

Sterling Standard Care Group Ltd

Sterling Standard Care Group

Inspection report

Suite 6, 1st Floor, Barkat House
116-118 Finchley Road
London
NW3 5HT

Tel: 02074332503

Date of inspection visit:
20 February 2019

Date of publication:
14 March 2019

Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

About the service: Sterling Standard Care Group is a domiciliary care agency which provides care in people's homes to people with learning disabilities, younger adults and older people. The services they provide include personal care, housework and assistance with medication. On the day of our visit the service provided care and support to approximately 18 people who received personal care.

People's experience of using this service:

The service first registered with the CQC in November 2016. This inspection on 20 February 2019 was the first inspection for the service.

People we spoke with told us that they were satisfied with the level of care they received. They told us they had been treated with respect and felt safe with the support they received from care workers. Relatives we spoke with told us they were confident people were safe when being cared for by care workers.

Arrangements were in place in respect of medicines management. Staff had received medicines training and policies and procedures were in place. We looked at a sample of Medicines Administration Records (MARs) and found that these were not always completed fully. Further, where medicines formed part of a blister pack, the medicines were not always detailed on the MARs and therefore it was not clear what medicines had been administered. We discussed this with management and they advised that they would ensure that medicines contained in a blister pack would be clearly recorded on the MAR in future. They confirmed that they would take immediate action in respect of this.

Systems were in place to help ensure people were protected from the risk of abuse. Staff records indicated that staff had received safeguarding training and staff confirmed this. Staff were aware of the process for identifying concerns and said that they would report their concerns to management.

Risks to people had been assessed, updated and regularly reviewed to ensure people were safe and risks to people in relation to treatment or care were minimised.

People were protected from the risks associated with poor infection control because the service had processes in place to reduce the risk of infection and cross contamination.

People received care and support from the same team of care workers. This maintained consistency and ensured that staff knew people and could build friendly professional relationships with people. People and relatives spoke positively about this aspect of the service.

People and relatives told us they were confident that care workers had the necessary knowledge and skills they needed to carry out their roles and responsibilities. Staff received a range of training, which they said was useful to their role and responsibilities.

Where people received support around their nutrition and hydration this had been documented clearly in the care plan.

Where possible people were involved in making their own decisions about their care and staff sought appropriate consent from people.

People received care that respected their privacy and dignity as well as promoted their independence wherever possible.

Care support plans were person centred and individualised. They addressed areas such as people's personal care, what tasks needed to be done each day, time of visits, people's needs and how these needs were to be met. They also included details of people's preferences and details of their history and interests.

People and relatives spoke positively about the management of the service. There was a clear management structure in place with the registered manager, team of care workers and office staff.

The service had clear procedures for receiving, handling and responding to comments and complaints. People and relatives told us they did not have any complaints about the service but knew what to do if they needed to raise a complaint or concern.

Systems were in place to monitor and improve the quality of the service. We found the service had a comprehensive system in place to obtain feedback from people about the quality of the service they received through telephone monitoring and home visits. This enabled the service to continuously monitor this to ensure the effectiveness of the service.

The management team and office staff demonstrated compassion and commitment to the needs of the people who used the service as well as the staff who worked for them.

The registered manager promoted transparent communication, honesty and was approachable. This was confirmed by care workers we spoke with.

Rating at last inspection: The service was first registered with the CQC in November 2016. The service was originally located in Hackney and then moved to the new address in May 2018. This inspection on 20 February 2019 was the first inspection for the service.

Why we inspected: This was a planned comprehensive inspection that was scheduled to take place in line with Care Quality Commission scheduling guidelines for adult social care services.

Follow up: We will continue to monitor intelligence we received about the service until we return to visit as per our re-inspection programme. If any concerning information was received, 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 not always safe.	Requires Improvement ●
Is the service effective? The service was effective.	Good ●
Is the service caring? The service was caring.	Good ●
Is the service responsive? The service was responsive.	Good ●
Is the service well-led? The service was well-led.	Good ●

Sterling Standard Care Group

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.'

Inspection team: This inspection was carried out by one ASC inspector.

Service and service type: Sterling Standard Care Group is a domiciliary care service which is registered to provide personal care and support to people living in their own home.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The registered manager was also the owner of the agency.

Notice of inspection: We gave the service 48 hours' notice of the inspection visit because we wanted to make sure the registered manager and staff we wanted to speak with were available on the day of our inspection.

What we did: Before the inspection, we asked the provider to complete 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 reviewed the completed PIR. We reviewed other information we had about the provider, including notifications of any safeguarding concerns or other incidents affecting the safety and wellbeing of people.

An inspection site visit took place on the 20 February 2019. It included speaking to the registered manager and support manager. During the inspection, we reviewed six people's care records, which included care plans, risk assessments and daily care notes. We also looked at medicines administration records (MARs) for

three people. We also looked at five staff files checking staff recruitment, training and supervision. We looked at records relating to the management of the service which included various policies and procedures, complaints, quality monitoring and audit information.

Following our inspection, the inspector carried out telephone interviews to obtain feedback about the service. We spoke with five people who used the service and three relatives. We also spoke with three care workers. We also contacted one care professional to obtain their feedback regarding the service.

Is the service safe?

Our findings

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

One aspect of the service was not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- There were systems in place for medicines management. At the time of the inspection, the service assisted six people with medicine support.
- Care workers that were assessed as competent following mandatory training administered prescribed medicines to people in accordance with care plans.
- We checked a sample of Medicines Administration Records (MARs) for three people between August 2018 and December 2018. We found that there were occasions where these were not always completed fully; there were gaps on some MARs and also instances where the key was used to complete the MAR, but there was no further information recorded on the MAR to indicate whether the medicine had been administered or the circumstances surrounding the administration. We raised this with management and they showed us evidence that where there were gaps or the use of the key in MARs, the reasons for this was recorded in people's daily notes. Management confirmed that in future, the reasons for gaps or use of the key would be clearly detailed on the MAR itself.
- Where medicines prescribed formed part of a blister pack, we found that these were documented on MARs as 'blister pack'. There was therefore no record on the MAR of what medicines formed the blister pack. It was therefore not clear from the MARs what medicines had been administered. It is important that where a service takes responsibility for medicines administration, there should be a clear record of which medicines care support staff have administered on the MAR including those that are in a blister pack. We however noted that whilst the medicines in a blister pack were not listed on MARs, the medicines prescribed were documented in people's care support plan. We discussed this with management and they advised that they would ensure that medicines contained in a blister pack would be clearly recorded on the MAR in future. They confirmed that they would take immediate action in respect of this.
- MARs were audited monthly by management and we noted that gaps and issues relating to the completion of MARs were identified as part of the audits.
- The registered manager acknowledged that the service needed to review their systems regarding completion of MARs and explained that from March 2019 the service would be using electronic MARs so that staff completed this electronically and management could monitor the completion of these remotely.

Systems and processes to safeguard people from the risk of abuse

- People who used the service told us they felt safe in the presence of care workers. One person said, "I am really pleased. I trust whatever room they go in. I feel very safe around them." Another person told us, "I feel safe. I have no concerns." Relatives we spoke with confirmed this. One relative told us, "I am very confident [my relative] is safe." Another relative said, "The care is good. [My relative] is safe."

- The service had relevant policies in place, including safeguarding and whistleblowing policies. These clearly detailed the process in place for reporting concerns.
- Care workers had received safeguarding training and documentation confirmed this. Care workers we spoke with were clear about the importance of their role in safeguarding people and said if they had concerns about people's safety they would report their concerns immediately to the registered manager. They were confident that management would respond to their concerns immediately.

Assessing risk, safety monitoring and management

- Risk assessments were in place and contained guidance for minimising potential risks.
- Risk assessments covered areas such as the environment, physical health, malnutrition, pressure ulcers, diabetes and use of Warfarin. These included information about the likelihood of the risk, control measures and action needed to reduce the risk. We saw documented evidence that these were reviewed regularly to ensure they accurately reflected people's needs.
- The service had an electronic monitoring system where staff logged when they arrived at a person's home on an app on their phone to indicate when they arrived at a person's home and when they left. The registered manager explained that this enabled the service to monitor staff punctuality and ensure staff stayed for the duration of the visit. The service had a screen mounted on the wall in the office which provided real time information about current visits, which staff were due to provide the care and whether they had arrived at the person's home or were late. This enabled management and office staff to continuously monitor this. If a member of staff failed to log a call, this was then flagged up on the system so that the office was notified. The registered manager explained that the office would contact the member of staff to ascertain what the situation was and in the majority of circumstances, staff would call the office if they were running late.
- People and relatives told us there were no issues with regards to care worker's punctuality and attendance. They told us care workers were mostly on time and if they were running late, the office contacted them to inform them of the delay.

Staffing and recruitment

- Staff had been recruited safely. They underwent appropriate recruitment checks before they could commence work at the service. This ensured they were suitable to provide people's care.
- Checks undertaken included, at least two references, proof of identity and Disclosure and Barring checks (DBS). The DBS helps employers make safer recruitment decisions and prevent the appointment of unsuitable people.
- The service had sufficient staff to support people safely and in a timely manner.
- The registered manager told us that they kept staffing levels under review to meet the needs of people using the service.
- The service had an on-call system to make sure staff were supported outside the office hours. This service was available at evenings and weekends.

Preventing and controlling infection

- People were protected from the risks associated with poor infection control because the service had processes in place to reduce the risk of infection and cross contamination.
- Staff had completed training in infection control prevention.
- The service had an infection control policy in place.
- Staff received personal protective equipment (PPE) such as gloves and aprons and this was confirmed by

staff we spoke with.

Learning lessons when things go wrong

- The service had a system for managing accidents and incidents to reduce the risk of them reoccurring.
- We saw that staff completed accidents and incidents records. These included details of the accident/incident, action taken by staff to respond to and minimise future risks. The form also involved the person concerned detailing their feedback and suggestions to minimise potential risks.
- Accidents and incidents were discussed during team meetings to ensure lessons were learnt so that this reduced the risk of similar incidents and accidents occurring in the future.

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

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

Staff support: induction, training, skills and experience

- People who used the service and relatives told us that they had confidence in care workers and said they were well cared for. One person said, "Carers are excellent. They really do know what they are doing." Another person told us, "I am very happy with the care." One relative told us, "The carers are excellent. I can engage with them. They are polite and caring and always respectful."
- Newly employed staff received training and an induction to the service. They also shadowed their more experienced colleagues before they started supporting people independently.
- Staff we spoke with told us they felt supported. They were trained, skilled and experienced in their role.
- Staff had completed mandatory training, which covered a range of areas, including food hygiene, infection control, health and safety, safeguarding, moving and handling and the Mental Capacity Act 2005 (MCA). Staff received a combination of online training and classroom based training that was provided by the service and external organisations. Relevant certificates were available.
- Staff spoke positively about the training they had received. One care worker said, "I completed a three day induction and shadowing before I started to work with clients. It was helpful." Another care worker told us, "The training was very helpful. It included shadowing. I was able to see first hand what I had to do. It made a difference."
- Staff were supported through monthly spot checks, quarterly supervisions and a yearly appraisal of their performance.

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

- Records showed that people's needs were assessed at the start of the care package and further assessments were carried out yearly or if people's needs had changed.
- People who used the service and relatives told us they had been involved and consulted during the assessment process. People's care needs and personal preferences had been discussed with them before they started receiving care from the agency.
- In people's care plans we saw that information gathered during the assessment meeting had been used to formulate individual plans of care for people.
- Care support plans included details of people's individual needs, their goals and action required by staff to help support meeting people's needs.
- Staff completed notes for each visit, recording the care and support provided to help the service track and review people's progress.

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

- People were supported to eat and drink in order to maintain a balanced diet.
- Where people who used the service required help with eating and drinking this was clearly documented in their care plans.
- People who used the service told us that they were satisfied with the support they received from care workers regarding the support they required around eating and drinking.

Supporting people to live healthier lives, access healthcare services and support

- Staff supported people to access the healthcare services they needed.
- People's healthcare needs were mostly dealt with by the person's family. However, care workers said they would contact emergency services if the person was unwell.

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

- People's rights were protected because the service ensured that the requirements of the Mental Capacity Act 2005 (MCA) were met.
- The 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 checked whether the service was working within the principles of the MCA.
- People we spoke with said staff were friendly and asked for their permission before providing personal care. Staff had received training in the MCA.
- Care workers were aware of the importance of ensuring people were able to make their own decisions as much as possible. They told us that they always ensured people were given a choice and were aware that when a person lacked the capacity to make a specific decision, people's families, staff and others including health and social care professionals would be involved in making a decision in the person's best interests.
- Care plans included information about people's preferred communication. We noted that care support plans had been signed by people or their representatives to indicate that they had been involved in their care and had agreed to it.

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People we spoke with told us they were treated well and with respect when being cared for by care workers. One person said, "The carers are pleasant, caring and always ask how I am." Another person told us, "[The carers] are caring and kind. They do respect my wishes." One relative said, "[The carers] have absolutely helped [my relative]. They have made such a difference to his wellbeing. I cannot praise them enough."
- People's protected characteristics such as age, ethnicity and disability were taken into consideration when supporting them. People and staff were matched according to their individual preferences.
- The agency encouraged open conversations with people about their personal needs in relation to religion, cultural background or sexuality. When required staff accompanied people to their place of worship, activities in the community or helped to access specific communities of interest to people. For cultural reasons, one person required care workers to take their shoes off when in their home, the registered manager confirmed that care workers ensured that they respected the person's wishes.
- Staff had a good understanding of protecting and respecting people's human rights. They had received training around equality and diversity.
- The service treated people's values, beliefs and cultures with respect. There were practical provisions for people's differences to be observed. For example, provisions had been made to support people's diversity, and this included gender preferences.

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

- Staff were aware of the importance of seeking consent from the people they supported. People told us they received support that provided maximum choice and control of their lives with staff supporting them in the least restrictive way possible. The provider had policies and systems in the service that supported this practice.
- People and relatives we spoke with told us they had been consulted about their care arrangements and had agreed care arrangements with management that were at suitable times.
- Staff were knowledgeable about people's preferences. People's care records contained their profiles, which recorded key information about their care. This included their likes and dislikes, gender, interests, culture and language.

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with dignity and respect. One person said, "They always ask me what I

need. They talk to me." Another person told us, "They encourage me to be independent. They let me take my time and do things at my own pace."

- People were supported to maintain their independence. Their care records contained information about their choices and independence.
- Staff knew each person's ability to undertake tasks related to their daily living. They took time to support people to participate as fully as they could.
- The service recognised people's rights to privacy and confidentiality. Care records were stored securely in locked cabinets in the office and, electronically.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Referral documentation included detailed information about people's medical conditions and the support they required.
- Care plans viewed were holistic and person centred. They were comprehensive and had been reviewed if people's needs had changed. They gave clear guidance for staff on how people's needs should be met.
- Care plans included details about people's history and medical background. There was a plan outlining the support people needed with various aspects of their daily life such as personal care, continence, eating and drinking, mobility, medicines, religious and cultural needs. They contained information about people's past, previous interests and occupations. This information assisted care workers to understand people's individual's needs so that they could provide the appropriate care and have relevant conversations with them.
- We viewed completed daily records and noted that staff wrote information that identified the person's state of health and wellbeing, and their ongoing progress.
- People told us they experienced consistency in the level of care they received and received care from regular care workers. This was confirmed by relatives we spoke with. One person who received care told us, "They provide me with regular carers. Consistency is there." One relative told us, "[My relative] has the same carers, I know them all. No more than a group of three to four. It makes such a difference. Familiarity."

Improving care quality in response to complaints or concerns

- The service had a complaints procedure which people and their relatives were aware of. The procedure explained the process for reporting a complaint.
- The service had received two complaints in the last year. We saw that these had been investigated and action taken.
- People felt they would be listened to if they needed to complain or raise concerns. One person told us, "I can absolutely contact them about anything. They are very approachable and accommodating. They really do listen to my concerns and feedback." Another person said, "I can contact the office if I want to."

End of life care and support

- At the time of our inspection the agency had not provided end of life care. We noted that where appropriate staff carried out decisions about people's wishes in case of their passing. We saw the outcomes of discussions had been reflected in people's care documents.

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

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

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The service planned and promoted person-centred care for people. People and relatives we spoke with felt the service provided a personalised care that supported them to develop or regain independent living skills and met their needs appropriately.
- Staff had been trained so that they had skills, knowledge and experience to deliver high-quality care.
- The service was aware of and complied with the requirements of the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment. There was an open and transparent approach to safety and a system was in place for reporting and recording significant events.
- People and relatives we spoke with gave us positive feedback about the agency. They felt staff were caring and knew their needs and the management team were responsive to requests made by people.
- People were frequently asked about their satisfaction with care provided. The service carried out regular quality monitoring which included monthly telephone calls to people and relatives. This ensured they monitored this consistently over a period of time and enabled them to take immediate action if concerns were raised.

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

- There was a clear leadership structure and staff felt supported by management. One care worker told us, "Management are encouraging. They are supportive. If I ever have a concern, there is always someone to listen and they respond. They are always available." Another care worker said, "The manager is supportive. He always calls to check. He is always available."
- The service proactively sought feedback from staff and people, which it acted on.
- We found the management to be knowledgeable about issues and priorities relating to the quality and future of the service.
- Staff told us there was an open culture within the service and they could raise any issues at team meetings and felt confident and supported in doing so.
- Staff felt respected, valued and supported by the registered manager. They were encouraged to identify opportunities to improve the service.

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

characteristics

- People who used the service and relatives we spoke with confirmed that the agency regularly sought their feedback and opinion about the service provided. One person told us, "Things are running smoothly. They are always willing to make things better. They are very open to suggestions. It is a positive. They strive to make things better." Another person said, "The agency is running well."
- Records we looked at showed the agency asked people about their feedback. The registered manager confirmed that they had recently carried out a satisfaction survey and were currently waiting to receive responses. Once they had received these, they would analyse the results.
- Staff spoke positively about communication within the service. They said they had regular meetings where they were kept updated regarding the operation of the service and were asked about their feedback about the service. They thought the management team had been responsive to their suggestions.
- Meeting minutes showed that team meetings had taken place regularly and staff were able to discuss matters related to their role and supporting people who used the service. The registered manager confirmed that it was important for staff to get together and therefore he had a room booked at an external venue for every other week.

Continuous learning and improving care

- Systems were in place to monitor and improve the quality of the service. The service undertook a range of audits of the quality of the service and took action to improve the service as a result. Audits had been carried out in relation to care documentation, MARs and training.
- The service also carried out spot checks to assess care support staff performance when assisting people with personal care in the person's home.