

S&S Care (Midlands) Limited

S&S Care

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Requires Improvement ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 09 and 14 March 2017 and was announced. We gave the provider 48 hours' notice that we would be visiting the service. This was because the service provides a domiciliary care service and we wanted to make sure staff would be available. This was S&S Care Service's first inspection since registration.

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.

S&S Care Services is a domiciliary care agency registered to provide personal care to people living in their own homes. At the time of our inspection there were twenty people using the service. Support is provided to people who may have physical disabilities, learning disability or mental health needs. The service supports people who require support with personal care needs at various times of the day.

People felt safe. Staff had received training and understood the different types of abuse and knew what action they would take if they thought a person was at risk of harm. Risks assessments were not always personalised to people's individual needs so risks associated with people's care were reduced.

People were supported with their medication by staff that had received appropriate training. People had been involved in the planning of their care and received support in line with their care plan.

People were supported to make choices and were involved in the care and support they received. The provider took actions to ensure people's legal rights were protected.

Staff were trained and supported so that they had the knowledge and skills to enable them to care for people in a way that met their [people's] individual needs and preferences. Where appropriate people were supported to access health and social care professionals.

Staff was caring and treated people with dignity and respect. People's choices and independence was respected and promoted and staff responded to people's support needs.

People, relatives and staff felt they could speak with the provider about their worries or concerns and felt they would be listened to and were confident changes would be made if needed

The provider had quality assurance and audit systems in place to monitor the care and support people received to ensure the service remained consistent. Records were not always personalised to show people's individual care needs. Notification required to be sent to us by law were not always sent in a timely manner.

Records that were required to be kept at the registered office were not always available for example copy of people care plans.

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

People felt safe with the staff that provided them with support. People were safeguarded from the risk of harm because staff was able to recognise abuse and knew the appropriate action to take.

Risks to people's health and safety had been identified but risk assessments did not include individualised information about control measures in reducing the risk when supporting people.

People were supported by sufficient numbers of staff that was effectively recruited to ensure they were suitable to work with people in their own homes.

People were supported by staff to take their medicines as prescribed by their GP.

Is the service effective?

Good ●

The service was effective

People were supported by staff that had the skills and knowledge to assist them.

People's consent was sought by staff before they received care and support.

People were supported by staff to ensure that their dietary needs were met. Where people were not eating and drinking family members were informed.

People were supported to seek medical support when it was required.

Is the service caring?

Good ●

The service was caring

People were supported by staff that were kind and respectful.

People's independence was promoted as much as possible and staff supported people to make choices about the care they received.

People felt comfortable with staff because their privacy and dignity was maintained.

Is the service responsive?

The service was not always responsive.

People received individualised care and support that met their needs because staff was aware of people's individual needs, likes and preferences. However care records were not personalised and risk assessment were generic so individual risk were not identified.

People had information and knew how to raise concerns about the service they had received. The provider took appropriate actions in response to concerns raised.

Requires Improvement ●

Is the service well-led?

The service was not always well lead

People and staff spoke highly of the registered manager saying that she was approachable and provided good leadership.

Staff were well motivated and understood their responsibilities.

Some monitoring systems were in place to monitor the service provided. However the registered manager did not always notify us when required to do and did not ensure that information required at the registered office was available for inspection.

Requires Improvement ●

S&S Care

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 inspection took place on 09 and 14 March 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in the office when we visited. The inspection was undertaken by one inspector.

During our inspection we spoke with six people who use the service and three relatives and four staff, the registered manager and assistant manager. The service is a small agency and provides support to twenty people.

We looked at three people's care records, complaints and compliments records. We also looked at the recruitment records of three care staff, minutes of staff meetings, completed satisfaction questionnaires received by the provider and quality assurance records. Before our inspection we reviewed all the information we hold about the service. We had not received any notifications about the service. Notifications are required from the provider about their service in relation to accidents/incidents and safeguarding alerts which they are required to send us by law. We contacted the local authority and reviewed the information they provided to us.

Is the service safe?

Our findings

People told us they felt safe having support in their homes. One person told us, "I do look forward to the girls coming, they are all very nice and normally I have the same one which is very nice."

Another person told us, "It gives me piece of mind that I know someone will be coming and I enjoy the company even if it's only for a short time, but having the same one all the time means that I know them and they know me, so I feel very safe with them." One relative said, "I think we are fortunate to have the same staff, very prompt, odd occasion a bit late but there is normally a reason and they do let us know, and yes I feel and [named person] feels safe with them." Staff we spoke with told us they had received safeguarding training and were able to identify the signs that could suggest abuse. Staff explained their responsibilities to protect people and how they would report concerns. One staff member said, "When you get to know somebody and they behave differently, like they may flinch or pull back from a certain member of staff, then you begin to think something's not right." Another staff member told us, "If I had concerns I would contact my senior or manager right away. I know I can also report to social service or CQC." We saw where appropriate safeguarding concerns were raised by the registered manager. This demonstrated there were safeguarding processes in place to keep people protected from risk of harm.

We saw that other arrangements were in place to keep people safe when they received care and support. For example, people and relatives we spoke with confirmed they were involved in planning their care and also discussed any risk elements involved in people's support. We saw that people had received an initial assessment before receiving support from the service, to determine if the provider was able to meet the person's care needs safely. Staff told us, people were encouraged to be as independent as possible, whilst remaining safe. We saw that risks assessments had been completed which included consideration to the environment and any activities which could pose a risk to staff or people using the service

People told us they were supported by sufficient staff. People who required support from two staff to help them confirmed to us that two staff always arrived. The staff we spoke with felt there was sufficient numbers of staff to support people. The provider had ensured that all the required checks were undertaken when employing staff. For example, all staff employed had a Disclosure and Barring Service (DBS) check prior to working with people using the service. This meant that there were sufficient numbers of staff that had been checked for their suitability to support people that needed care.

People told us they received appropriate support with their medicines. One person said, "I take my own medicine, the staff just pop it in a little plastic cup for me." Staff we spoke with confirmed that they had received training on how to support people safely with their medicines. Staff competencies were checked to ensure they had the skills and knowledge to assist people with medicines. One person told us, "They [staff] will always ask me if I've had my medication, I do it myself but they always make sure." We saw detailed medication records that ensured staff had clear guidance of medication they were supporting people with, any discrepancies were reported to the office or family member to ensure that people received their medication as prescribed. Creams were listed and staff signed the medication administration record to say these creams had been applied. This showed people were supported with their medication if this was part of their care needs.

Is the service effective?

Our findings

People and relatives we spoke with told us that the quality of the support delivered by staff was consistent and met people's individual needs. One person told us, "The staff do have the skills needed to care for me. People told us they were supported by staff who were able to carry out their role effectively. One person told us, "The staff have the knowledge and skills needed to support me safely in the way I want. They use their initiative. I have not had anyone that don't know their job or wasn't trying to do it." Another person told us, "The staff are excellent. They remember things. I only need to tell them once and don't have to keep repeating myself; excellent."

A relative said, "I think the staff have the correct training but new staff are always with a more experienced one so I have no concerns." One staff member told us, "I shadowed a colleague during my induction which I found was very useful." The manager confirmed and we saw that staff completed regular training throughout the year. Staff told us they felt they had the necessary training and they felt supported by the provider to carry out their role. Staff told us the training was good and equipped them with the knowledge and the skills to meet people's care needs. Staff continued to tell us the manager was 'very approachable' and spot checks were carried out on staff whilst they were supporting people. A spot check is where a member of the management team assess the capabilities of staff in the workplace to check care is provided as required staff told us that they supervision meeting and staff meetings as a way of supporting staff to provide an effective service to people.

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 were told by the provider that the people they provided a support service to had the mental capacity to make decisions about their care and support. Staff told us if they felt that a person capacity was deteriorating then they would report to the office who in turn would inform people's families about their concerns. Staff applied the principles of the MCA in the way they cared for people and told us they always assumed people had mental capacity to make their own decisions.

We saw from people's care plans that they were supported to make decisions about the care they received. People we spoke with said staff would always explain what they were doing and ask them for consent before carrying out any support and care needs. One person said, "Staff always ask me first before they do anything." A relative explained, "The staff are very careful to ask mum before doing anything for her, she's very independent." One staff member told us, "I find it helps having a real knowledge about the person's history and interests. We can chat about this and because we support the same people we can build a relationship and it is better for the people so they have continuity of staff. We are also able to notice any deterioration in a person's ability to make decisions so we can report our concerns to the managers."

Staff had relevant information about people's dietary and nutritional needs and where required supported people with their meals. Staff were clear about the action they would take if a person was not having

enough to eat or drink. One staff member told us, "I would always report any concerns to the office or a family member. We all have off days, however I would still report my concerns. It's better to be wrong than have any harm come to the person." People told us that they were supported to access healthcare professionals if required. Staff confirmed that if they had any concerns about a person's health they would inform the office or family member. All staff were aware of the emergency procedure if they were not able to access a person's home. One staff member told us, "I would ask Neighbours, the office or contact people's families and if necessary call the emergency services."

Is the service caring?

Our findings

People spoke positively about the support they received. One person told us, "I have got nothing but praise for them." Another person told us, "The care that I get has been very good. I am very pleased with it." A third person told us, "I am very pleased with the support and have recommended the company to others." Relative's spoken with told us they felt that the care provided by the agency was good and one relative told us, "I would not change." Another relative told us, "Staff are kind and compassionate the way they interact with my relative. It's not a case of them just coming in and doing the job they really do care."

People told us that staff knew them well and one person said, "They [staff] make me laugh. We have some good banter but there is an underlying professionalism." One relative said, "It's not only the care they give to my relative they care about me as well and think of my well-being." People spoken with told us they were involved in make decisions about their care. One person told us, "They [staff] listen to me and take on board what I tell them. Some days I can do more than others so they will always check this out and always make sure my dignity and preferences are respected."

Staff told us it was important to treat people as individuals and ask what people want. One staff member told us, "People are encouraged to maintain their independence and do as much for themselves as possible. This gives them some dignity and choice." One person told us, "I can do what I can do. They [staff] respect my independence but also give me support when required." People and relatives told us that they never heard staff talk disrespectfully about another person while they were supporting people. Staff we spoke with was positive about their role and the relationships they had developed with the people they supported. Staff were able to tell us about things that were important to the people they supported. A staff member told us, "I've been supporting [person's name] for a long time now and we get on very well."

People we spoke with told us that staff 'always' treated them with dignity and respect. One person told us, "The girls are very respectful; they do their best to maintain my dignity." Staff gave us examples of how they ensured a person's dignity and privacy was maintained. For example, making sure doors and windows were closed and people were appropriately dressed in clean clothes.

Is the service responsive?

Our findings

Care plans seen contained details about each person's specific needs. For example, their personal care, moving and handling and dietary needs. However, care plans did not always give staff guidance and direction about how to provide individualised care and support that met people's needs and wishes. For example, where a person required a shower each day, there was no direction for staff about how much support the person needed for this task to be carried out safely. However, staff told us that they initially took directions from the person as to how much assistance they required. People confirmed that their care needs were always met by the care staff and that they would do any additional care and support that was asked of them. The provider assured us that they would take immediate action to ensure the care plans contained sufficient information to direct staff on how to meet individual's specific needs and was more personal to the individual.

Risk assessments seen were generic and personalised information was not always included. For example; where one person needed to have their call within a reasonable time of having their meal due to being a diabetic. The risk assessment did not include the consequences for the individual if staff failed to arrive on time. The person told us if staff were late then they would have to make their meal themselves, which was a struggle. We discussed this with the registered manager, who told us that she would make sure that the risk assessment included these details and the call would be a priority.

Before people started using the service the provider visited them to assess their needs and discuss how the service could meet their wishes and expectations. From these assessments care plans were developed, with the person, who was asked how they would like their care and support to be provided. People told us that their plans were drawn up after discussion with them and taking into account their views and opinions as well as their needs. One person told us, "They [someone from the office] and asked me what I wanted staff to do for me." People and relatives spoken with told us that the staff discussed their care with them and they were involved in how they wanted this done. Relatives told us that staff continually asked their family member what support they wanted and never took it for granted.

Relatives and people who used the service told us that reviews took place and records seen confirmed that information was updated when required. A relative told us, "Staff asks me about [named person's] care. I know them better than anyone else and can give them the little details which were important to them before they needed support." One person said, "[Staff name] has recently visited me to discuss my care, it is reviewed regularly."

People and relatives told us that they would feel comfortable making a complaint and that they knew how to complain. Most people told us they had not had to make a complaint; comments included "I've never complained, I tell them what I like and what I don't," and "I've had absolutely no cause to complain, if I did, I would," and "I've never had to make a complaint but if I did I'm sure they would sort it out straight away." A relative also told us, "We've no complaints." We saw that there was a complaints and compliments record in use and that some complaints had been recorded and were responded to appropriately.

Is the service well-led?

Our findings

People told us they had not had any missed visits and were very happy with the service they received. However, the provider did not have a process for monitoring when people received their scheduled visits. The registered manager told us they were reliant on the person, their family, friends or neighbours to raise a concern if a visit had been missed or was late. Daily records completed by care staff were returned to the office regularly. However, there were no checks or audits of these records to ensure that people received their scheduled visits and that care staff stayed for the agreed time at the person's home.

The registered manager told us that people's care records were kept in their home and there was not a copy of these located at the registered office. We discussed and advised the registered manager that a copy of people's care records needed to be available at the registered office for inspection and for purposes of running and managing the service. The registered manager was proactive in sharing information with us about safeguarding's that had been raised; however the provider had not notified us about these as required. The provider was aware of the procedure for notifying the CQC, which issues were required to be reported. The provider told us this was an oversight as all other relevant persons had been notified so people were safe. The provider told us this would now be adopted within standard procedures.

People we spoke with told us that they were 'very happy' with how the service was managed. One person told us, "I know if I had any problems, I can pick up the phone and speak with anyone at the office," and another person told us, "I'm very satisfied with the service." Relatives that we spoke with told us they were 'happy' to contact the manager and were 'confident' in the manager's ability to operate the service. One relative said, "[Manager's name] is most helpful, always returns my phone calls if I have to leave a message, the team are very approachable."

Staff told us the management were very supportive, listened to their ideas and held regular staff meetings. Records we look at confirmed staff meetings had taken place. One staff member said, "I really enjoy our staff meetings, it gives us a chance to all get together, we can share good practice, I find them very useful." Staff spoken with all confirmed with us the registered manager was 'approachable' 'helpful' and they would have 'no hesitation' in requesting support or assistance. All staff spoken with said they knew what was expected of them.

We looked at systems the service had in place to monitor the quality and safety of the service. We found that systems were in place to review care plans, risk assessments and medicine recording sheets. Where any issues had been identified, for example, staff not accurately signing the medicine records, this had been picked up and addressed either at the team meetings or through individual supervision. Surveys were sent to people so they could give their views about the service provided. Regular reviews of people's care took place to assess if any changes were needed. Relatives and people spoken with told us that the service provided to them was good, staff were friendly and the care they provided was to a high standard.