

Silver Tree Home Support Community Interest Company

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Inspection report

Unit 25, The Dudson Centre
Hope Street
Stoke On Trent
Staffordshire
ST1 5DD

Tel: 01782683046
Website: www.silvertreesupport.co.uk

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17 May 2019

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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

About the service: Silver Tree Limited provides care at home for six people who receive personal care.

People's experience of using this service: People and their relatives felt safe using this service. They told us they trusted staff who respected their choices and preferences.

Pre-employment checks were carried out before staff began working in the service. Staff were supported using induction and supervision. They were trained a range of topics to meet people's needs including medicines administration and food hygiene. Further support was provided by the registered manager via an on-call service to ensure staff had back up support when required.

People were protected from harm by staff who understood safeguarding. Staff told us they felt confident reporting concerns to the registered manager and believed actions would be taken to protect people. People's personal risks had been identified and steps put in place to minimise those risks.

The provider had systems in place to monitor the service including accidents and complaints. There had been no accidents or complaints since our last inspection.

Partnership working with relatives and other professionals meant people's care needs were effectively met. There were enough staff employed by the service to meet people's needs.

Staff provided appropriate support to people and did not discriminate against them. Staff from differing ethnic and religious backgrounds told us they felt comfortable working in the service. Contractual arrangements were in place with a national children's charity to provide staff to support children and young people with disabilities.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

The service continues to be well-led. People and their relatives were complimentary about the registered manager. The service had recently received external recognition for the safe and secure use of people's information.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection: Good (Last report published December 2016.)

Why we inspected: This inspection was carried out in line with our inspection scheduling.

Follow up: We will continue to monitor the service through the information we receive and discussions with

partner agencies.

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.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

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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: The 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 homes. It provides a service to adults, children and young people.

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.

Notice of inspection: This was an unannounced inspection. The inspection site visit took place on 14 May 2019. We visited the office location to see the registered manager and office staff; and to review care records and policies and procedures. On the same day we spoke with staff and visited people with their permission in their own homes. We also spoke with people who used the service and staff by telephone on 17 May 2019.

What we did: Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We reviewed this information together with information sent to us about events in the service to plan our inspection. We also contacted professionals including local authority commissioners and the local authority safeguarding team.

During inspection: We spoke with four people who used the service and six relatives. We also spoke with six staff including the registered manager, the service coordinator and care staff.

We reviewed three people's care documents and gathered information from other records held by the provider. These included audits, and accidents and incidents.

After inspection: We reviewed the evidence provided to us during the inspection. We will continue to monitor the service.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse.

- Staff were trained in how to safeguard children and adults. They were confident the registered manager would act if people were at risk.
- The service had made safeguarding alerts to the local authority.

Assessing risk, safety monitoring and management.

- The registered manager carried out assessments of people before they began using the service to identify any risks.
- Staff could describe people's personal risks and understood how to mitigate them. Relatives told us they had observed staff appropriately managing individual risks.

Staffing and recruitment.

- Staff recruitment was safe. Checks were carried out on prospective staff before they began working in the service.
- There were enough staff employed in the service. People who used the service and their relatives told us staff arrived on time and stayed for the required time. The registered manager told us they monitored the amount of staff they needed.

Using medicines safely.

- Staff were trained in the safe use of medicines.
- Records showed staff understood how to appropriately administer people's medicines.

Preventing and controlling infection.

- Gloves and aprons were available to staff whilst working in people's homes to reduce the risks of infections spreading.

Learning lessons when things go wrong.

- A system was in place to document accidents. There had been no accidents involving people who used the service from which lessons could be learnt.
- The registered manager felt everyone involved in the service was learning lessons all the time to prevent things from going wrong.

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.

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

- The registered manager assessed people's needs and wishes in line with regulatory requirements.
- Staff attended children in need review meetings which meant the service was up to date with children's current needs.
- People and their relatives told us staff respected their wishes and choices.

Staff support: induction, training, skills and experience.

- Staff were supported through an induction period to familiarise themselves with the service and people's needs.
- Staff underwent a training programme to develop their knowledge and skills and were supported using supervision from the registered provider.

Adapting service, design, decoration to meet people's needs.

- Before the service was delivered in people's own homes, the provider undertook a risk assessment to ensure people and staff were safe.
- Relatives valued the service being designed to respond flexibly to meet needs. People had a regular group of carers to support them.

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

- Staff supported people to access healthcare services.
- Staff had listened to the advice of healthcare professionals to meet people's care needs.
- People were supported to access the community to maintain their well-being.

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 with appropriate legal authority.

Where a person is living in their own home, it is still possible to deprive the person of their liberty in their best interests. Application for authorisation must be made to the Court of Protection.

We checked whether the service was working within the principles of the MCA, whether any restrictions on

people's liberty had been authorised and whether any conditions on such authorisations were being met.

- No one who used the service was subject to any restrictions under the MCA.
- Mental capacity assessments were carried out before people began using the service. This was to check if people had the capacity to consent to their care. Best interests' decisions were in place for people who could not consent.
- The registered manager understood issues related to the capacity of children and young people below the MCA age limits.

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; respecting equality and diversity.

- People were well-treated by staff who understood their needs and were able to anticipate their requirements. One relative told us, "Staff are very caring."
- People were comfortable and relaxed in the presence of staff.
- People's diverse needs were respected by staff who had been trained in equality and diversity. The registered manager had sought a staff member with specific knowledge of a dialect to support a person.

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

- Staff followed people's prescribed routines after these had been agreed with people and their relatives. One relative told us they were, "Very happy, very pleased with the service."
- Relatives told us the staff had advocated for them in meetings. The staff had also listened to relatives as natural advocates for people.

Respecting and promoting people's privacy, dignity and independence.

- People's independence was promoted by staff in different ways according to each person's abilities. A member of staff had received a compliment from a person who required specific staff skills to support them.
- Staff ensured personal care took place in private where people's dignity was preserved. Relatives told us staff respected people's privacy.

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.

- People's records contained person-centred care plans which gave guidance to staff on how to meet people's needs. Staff were familiar with the plans and delivered personalised care. Specific information had been included in care plans about how young people communicated when they were unable to use the spoken word.
- Care documents were reviewed and updated as required.
- Staff had a good understanding of people's needs and preferences and had worked with people and their relatives to establish routines to promote people's well-being. For some young people this included supporting them on school transport.
- People received support from staff to access their communities and do their own shopping. Staff also supported people to access activities related to their own personal interests.
- The service met the requirements of the Accessible Information Standard. The registered manager took care to ensure people received information in ways which were useful to them. They had recently developed child friendly care plans using pictures. An adult version was also available in plain English.

Improving care quality in response to complaints or concerns.

- The provider had a complaints policy. There had been no complaints made since our last inspection.
- Relatives told us they had not needed to make a complaint. They told us they were happy with the service and would raise any concerns with the registered manager.

End of life care and support.

- The service worked in partnership with family members when people neared the end of their life.

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 with openness; and how the provider understands and acts on their duty of candour responsibility.

- People and their relatives told us staff delivered person, had on-call arrangements to support staff out of hours.
- Staff confirmed the registered manager had addressed culturally sensitive issues with them before they began caring for people.

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

- The registered manager undertook a range of activities to monitor the quality of the service including spot checks on staff. People's daily notes were returned to the service and audited.
- Private contracts were in place for people who arranged their own care.

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

- People and their relatives told us they felt involved in their care and staff adhered to their wishes.
- Surveys to measure the quality of the service had been carried out. The responses were very complimentary about the service.
- People were enabled to live their preferred life style. The registered manager had actively sought a staff member to meet people's language requirements and avoid discrimination.
- The registered manager had an open-door policy for staff to discuss issues. They provided staff with a newsletter to remind them about, for example, annual leave and had begun to develop a newsletter for families.

Continuous learning and improving care.

- The registered manager had developed the service and looked at ways to improve the care. The service had recently achieved entry level accreditation using the NHS toolkit to better manage people's data.
- The registered manager was developing a young person friendly care plan including ways to seek young people's consent. The registered manager expressed a wish to further develop their service in line with UN Convention on the Rights of the Child.

Working in partnership with others.

- The service worked in partnership with other agencies including GP's, dieticians, social workers and a national children's charity.

- Staff worked in partnership with family members. Relatives spoke with us about feeling supported and confident in the levels of care.