with the area of safeguarding and knew how to report any concerns. Staff had completed the necessary safeguarding training which was in place.

Medication management systems had improved since the last inspection. People's care plans included detailed information about how people needed to be supported with their medication, at what time of day people needed medication support, where medication was stored and who was ordering and disposing of medications.

Recruitment was safely managed. Staff personnel files demonstrated that effective recruitment practices were in place. This meant that all staff who were working for the registered provider had suitable and sufficient references and disclosure and barring system checks (DBS) in place. DBS checks ensure that staff who are employed to care and support people are suitable to work within a health and social care setting. This enables the registered manager to assess level of suitability for working with vulnerable adults.

Accidents and incidents were routinely recorded and care plans and risk assessments were updated accordingly. However there was no evidence of trends of accidents/incidents being analysed.

We have made a recommendation to the registered provider in relation to this area of safe care.

The registered manager had a good level of knowledge and understanding of the Mental Capacity Act (MCA) 2005. They were aware of the best interest processes which needed to be applied if a person was assessed as lacking the capacity to make decisions for themselves. All senior staff within the organisation had received MCA training.

Staff expressed how they were fully supported in their roles; all necessary training had been completed and they felt that they were able to fulfil their roles effectively. Staff received regular supervisions, annual appraisals and regular team meetings were taking place.

People were provided with a 'service user' guide and the complaints procedure from the outset. People knew how to make a complaint and the registered provider had a sufficient complaints policy in place.

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 remained safe.

Is the service effective?

Good ●

The service remained effective.

Is the service caring?

Good ●

The service remained caring.

Is the service responsive?

Good ●

The service remained responsive.

Is the service well-led?

Good ●

The service remains well-led.

Sterling Care and Support Limited

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 inspection took place on Thursday 14 September, 2017 and was announced.

The inspection team consisted of one adult social care inspector and an expert by experience who supported with phone calls to relatives. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection visit we reviewed the information which was held on Sterling Care and Support. This included notifications we had received from the registered provider such as incidents which had occurred in relation to the people who were being supported at the two locations. A notification is information about important events which the service is required to send to us by law.

A Provider Information Return (PIR) was not received prior to the inspection. This is the form that asks the provider to give some key information in relation to the service, what the service does well and what improvements need to be made. As we did not receive a PIR we took this into account when we made the judgements in this report. We also contacted commissioners and the local authority prior to the inspection. We used all of this information to plan how the inspection should be conducted.

During the inspection we spoke with the registered manager, five members of staff, three relatives, we visited two people who were receiving support and also spoke to one person over the phone.

We also spent time reviewing specific records and documents, including four care records of people who

were receiving support,, four staff personnel files, staff training records, medication administration records and audits, complaints, accidents and incidents and other records relating to the management of the service.

Is the service safe?

Our findings

People we spoke with told us they felt the care which was being provided was safe. Comments received included "Yes I do feel safe, I'd be lost without her [staff]", "The care is better than what I'd expected actually, she's [staff] is great" and "I get a lot of support from her [staff], she's very good, I get whatever support I need." One relative also expressed "It is safe, yes! They are very good; it gives me peace of mind."

During the last inspection we recommended that the registered provider reviewed how medication was being managed to ensure their practice was in line with the company's policies and procedures and also in line with best practice guidance. During this inspection we reviewed four care files and found that there was detailed information in relation to people's medication support needs. There was a medication support plan and risk assessment in place as well as medication audits which were routinely taking place.

Staff had received the relevant training to help support people with the medications and were aware of the importance of completing medication administration records (MARs) correctly. The registered provider had a policy and procedure in place for the safe handling of medicines; this was being followed by all staff who supported with medication. One person who was receiving support with their medication expressed "I take a lot of meds and I get a lot of support taking them, I'm taking them when I should and I just thank god she's [staff] here to help."

Care plans and risk assessments were in place for every person the registered provider supported. Risk assessments included domestic needs, medication, manual handling and environmental risks. Each risk assessment also included 'control measures' which provided staff with significant information about reducing the level of risk in order to keep the person safe.

The risk assessments which were in place enabled staff to appreciate what signs and triggers to look out for and what control measures needed to be put in place. This demonstrated that risk was being managed and the safety of the people was being maintained.

We reviewed four staff personnel files during the inspection to ensure that the staff who were recruited were suitable to work with vulnerable people. The registered manager retained records relating to each staff member, full pre-employment checks were carried out application forms had been submitted, confirmation of identification was evidenced in files, suitable references had been obtained and Disclosure and Barring Service (DBS) checks had been suitably carried out.

Accidents and incidents were being recorded and being discussed amongst the staff team. However the registered manager was not analysing the accidents and incidents which were taking place. This meant that trends were not being explored and 'lessons learnt' were not being established.

We recommend that the registered provider reviews how accidents and incidents should be analysed in line with best practice guidance as a measure of keeping people safe and protecting them from avoidable harm.

The registered provider employed a sufficient number of staff to support the needs of the people in a safe and effective way. People who we spoke with during the inspection explained that they felt they received the care and support which was required to be provided. One person said "I've never been forgotten, I've got a rota and they do for me what I want them to do."

During the inspection we spoke with staff about their knowledge and understanding of safeguarding procedures and they were able to describe how to report any concerns. All staff had completed safeguarding training and were familiar with the adult safeguarding policy which was in place.

Is the service effective?

Our findings

The people and relatives we spoke with during the inspection said they were receiving effective care and support they needed. One person said "I cannot fault the care I get, I don't know where I would be without her [staff]" and relatives expressed "Sterling Care is a big improvement on the last one. From day one Sterling have got it, they understand [relatives] needs. I think if my [relative] needed more they could do it. They know what they're doing with elderly people" and "They are trained well."

We asked people if they felt involved with the care package which was being provided. One person said "I've been completely involved; I received a guide at the beginning which detailed everything I could expect" another person expressed "I had an assessment, I was involved from the beginning. I have a folder with what needs to be done."

Supervisions and appraisals were taking place and all staff expressed that they felt supported in their roles. Supervisions are regular meetings between the staff member and their manager to discuss any issues which need to be addressed in a one to one setting. Appraisals are used to identify goals and objectives for the year ahead to ensure staff are supported to develop within their role. One staff member expressed "I really enjoy my job, I'm really supported" and another staff member said "The support is always there when we need it." All staff received the necessary training which was needed as part of the care role, one staff member said "We receive lots of training and that helps us to provide the quality of care needed."

Training which staff had completed included dementia awareness, infection control, moving and handling, health and safety, medication, food hygiene and safeguarding training.

The registered manager was able to demonstrate their understanding of the Mental Capacity Act (2005). 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. MCA training had been delivered to the registered manager as well as senior care workers. At the time of the inspection there was one person who was requiring a mental capacity assessment to take place by the local authority. The manager was aware of best interest decisions which would possibly need to take place in conjunction with the person's relatives.

People who were being supported by Sterling Care and Support were also supported by external health professionals. The registered manager informed us that they had developed positive relationships with local GP's, district nurses and mental health professionals. We saw that daily records were maintained by the care staff and there was regular extracts which explained that external support was needed and had been requested.

Some people who were being supported by Sterling care and support were largely independent and could support themselves with nutrition and hydration. However, there were also a proportion of people who needed support with this area of care. Care plans indicated what support the staff needed to provide and how they needed to provide this level of care. One care file we reviewed explained that the person "Liked to

remain as independent as possible but did need support with the preparation of meals, times and temperatures, as well as being supported with purchasing essential items."

Is the service caring?

Our findings

During the inspection we asked people if they felt that they were cared for when receiving the necessary support from staff. We received positive comments from everyone we spoke with. Comments included "I find them polite, respectful and kind. I haven't come across anyone who aren't" and "The supports been great, I don't worry now about things, I've got all the support I need." When we asked relatives about the care which was being provided, comments we received included "We're quite happy with their [staff] approach [relative] has a laugh with them [staff]" and "They [staff] sit and chat with [relative] gets on well with them [staff]."

People received care and support from regular care staff. This meant people were receiving consistent care and receiving care from care staff who were familiar with their needs. During the inspection we requested consent to visit a person who was receiving care from the provider. Consent was obtained from the person themselves and during the visit it was clear to see that a positive, caring and genuine relationship had been developed. The person said that the carer was familiar with all their support needs and they 'enjoyed' the support they were receiving.

People were encouraged to remain as independent as possible. Care plans which were reviewed provided staff with information in relation to the person's level of independence and what the person needed exact support with. Staff explained that during their home visits they would always ensure they were familiar with what support needed to be provided at that time of day but would always provide support in collaboration with the person.

Care plans indicated that staff should 'assist', 'support', 'encourage' and 'prompt' the person when providing support. This helped people to remain as independent as possible and provided with them with the sense of being 'supported' rather than having their independence compromised.

There was a lot of person centred detail in each of the care files we reviewed. This level of detail provided staff with important information about the people they were caring for. People had been involved in care planning processes from the outset and were involved in any reviews which took place. The level of information found in the care records informed staff of the support which was needed, how the support needed to be provided and if there was any risk which needed to be managed.

Is the service responsive?

Our findings

During the inspection we were able to review care records which were designed to be person centred and provided staff with a good level of information in relation to the person they were supporting and what was important to them. One person expressed how the staff member knew their support needs really well, the person expressed "She [staff] knows what I need, we've got to know each other and that's been great."

It was evidenced across the course of the inspection that people were involved in all initial assessments which then enabled the correct level of care and support to be provided. Care records were detailed and enabled the reader to establish a good amount of information about the person they were supporting. For example, care files contained a document called 'What's important to me' some of the information which was documented about people included "Carers to be patient with me as I require time to process information", "Carers must encourage me and gain my trust" and "I require support and supervision to enable understanding through explanation and reassurance."

The support plan which was generated after the pre-admission assessment provided a good amount of detail in relation to the person centred care which needed to be given. For example, there was detailed information in relation to a person's communication ability, health and well-being, physical/mental well-being, medication, behaviour, personal care, meals and nutrition, practical aspects of living, finances, staying safe at home, leisure and learning and relationships.

Care plans were regularly reviewed and records were being updated as and when needed. Up to date and relevant information provided staff with the information they needed to adequately support people.

The registered provider had a formal complaints policy and processes in place. The procedure for making a complaint was clear and people we spoke with were familiar with the complaints process. There had been no formal complaints in the past 12 months. Relatives and people we spoke with expressed that if they ever had any complaints or concerns they would feel comfortable speaking with the carer themselves.

The registered manager explained that there was an 'on-call' system in place for care staff to utilise if they ever needed to raise any concerns or report any emergency situations. We also saw evidence of specific policies and procedures which were in place for this type of care service such as lone working, fire safety, vulnerable adults, emergencies, dealing with violence, equality and diversity.

Is the service well-led?

Our findings

There was a registered manager at the time of the inspection. The registered manager had been registered with the Care Quality Commission (CQC) since November 2014. They were aware of their responsibilities in relation to their regulatory requirements.

As of April 2015, providers were legally required to display their CQC rating. The ratings are designed to provide people who use services and the public, with a clear statement about the quality and safety of care being provided. The ratings inform the public whether a service is outstanding, good, requires improvement or inadequate. The rating from the previous inspection was displayed at the office base for people to see as well as the rating also being displayed on the website. No recent statutory notifications had been submitted to the CQC but the manager was aware of their responsibilities to submit notifications in accordance with regulatory requirements.

There was a dedicated member of the senior care staff who had been allocated to monitor and assess the quality of the care which was being provided. We saw evidence of quality assurance visits, care plan review forms and daily visit and medication administration record audit sheets. 'Spot checks' were conducted to ensure the quality of the care being provided was at the standard it should have been.

At the time of the inspection the registered provider had circulated their annual 'Client feedback form'. The registered manager explained that this was one of the methods used to obtain 'service user voice'. The registered manager also explained that the 'Client quality assurance form' which was regularly completed as part of the 'spot checks' also enabled the 'service user voice' to be heard.

The quality assurance audit form focused on attendance and punctuality of the care staff, how care staff presented themselves when they arrived for their home care visit, if care staff worked at the 'clients' pace, if the 'client' was treated with dignity and respect and the overall quality of care they received.

Staff we spoke with were very complimentary about the registered manager, some of the comments we received included "I really love my job, [Manager] helps out as much as [manager] can, I like helping people and that's exactly what we do, we help and care about people." "[Manager] is amazing, so approachable and cares about the people we support" and "I can always go to [Manager] if need to, Manager] listens to all of us."

All staff we spoke with expressed that the communication amongst the staff team was 'Excellent'. Staff felt that the communication systems which were in place enabled them to provide safe, high quality care. People and relatives we spoke with also expressed that the communication was effective. One relative said "Communication is very good here, care staff write everything down in a folder and they know our needs." We saw evidence of regular team meetings taking place and discussions being held around 'client care' staffing issues, general concerns, updates on care plans and risk assessments as well as any managerial updates.

There was up to date and relevant policies and procedures in place and staff were familiar with different policies we discussed with them such as safeguarding, whistleblowing, medication administration and dealing with emergencies. Such policies ensured that there were clear processes and guidance available for staff to follow.