

Silverstars Care Ltd

Silverstars Care

Inspection report

The Old Glove Factory
Bristol Road
Sherborne
DT9 4HP

Tel: 07895718611

Date of inspection visit:
20 February 2020
24 February 2020

Date of publication:
01 April 2020

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

Silverstars Care is a domiciliary care service covering Sherborne and Wincanton areas. They provide personal care to people living in their own houses and flats in the community.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of the inspection the service was supporting 20 people who required support with personal care. This figure can change daily as people's needs change and new clients are accepted.

People's experience of using this service and what we found

People and their relatives told us the service was well led. Since our last inspection additional senior staff had been appointed and new quality systems had been implemented to monitor and improve the service for people.

No one using the service was being deprived of their liberty under the Court of Protection. Mental capacity assessments were carried out to determine whether the person had capacity to make decisions related to their care. However, the service had not always assessed people's mental capacity in a way that met legal requirements. Following the inspection the provider reviewed all assessments relating to capacity.

We have made a recommendation in regard additional training in regards assessing capacity.

People and relatives said the service was safe. Formal and informal methods were in place to share information around risk. Arrangement were in place to monitor and record risks. However, the risk assessments were not always reflective of the person's risk and information about people's risks were not always comprehensive.

We have made a recommendation about the review and recording of risks.

People were supported by staff who were kind and caring. Feedback about the caring approach of staff was positive. People who used the service, and their relatives, described a service they could rely on. They confirmed visits were not missed and staff arrived when expected. They said they felt safe with the staff. There were sufficient staff employed to ensure all planned visits were undertaken.

People's medicines were managed safely. Staff had received training in medicines administration and had their competency assessed to ensure the safe administration of medicines.

Staff received supervision and competency observations to help ensure they had the knowledge to perform their roles effectively. Staff and people told us senior staff and the registered manager completed

spot checks where they observed staff supporting people.

The service had an effective out of hours system in place over 24hours. A contingency plan was in place to ensure the service kept running through adverse weather conditions or during staff sickness.

People said the service was well managed. There were effective systems in place to monitor the safety and quality of the service. Regular feedback about the quality of the service people received had been sought. The management team continually looked for ways to improve the service. People were encouraged to raise any concerns they had or make suggestions to improve the service they received.

Why we inspected

This was a planned inspection based on the previous rating.

Rating at last inspection:

At the last inspection the service was rated Requires Improvement. (published 08 March 2019). We identified two breaches of the Health and Social Care Act (Regulated Activities) Regulations 2014 relating to safe care and treatment and good governance.

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Silverstars Care

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

This inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

The location office site visit took place on 24 February 2020, and visits to people's homes, took place on 20 February 2020.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection-

We spoke with three people and their relatives who used the service. We spoke with the registered manager, and two care staff. We visited three people's homes. We reviewed the care records and medication records for five people who used the service. We reviewed records of accidents, incidents, compliments and complaints, staff recruitment, training and support as well as audits and quality assurance reports.

After the inspection –

We contacted one professional who regularly work with the service and telephoned two relatives.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant people were safe and protected from avoidable harm.

At our last inspection medicines were not managed safely and administered appropriately to make sure people were safe. The provider did not effectively assess or manage the risks to people's health and safety. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

Assessing risk, safety monitoring and management

- At our last inspection risk assessments were not always reflective of people's risks. At this inspection, further improvements were required in the recording and assessment of risks. For example, one risk assessment identified a person at high risk of falls. The assessment did not identify the specific risk, or the control measures staff needed to take to keep the person safe. We discussed our concerns with the registered manager who agreed the risk assessments needed to be reviewed.

We recommend that the provider refers to good practice guideline in assessing risk and prevention in falls in older people.

- The service had an effective out of hours system in place over 24 hours. A contingency plan was in place to ensure the service kept running through adverse weather conditions or during staff sickness.
- The service worked with other organisations to promote people's independence and safety, for example. When risks were identified in regards fire safety in people's home, the registered manager informed us they organised joint visits with the local fire service. They told us, "Some clients don't take the fire services advice and support, but we tried."
- Where people were unable to answer the door, staff entered people's homes via a keycode which was securely stored on the electronic system and only available to those who needed it.

Using medicines safely

- At this inspection people received their medicine safely. The provider had introduced an electronic care plan and monitoring system which care staff operated from a smart phone. If people needed support with medicines this was listed as a task which had to be completed. If medicines were not signed as administered an alert went directly to office staff, and this was then followed up.
- Staff received training in medication administration and had their competency assessed before being able

to administer medicines. We reviewed five medicine records and found that there were no gaps. Where medicine errors had occurred, these had been investigated and lessons learnt.

Systems and processes to safeguard people from the risk of abuse

- Risks of abuse to people were minimised because all staff received training in how to recognise and report abuse. Staff told us they would report any concerns and felt confident action would be taken.
- Where concerns had been raised, the management team had ensured they were dealt with in a timely, open and transparent way. They had worked with the local authority safeguarding team when necessary to ensure any concerns had been investigated. There were no safeguarding concerns at the time of the inspection.

Staffing and recruitment

- People were supported by a small team of staff who they knew well. People told us overall the service was reliable, and they knew who was coming to each visit. They told us they would receive a telephone call if staff were running late. The registered manager told us there were sufficient staff to meet people's needs.
- The registered manager carried out recruitment checks on new staff to ensure they were suitable to work in people's homes.
- Staff were introduced to people by a senior member of staff before they worked alone with people. One member of staff told us they felt confident once they started working alone, as there was always other staff available for support.

Preventing and controlling infection

- People were protected against the risk of the spread of infection because staff received training in good infection control practices.
- The registered manager made sure staff had access to personal protective equipment such as disposable gloves and aprons, and staff used these appropriately. The registered manager informed us they had provided staff with small bags to carry spare gloves and aprons in a hygienic manner.

Learning lessons when things go wrong

- People benefited from a provider/ registered manager and staff team who were open and approachable. They appreciated that at times things did not go right and used these situations to learn and improve. For example, in response to a medication error, information in regards the error was shared to all staff to prevent the error happening again.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

At our last inspection there was not a consistent approach to gain people's consent to care and treatment in line with requirements of the legislation and guidance. At this inspection although some improvement had been made, improvements were still required.

- Mental capacity assessments were carried out to determine whether the person had capacity to make decisions related to their care. We reviewed four MCA assessments, they all stated that the people being assessed lacked capacity. The assessments of capacity had not been carried out in respect of specific decisions. Therefore, no best interests' decisions had been made in accordance of legislation. However, there was no evidence to suggest that people lacked capacity to make decisions relating to the care provided by the service. Following our inspection, the registered manager informed us they had linked with the local authority to ensure that their assessments were updated to meet the legal requirements.
- Staff had completed training about the MCA and understood the importance of ensuring people made choices about their day to day lives.

We recommend the provider and staff receive training to ensure they are aware of their responsibilities in regards assessing capacity and consent.

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

- The registered manager or senior staff team carried out assessments of people's needs before agreeing to provide their care. These assessments were completed on the electronic care recording system. The assessments detailed the support people required to maintain their health and wellbeing whilst respecting their preferences and beliefs.
- The registered manager or senior team used the assessments to develop individual care plans which guided staff on how to support people.

Staff support: induction, training, skills and experience

At our last inspection we recommended that the provider considered good practice guidance to ensure all staff received appropriate support, training and supervision and appraisal to carry out their roles.

- At this inspection improvements had been made, and staff were supported with the appropriate training and supervision needed to carry out their roles. People told us they had confidence in staff's skills and knowledge.
- Newly employed staff received an induction which included training and shadowing more experienced colleagues. Staff said they felt well supported and were confident they provided good quality care to people. One staff member told us, "I received an induction for a couple of weeks to meet all the clients before I started to work with them. Training is good. I am working towards the care certificate." The care certificate is an agreed set of standards that define the knowledge, skill and behaviours expected of specific job roles in health and social care sectors.
- Since the last inspection an independent trainer had been appointed to train and support staff. They informed us, "We have been doing training once or twice a week, as well as the induction training. We really focus on going through the care certificate. We hold afternoon workshops, e learning and face to face training."

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

- People's nutritional needs were assessed and any support they needed was detailed in their care plans. One person told us, "The care staff make sure I have a drink. They make sure the cup is clean. They prepare my lunch as I want it. They do encourage me to eat it."
- Where people were assessed as being at risk of malnutrition or dehydration, staff kept a record of their food and fluid intake to help to ensure people had eaten and drunk sufficient amounts.

Supporting people to live healthier lives, access healthcare services and support, Staff working with other agencies to provide consistent, effective, timely care

- The service worked in partnership with other professionals and people were referred promptly to external healthcare services where needed. Staff followed guidance provided by those professionals.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff had built up positive and caring relationships with people they supported. We observed kind and caring support being given. Comments included, "The staff are all kind and ask if want to have a bath or shower. We have a laugh, I always look forward to them coming." "The care staff are all good. (Person's name) gets anxious when they are supporting him. They have done all sorts to reassure him, they sing to him, tell him stories. It is very good care and interaction."
- People's care plans included information about their backgrounds, likes and dislikes and staff understood this information. Staff understood what mattered most to people. One staff member told us, "It is important for us to be respectful to people, it's a privilege to go into their homes to support them."

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

- Staff had enough time to support people properly and, in the way, they wanted, which also allowed them to spend time talking with people. One member of staff told us, "One client always says to me have you got enough time. I tell them not to worry I am there to help them, and it will take as long as it needs. I never feel I am in a hurry to get to the next person."
- People told us they never felt rushed and staff always checked whether there was anything else they needed before they left. A relative said, "It a small team of care workers so we are lucky and see the same ones. They always involve us in decisions."

Respecting and promoting people's privacy, dignity and independence

- Staff were able to discuss how they promoted people's privacy, dignity and independence. They shared examples of closing doors, getting people to do as much as possible for themselves. Comments included. "Each person is different and wants different things. I make sure they are safe and happy in their home. By getting them the food and drink they like and making sure their clothes are clean and tidy. For example, not making them feel embarrassed when they need support with personal care. I put the person first, to be cared for how they want. It's all about them, not my time. It's making sure they are cared for well and to a high standard."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good.

This meant people's needs were met through good organisation and delivery.

At our last inspection the quality of care records needed to be improved. They did not provide adequate guidance to staff and were not personalised.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- At this inspection care plans were personalised. They gave care staff guidance on how to respond to people's needs.
- People's personal information was kept secure electronically and staff understood the importance of maintaining the electronic care records. Each person had a paper copy of their care records at their home.
- People understood their records were electronic, and that they could see the records if they wanted to. The records had an on-line application that each person could access and confidently review their own care records. People and their relatives told us they knew how to access their care records if they wished.
- Staff accessed and recorded all information on the support being given through a handheld phone. This meant records were updated instantly and everyone involved in the persons care were immediately up dated to any changes.
- People's care records contained information about their choices and needs. Everyone was supported to make choices about their care and support. This practice was consistent with values of person-centred care.
- The service encouraged people to maintain interests and hobbies which helped to reduce social isolation. The registered manager told us, "We sign post people to different services. We let families know what services are available. This has resulted in people starting in day services."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service understood and had responded to the AIS. People's communication needs were included in the assessment and care planning process. People told us staff communicated with them, using ways best suited to their individual needs. The registered manager told us written information could be provided in various accessible formats if required.

Improving care quality in response to complaints or concerns

- People received a copy of the complaints process when they started using the service. We observed copies

in care records. People and their relatives told us they would be confident to make a complaint if they had to.

- We reviewed one complaint which had been fully investigated and addressed by the registered manager, in line with their complaints policy.

End of life care and support

- Although the service was not supporting any people with end of life care needs at the time of the inspection, they had done this previously. One member of staff told us of their experience of supporting someone at the end of their life. They told us although it had been an upsetting experience it was what the person wished for.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection the leadership and governance of the service was not effective in regards the monitoring of the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager was also the provider. Since the last inspection they had appointed senior staff and an administrator to support them and undertake specific quality assurance and monitoring roles. The registered manager told us, "Our service is much safer now as all information is now easy to access". They informed us they knew they were still developing in regards the auditing of the service.
- Staff told us they were able to provide good quality care and support to people, because they had a registered manager and senior staff who got involved and understood the role. They said they could raise issues with any of the management team and their concerns would be listened to.
- Systems were in place to monitor and assess the service provided, this meant the registered manager could identify and address any shortfalls. This included audits of accidents, incidents, medication, care plan reviews, training and staff supervisions. They told us, "Audits remain the key challenge of the service. We can now say that the clients are monitored more by myself and my senior team, the care plans and the assessments are more detailed. Previously care records were not person centred, now they are."
- Overall, people using the service, and relatives said they felt the service was well managed. One relative told us, "It is nice as the manager works as part of the team, so we get to see them often."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood and acted upon their duty of candour responsibilities, by promoting a culture of openness and honesty. They also understood their obligation to inform CQC about significant events within their service using the appropriate notifications.

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

regulatory requirements

- Senior staff completed regular spot check visits, observing staff and speaking with people using the service. These visits meant staff received feedback regarding their working practices and meant people could share their experiences of the service.
- Staff told us they were clear about their roles and had good support from the registered manager and senior staff. Comments included, "I am happy working here, there is always someone at the end of the phone." "The service is well led. Everyone knows what they are doing (registered manager name) has high standards and knows what she wants and what is required."
- The registered manager had developed a person-centred culture at the service. They understood their legal responsibilities towards the people they supported and were committed to delivering person-centred care. They only took on support packages where they believed they would be able to achieve the level of care they were committed to.

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

- People were asked to share their views about the service informally and formally and felt very encouraged to do so. The last survey was sent to people and professionals involved with the service in January 2020. The registered manager informed us they were hoping for a larger response this time. They said, "We had positive responses last year, but would have liked a few more returned."
- Staff also had an opportunity to share their views about the service, through informal team meetings and regular supervision sessions.

Working in partnership with others

- The staff had close links with external agencies and the staff team worked in partnership with health care professionals to support people's health and wellbeing. One health professional told us, "Silverstars have plans to become more involved in the local community through engaging with community events and local adverts."