

S.S.Care Limited

S.S Care Limited

Inspection report

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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

SS Care Limited is a domiciliary care agency providing personal care and support to people with learning disabilities who live in their own homes or supported living accommodation. The service supports some people on a 24 hour basis and others at specific times, enabling people to live independently.

At the time of the inspection, the service provided support to 13 people. However, only six of those people required support to meet their personal care needs. Therefore, we only looked at the care and support received by those people.

This inspection took place on 23 and 24 March 2017 and was announced. The service was last inspected on 22 March 2013, when it was compliant with the regulations relevant at that time.

The service had 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.

People's rights were upheld because staff displayed a good understanding of the principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguarding (DoLS). People were encouraged to make choices and were involved in the care and support they received. However, some people did not have mental capacity to make complex decisions about their health and welfare. Where this was the case, people's records did not always contain an assessment of their capacity. Where decisions had been made in people's best interests these were not always being fully documented. This meant we were unable to tell, if decisions were specific, made in consultation with appropriate people such as relatives or were being reviewed. We raised this with the registered manager who agreed that people's records did not contain sufficient information to demonstrate the service was working within the principles of the MCA. The registered manager assured us they would take immediate action to address this. We did not find that people had been disadvantaged or that decisions taken were not in people's best interest.

People told us they felt safe and comfortable with the staff that supported them. One person said, "I do feel safe, the staff work for me." Where people were unable to tell us their views we observed the way they interacted with their environment and the staff supporting them. We saw people were relaxed and at ease in their environment and with their support workers. Relatives told us they did not have any concerns about people's safety. One relative said, "People are safe and well looked after, it's as good as it gets".

People were protected from the risks of abuse and harm. Staff had received training in safeguarding adults and knew how to recognise signs of potential abuse. They understood how to report concerns and were confident any issues would be dealt with thoroughly.

Recruitment procedures were robust and records demonstrated the service had carried out checks to help ensure staff employed were suitable for their role. Staff received appropriate training that enabled them to carry out their roles effectively. Newly appointed staff undertook a comprehensive induction, shadowed more experienced staff, and did not work alone until the registered manager was confident they had the right skills to carry out their role. One staff member said, "The support we receive is brilliant, the management team really value what we do."

People were supported by kind and caring staff who ensured people received support that was responsive to their needs as set out within their individual support plans. People were involved in developing their care and encouraged to contribute to them as much or as little as they wished. People told us staff treated them with respect and were mindful of their need for space and privacy.

People were supported to manage their medicines safely. People received their medicines as prescribed, on time and understood what they were for. People were supported to maintain good health and had regular access to health and social care professionals, such as GPs, dietician, speech and language therapist and care managers.

People were kept safe because risks associated with people's support needs; lifestyle choices as well as those relating to the environment had been identified and action taken to minimise and reduce the risk of any harm to the individual or others. Where risks had been identified, management plans were developed to help ensure staff knew how to support people safely.

There was a complaints procedure in place and people knew how to voice their concerns if they were unhappy. There was a clear management structure and visible leadership within the service. The service had an effective quality assurance system in place to help identify areas of improvement and enable the provider to address them promptly.

The registered provider had notified the Care Quality Commission of significant events, which had occurred in line with their legal responsibilities. Records were well maintained and stored securely

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 were protected by robust recruitment procedures and appropriate checks were undertaken before staff started work.

People were protected from harm as the provider had systems in place to recognise and respond to allegations of abuse.

Risks to people had been identified and action had been taken to minimise these risks.

People were supported to manage their medicines safely.

Is the service effective?

Good 

The service was effective.

People received care and support that met their needs and reflected their individual choices and preferences.

People were supported by skilled and experienced staff who received regular training and supervision, and who were knowledgeable about people's needs.

People were supported to make decisions about their care by staff who had a good understanding of the principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. However, people's records did not always reflect this.

People were supported to maintain a healthy balanced diet and supported to access health professionals to ensure their health needs were met.

Is the service caring?

Good 

The service was caring.

People who used the service had developed positive, caring relationships with their support workers.

People were supported by staff that promoted independence

and respected their dignity.

People and their relatives were involved in making decisions about their care and support.

Is the service responsive?

Good ●

The service was responsive.

People benefitted from care plans that described their day-to-day health and personal care needs in detail.

People received personalised care that was responsive to their individual needs.

The service was flexible and responsive to changes in people's needs.

People felt confident they could raise concerns and these would be listened to and dealt with promptly.

Is the service well-led?

Good ●

The service was well-led.

People and staff felt supported by a management team that was open and approachable.

There were effective systems in place to monitor the quality of support being provided by the service.

Records were well maintained and stored securely.

S.S Care Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 23 and 24 March 2017 and was announced. The provider was given 48 hours' notice because the location provides a supported living service to people who are often out during the day; we needed to be sure that someone would be in. One adult social care inspector carried out this inspection. Prior to the inspection, we reviewed the information held about the service. This included previous inspection reports and notifications we had received. A notification is information about important events, which the service is required to tell us about by law. Before the inspection, the provider completed a Provider Information Return (PIR). This form asked the provider to give some key information about the service, for instance what the service does well and any improvements they plan to make.

On the first day of the inspection, we visited the service's office to review documentation relating to people's care and support needs, staff recruitment and training. We also looked at how the service ensured the safety and quality of the support provided to people in their own homes. We met with both directors of SS Care Limited one of which was the registered manager of the service. We also spoke with the assistant manager and a senior team leader. On the second day of the inspection, we visited four people in their own homes and spoke with seven staff members supporting them. Following the inspection, we spoke with two relatives over the telephone. We also spoke with two health and social care professionals.

Is the service safe?

Our findings

People, who were able, told us they felt safe and happy with the staff that supported them. One person said, "I do feel safe, the staff work for me." Not everyone we met or spoke with was able to share their experiences with us. Where people were unable to tell us their views we observed the way they interacted with their environment and the staff supporting them. We saw people were relaxed and at ease in their environment and with their support workers. Relatives told us they did not have any concerns about people's safety. One relative said, "People are safe and well looked after, it's as good as it gets". Another said I do not have any concerns about [person's name] they put people first here." Health and social care professionals spoke highly of the service and told us that they did not have any concerns about people's safety or wellbeing.

People told us they knew what keeping safe meant for them. Staff said they regularly reminded people about what might place them at risk, such as 'stranger danger' and how to avoid this, such as not letting strangers into their home. We saw that people's support plans contained a guide to "Keeping Safe." This was an easy read document, which gave people information and useful tips in how to stay safe at home as well as in the community. People were protected from the risks of abuse and avoidable harm, because systems were in place to help ensure people understood their rights and were being supported to raise concerns. One person said, "If something is not right I would tell one of the directors or my care manager." Staff demonstrated a good understanding of how to keep people safe, and told us they felt comfortable and confident in raising concerns with the directors or assistant manager if they needed to. Staff knew which external agencies should be contacted should they need to do so. The policy and procedures to follow if staff suspected someone was at risk of abuse were easily accessible. This contained telephone numbers for the local authority and the Care Quality Commission.

People were supported by sufficient numbers of staff to keep them safe and staff confirmed they had the right skills, knowledge, and experience to meet their unique needs. The directors told us they regularly reviewed staffing levels, this helped ensure that people received, reliable and consistent care which could be flexible around their needs. A staff member said, "We have a good team and we will all pick up over time and cover for each other. We don't like using agency staff; it's really important our guys have consistency and know the staff supporting them."

Recruitment procedures were robust, and records demonstrated the provider had carried out checks to help ensure that staff employed, were suitable to work with people who use care and support services. These included checking applicants' identities, obtaining references and carrying out Disclosure and Barring service (DBS) checks (police checks). This included shadowing experienced colleagues until senior staff felt they were competent to provide personal care and support. This helped ensure support workers felt confident and risks to people receiving support were minimised. The directors and staff confirmed staff were specifically matched to support people on an individual basis. For instance, we saw one person who had a love of sport (football) had been matched with staff who either had an interest in sport or who had been previously coached people to play football.

People were encouraged and supported to take their medicines as independently as possible. One person said, "Sometimes I forget to take my tablets and the staff help me." Staff were appropriately trained and confirmed they understood the importance of safe administration and management of medicines. We looked at medicines administration records (MARs); we noted all had been correctly completed. People's individual support plans described in detail the medicines they had been prescribed and the level of assistance required from staff. People's guidelines included information about people's medical history and how they chose or preferred to be supported with medicines.

Where people were prescribed medicines to be given "as needed," such as for the management of long standing health conditions, guidance had been provided for staff as to when this should be used. Any risks in relation to medicines had been assessed and any specific arrangements, such as safe storage in the person's home, had been considered.

People were kept safe because risks associated with their support needs; lifestyle choices as well as those relating to the environment had been identified and action had been taken to minimise and reduce the risk of any harm to the individual or others. Where risks had been identified, management plans were developed to help ensure staff knew how to support people safely and minimise any associated risks. For example, one person had risks associated with the management of their epilepsy. Support plans contained guidance and protocols for staff to follow when the person experienced a seizure. Staff received training in providing the required medicines and knew when and who to notify if their seizures were prolonged.

Although the service was not directly responsible for people's premises and equipment, the assistant manager and senior team leader carried out a range of risk assessments and regular spot checks to ensure the physical environment was safe. If any concerns were identified, the assistant manager informed the relevant property owner or housing association so that action could be taken. There was an on call system for staff and people to ring in the event of an emergency outside of office hours. Staff told us this system worked well and there was always a senior manager available to provide advice and support. One staff member said, "I have been impressed by the amount of support I have received and the availability of the managers."

Staff were provided with personal protective equipment (PPE) such as gloves and aprons. Records showed staff were provided with infection control training and spot checks of staff's care practices were used to ensure they followed good infection control principles.

Is the service effective?

Our findings

People spoke positively about the care and support they received from SS Care Limited. People told us they were happy and had confidence in the staff supporting them. Comments included, "I am very happy with the staff that support me," and "the staff are nice and kind." A relative said, "The directors are marvellous and staff are patient, kind, and caring." Another said, "I have never had any cause for concern about the way they look after [person's name]."

Most of the people receiving support from SS Care Limited were living with a learning disability, Autism or had needs relating to their mental health, which affected their ability to make some decisions about their care and support. Staff showed a good understanding of the Mental Capacity Act 2005 (MCA) and their role in maintaining people's rights to make their own decisions. During the inspection, we observed staff putting their training into practice by offering people choices and respecting their decisions. Staff told us how they supported people to make decisions about their care and support. For instance, by supporting people to maintain a balanced healthy diet, however, people's records did not always reflect this.

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 who were able told us they were involved in their care, attended regular reviews and had access to their records.

However, some people did not have mental capacity to make complex decisions about their health and welfare. Where this was the case, people's records did not always contain an assessment of their capacity. Where decisions had been made in people's best interests these were not being recorded fully. This meant we were unable to tell, if decisions were specific, made in consultation with appropriate people such as relatives or were being reviewed. For instance, where the service held or managed people's monies. There were no records to show the rationale for this decision, no mental capacity assessment to show that people did not have capacity to manage their own finances or this was being carried out in their best interests.

We raised this with the registered manager who agreed that people's records did not contain sufficient information to demonstrate the service was working within the principles of the MCA. The registered manager assured us they would take immediate action to address this. We did not find that people had been disadvantaged or that decisions taken were not in people's best interest.

People can only be deprived of their liberty to receive care and treatment, which is in their best interests and legally authorised under the MCA. The Deprivation of Liberty Safeguards (DoLS) authorisation procedure does not apply to supported living services. For this type of service, where a person's freedom of movement is restricted in a way that may amount to deprivation of their liberty it has to be authorised by the Court of Protection. The registered manager confirmed that appropriate applications had been made to the Court of Protection where it had been identified that people had continuous care and support.

People were supported by staff that were knowledgeable about their needs and had the skills to support them. Newly appointed staff undertook a comprehensive induction, which followed the Skills for Care, Care Certificate framework. The Care Certificate is an identified set of standards used by the care industry to help ensure care workers provide compassionate, safe and high quality care and support. Following the induction staff shadowed more experienced staff and did not work alone until the registered manager was confident they had the right skills to carry out their role. Staff told us this gave them confidence in their ability to meet people's needs because they felt supported. There was a strong emphasis within the organisation on training. All staff undertook a comprehensive training programme. Records showed staff received regular training in core topics which included, safeguarding, safe medicine practices, first aid, infection control, moving and handling, nutrition, conflict resolution, break-away, safe holding, Autism and mental health awareness. In addition to core, training staff received specific training in relation to the needs of the people they were working with. For instance, we saw staff had received more specific training to help them meet people's needs, such as supporting people who may have limited verbal communication or were living with epilepsy.

There was an effective system in place to ensure that staff were putting their learning into action and remained competent to carry out their role. Records showed staff received regular supervision and annual appraisals with a named supervisor. Supervisors assessed staffs' knowledge by observing staff practice and recording what they found. Supervision gave staff the opportunity to discuss how they provided support to people to help ensure they met people's needs. It also provided an opportunity to review their aims, objectives and any professional development plans. Staff told us they felt supported and valued by the senior management team. One staff member said, "The support we receive is brilliant, the management team really value what we do." Another said, "I am listened to and feel that my opinion counts."

People were supported by staff to maintain good health and had access to healthcare services where required. Records showed how staff either made a referral or advised people to seek relevant healthcare advice when changes to their health or wellbeing had been identified. Communication diaries evidenced where health and social care professionals had been contacted when people had expressed feelings of being unwell or a change in a person's physical appearance had been noticed. Support workers prompted and supported people to attend their appointments and clearly recorded any outcomes or actions within their individual care records. This helped ensure that people's needs were being met in a consistent manner, as everyone involved in the person's care were aware of any advice that had been given by health or social professionals.

Each person's support plan contained a health passport, which contained detailed information about the person's care and support needs. This helped to ensure people's wishes and needs were respected in an emergency, where their rights might otherwise be compromised. For instance, in the event of an admission to hospital.

People were supported by staff to have meals they enjoyed and people were able to make their own choices about what they ate and when. People told us they were supported to maintain a balanced healthy diet, were involved in planning their meals, and had full control of what they ate. One person said, "I decide what I want to eat and when." Records showed the support people received with their meals varied depending on their individual circumstances. Where people required assistance or a specialist diet to reduce the risk of choking, this was being provided. For example, records showed that one person was at risk of choking due to swallowing difficulties. The Speech and language team (SALT) had assessed the person and an appropriate textured diet was being provided to enable them to eat well. Staff members working with them understood the person needed to be closely monitored when eating.

Is the service caring?

Our findings

People who were able told us they were happy with the care and support they received; one person said staff were "friendly and kind to them." Relative's spoke highly of the care and support people received, one relative said "The staff are excellent" and another said "The whole staff team offer outstanding care and support not only to [person name] but also to us as a family."

Staff spoke about people in an affectionate way with kindness and compassion. Staff knew how each person liked to be addressed and consistently used people's preferred names when speaking with them. It was clear people had developed good relationships with the staff that supported them. People were relaxed and happy in staffs' presence and it was apparent that staff knew people well. We observed a lot of smiles, laughter, and affection between people and the staff supporting them. One person said, "I like living in my own home and the staff make that possible."

People who were able told us they were able to express their views and were fully involved in making decisions about their care and support. People said they made choices every day about what they wanted to do and how they spent their time. One person said, "This is my house, and the staff are here to support me. I choose what clothes I wear, what I want to eat, when to get up and go to bed." Staff demonstrated they knew the people they supported and were able to tell us about people's preferences. For example, staff told us what people liked to eat, what they liked to do and when they liked to get up or go to bed. Staff explained how they encouraged people to make choices about the way their care was provided and respected people's decisions and personal preferences.

People had a copy of their support plan within their home. Support plans were person centred and written in a range of formats including symbols, pictures and words to help each person understand their care and support needs. Where people were happy to show us their support plans, we saw these were personalised and contained clear information about what each person could do for themselves and how staff should provide support. Records showed that people were fully involved in developing the support provided. Staff told us how they supported people to be as independent as possible, and recognised that being able to make drinks or meals gave people a real sense of achievement and self-worth.

People told us staff treated them with respect and were mindful of their need for space and privacy. We saw that staff knocked on people's doors before entering and when staff needed to speak with people about sensitive issues this was done in a way that protected the person's privacy and confidentiality. Support plans contained information about how to respect people's privacy, for example, one-person's support plan identified that staff must respect their privacy and dignity at all times, especially when assisting them with personal care.

People's individuality was respected and encouraged. People had their own individual styles and this was recognised and facilitated by staff. For example, people were able to make their own decisions around education or employment and how they spent their time and people were supported to decorate their home how they wished. People were supported to maintain relationships with their families and friends and

support plans contained information about dates and events, which were important to them. Relatives told us they were able to visit at any time and were always made to feel welcome. People had keys to their property and could come and go as they wished.

Is the service responsive?

Our findings

People received individualised support from staff who knew them well. The registered manager carried out an initial assessment of each person's needs to help ensure that the service was able to meet their needs and expectations. This information was then used to develop a support plan to help enable people to live successfully within their own homes.

People's support plans were designed to help ensure people received personalised care that met their needs and wishes. The amount of support available was determined by the budget set by those who were commissioning the service, usually the local authority. The support each person needed and the budget available were then used to develop the person's support plan.

People's support plans were informative, provided staff with detailed information on people's likes, dislikes and personal preferences, personal care needs, medical history, and where appropriate, details of their tenancy agreements. Each area of the plan described the person's skills and the support needed from staff. Support plans were person centred and reflected how each person wished to receive their care and support. This helped staff deliver care and support in a consistent and personalised way. For instance, one person's support plan identified they were at risk of choking due to swallowing difficulties. Guidance had been sought from the specialist speech and language team (SALT). They had advised this person should have fork mashable food, as this was easier to swallow, as well as thickened liquids. There was clear information within this person's support plan about the consistency of foods and liquids, as well as the action staff should take should this person choke while eating.

Some people supported by the service could at times display behaviours that may place either themselves or others at risk of harm. Support plans were detailed about these behaviours and staff were guided on how to reduce the risk of a situation escalating. People's support plans contained information for staff on recognising the early signs of people's distress and how to support people during these times. For example, one person's plan gave information about how to identify and reduce a person's distress by offering distractions and compromises.

People told us and records showed that people were involved in developing their care and support and were asked how they felt about the care they received. When a person was unable to contribute to the assessment process or developing the support plan themselves, staff involved family members or professionals in decisions that needed to be made. Some people were keen to share with us their support plans. One person said, "This is my plan, it's all about me and what staff need to do to support me." People were given the opportunity to sign and encouraged to take ownership of their support plans and contribute to them as much or as little as they wished. Support plans were kept in people's individual homes and a copy was kept in the provider's administrative office. Relatives told us staff actively encouraged their involvement in people's care and kept them fully informed of any changes. We saw evidence that people's support plan were regularly reviewed to ensure it accurately reflected the person's current care needs. When a person's needs had changed, this was documented during the review process and additional guidance provided for staff. Regular meetings were held with the person, appropriate family members and staff to

help ensure that staff had up to date information they needed to safely and correctly meet people's needs.

People were encouraged and supported to lead full and active lifestyles, follow their interests, and take part in social activities. We saw people were engaged in a wide range of activities based on their individual preferences and interests. Each person's support plan included a list of their known interests and staff supported people on a daily basis to take part in things they liked to do. For instance, we saw one person had a natural talent for football and as well as playing for their local team, they helped at another local football club. Another person had a found affection for animals and was supported to help on a farm, which they loved.

People had a tenancy agreement between themselves and a separate housing provider or property owner, usually on a rental or lease arrangement. This set out the terms and conditions under which people were able to live in their houses. For example, it set out the amount of rent payable, and that a contribution to the gas and electricity bills needed to be made. The registered manager assured us that while people's accommodation was dependent upon them receiving support, the support did not have to be provided by SS Care Limited. This meant people could choose to receive support from a service other than SS Care Limited, without it affecting their right to continue to live in their own home or shared accommodation. Where people were supported in shared accommodation, the service regularly held 'tenants meetings' to discuss matters of mutual interest.

People and relatives were aware of how to make a complaint, and felt able to raise concerns if something was not right. The service had a policy and procedure in place for dealing with any concerns or complaints, which was made available to people they supported and their families. The procedure was clear in explaining how the complaint should be made and reassured people that any concerns would be responded to appropriately. This was also available in an easy read/pictorial format and staff encouraged people to discuss concerns on monthly basis as part of the care review process.

People we spoke with told us they were encouraged to share their views and raise concerns. One person said they would speak to the registered manager if they were unhappy or worried about anything. Relatives were confident that the registered manager would deal with any concerns immediately.

Is the service well-led?

Our findings

People, their relatives, and staff told us the service was well led, and described the management team as open, honest and approachable. Staff were positive about the support they received and told us they felt valued.

The management team told us their vision for the service was to support and enable people to develop to their maximum potential and live independent fulfilling lives. Staff had a clear understanding of the values and vision of the service and told us how they supported people to be as independent as possible and live their life as they chose. Staff spoke passionately about their work, the people they supported, and their achievements.

The management and staff structure provided clear lines of accountability and responsibility, which helped ensure staff at the appropriate level made decisions about people's care and support. Staff knew who they needed to go to if they required help or support. There were systems in place for staff to communicate any changes in people's health or care needs to staff coming on duty, through handover meetings. These meetings facilitated the sharing of information and gave staff the opportunity to discuss specific issues or raise concerns. Specialist support and advice was sought from external health and social care professionals when needed, for instance, from the speech and language team (SALT) and the local authorities intensive assessment and treatment team (IATT).

The assistant manager and senior team leader we spoke with told us they felt supported and valued by the directors, who they met with regularly and discussed specific needs relating to the people they supported, resources, recruitment, training, support needs, and any maintenance concerns. Records showed that directors held regular staff and house meetings. These meetings were used to discuss and learn from incidents, highlight best practice and identify where any improvements were needed.

There was an effective quality assurance system in place to drive continuous improvement within the service. Senior staff met with service users on a monthly basis. These meetings were used to discuss all aspects of the care and support provided by SS Care Limited for instance staff support, meals, activities, review consent arrangements and discuss any concerns the person may have. Senior staff carried out a programme of monthly audits and bi-monthly-unannounced spot checks to assess the quality and safety of their service. The outcomes were recorded and reviewed by the registered manager to look for any trends or themes and help ensure the service continued to meet the needs of the people they supported. People were encouraged to share their views and were able to speak to the directors, assistant manager, or senior team leader when they needed to. The directors told us they encouraged feedback from people and their relatives and used this information to improve the quality of care provided. Questionnaires were sent out to people and relatives who were asked to rate and comment on all aspects of the service.

The registered manager had notified the Care Quality Commission of significant events, which had occurred in line with their legal responsibilities. Both directors and the assistant manager were aware of their responsibilities under the Health and Social Care Act 2008, Duty of Candour, that is, their duty to be honest

and open about any accident or incident that had caused, or placed a person at risk of harm.

Records were well maintained and stored securely, when we asked to see any records, the registered managers was able to locate them promptly.