

Silver Tree Home Support Community Interest Company

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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

We inspected this service on 30 November 2016. This was an announced inspection and we telephoned the week prior to our inspection in order to arrange home visits and telephone interviews with people. This was the first inspection since the service registered in October 2014.

The company is based in Hanley, Stoke on Trent. It provides care and support to children, adults and older people and offering a variety of person centred support services. The company provides support to individuals with a variety of health conditions such as dementia, learning and or physical disability autistic spectrum and or mental health conditions. At the time of the inspection the service was supporting 34 people, however only five of these people received a regulated activity. Care providers in England need to ensure they meet the fundamental standards, which reflect a set of regulations established under the Care Act 2014.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were protected from harm and staff had received training to know how to record and report any concerns. Risk assessments had been completed and, when required, guidance provided to support staff to reduce any risks. There were sufficient staff to support people and people's preferences had been considered. People had been recruited to ensure they were safe to work with people. When required, staff knew how to support people with their medicines.

Staff received training to support their role and the needs of the person requesting the service. Staff had an induction which ensured a level of support with the skills required. People were given choices and their consent was obtained. At the time of the inspection people did not receive support with their meals; however staff understood the importance of giving choice and ensuring a level of nutrition. When required health care professionals had been consulted to support people's needs.

People told us they had positive relationships with staff and that the manager had considered their needs when allocating staff to support them. People's privacy and dignity was supported and people's independence encouraged.

The care plans reflected people's preferences and the level of support they required. We saw any changes had been recorded. The service had not received any complaints; however people felt confident in raising any concerns.

Staff felt supported by the manager and they received regular support to develop their role. People had

been consulted about the care they receive and any concerns acted upon. The manager had a range of audits they used to reflect the service quality and safety.

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 supported in a safe way and individual risks to people had been assessed. Staff understood about potential abuse and how to report it. Staffing levels were sufficient to meet people's needs and medicines were managed to ensure people were safe when required. There were safe recruitment procedures in place.

Is the service effective?

Good ●

The service was effective

People were supported by staff to make choices and decisions. People were supported by staff that had the skills needed to support people's needs. When the service required people were supported to eat and drink enough to maintain their nutritional needs. Individual's health were recorded and supported by health care professionals.

Is the service caring?

Good ●

The service was caring

People were supported by staff that knew them well and treated them in a kind and caring way. People's privacy and dignity was respected and they were supported to maintain their independence.

Is the service responsive?

Good ●

The service was responsive

People were involved in their care plan and any reviews of their care and decided how they wanted to be supported. People felt able to raise any concern and staff responded to this to improve the support they received.

Is the service well-led?

Good ●

The service was well-led.

People were happy with the support they received. They had

been consulted about their care and asked about improvements and these were listened to. Staff felt they were supported in their role and able to ask for support whenever required. Systems were in place to assess and monitor the quality of care.

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Detailed findings

Background to this inspection

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

This inspection visit took place on 30 November 2016 and was announced. The provider was given seven days notice because the location provides a domiciliary care service and we wanted to make sure staff were available to speak with us. The inspection was carried out by one inspector.

We checked the information we held about the service and the provider. This included notifications that the provider had sent to us about incidents at the service and information we had received from the public. We also spoke with the local authority who provided us with current monitoring information. We used this information to formulate our inspection plan.

The provider completed 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 used this information to formulate our inspection plan.

We used a range of different methods to help us understand people's experiences. We visited two people in their homes. We spoke with two staff, the administrator and the registered manager. We looked at care records for three people to see if their records were accurate and up to date. We also looked at records relating to the management of the service including quality checks

Is the service safe?

Our findings

People told us they felt safe when they received care. One person said, "I feel safe, because if I need any help with anything they are here." Staff knew how to recognise and report potential abuse. One staff member told us, "I have recently had to raise a concern. I wrote all the details down and reported the situation." They added, "The manager reported it straight away and action was taken to support the person and investigate the concerns." We saw there were procedures displayed around the office advising staff what actions to take if they had concerns. We saw that when needed concerns had been raised appropriately by the provider and in line with these procedures to ensure people were protected from potential harm.

Risks to people were identified and managed in a safe way. Staff we spoke with knew about individual risks to people and actions they would take to keep people safe. For example, one person had recently had a change in equipment which impacted on how staff provided their care in a safe way. One staff member told us, "The manager is always concerned about staff safety and the people." The manager told us they had reviewed the care being provided to this person and raised the safety concerns with health care professionals. We saw the risk assessment had been updated and staff informed of the changes to the care for this person. This showed that the provider took appropriate action to ensure the safety of people receiving the care and those providing it.

People told us they had regular carers. One person said, "I have the same carers, that's important to me." The manager told us before they took work on, they checked to see if they had staff with the available space, the right geographical location and that they had the appropriate skills for the request. For example a recent request required the staff to understand how to support a person with epilepsy medicine.

There was also an on call system for people to ring in the event of an emergency out of office hours. The on call system was managed by the manager. In some feedback it had been identified there had been a delay in the response time for people when they contacted this number. The manager told us they had now linked the office phone to a mobile which has addressed this concern.

We saw that when staff started working in the service, recruitment checks were in place to ensure they were suitable to work with people. This included a DBS check and references. A DBS provides a check relating to any previous criminal records. Staff we spoke with and records confirmed they had received these checks. We saw all staff received a 'staff handbook' which included all aspects of their employment and code of conduct. The content was discussed with the staff member and then they sign the book to show their understanding. One of the areas covered was the use of mobile phones and boundaries. The manager told us, "Many of the people we support are young and so it is important to understand about the social media aspects and the boundaries to protect both the person and the staff member."

Most people were supported by health care professionals or family to take their medicines. However staff had all been trained to support people if required. One staff member told us, "Everything is written down in the care plan, I check the details and then record on the sheet." We saw when staff had supported people to

apply creams this had been recorded, on a medicines administration records (MAR). We saw these had been checked by the manager when they completed their competency checks and reviews of the care.

Is the service effective?

Our findings

Staff told us they were provided with training that was specific to the needs of people they supported. One staff member said, "We have refreshers all the time. Things change and it's always good to keep on top of them." They added, "Training is important and doing things properly." We spoke with the manager about training they told us, "We use a variety of training sources, on line, face to face. We also seek out training if someone has a health condition which requires specialist knowledge." We saw this had been implemented for some packages of care.

The provider had a structured induction for new employees. This included training, introductions to people by the manager and observations to ensure the person was competent and confident. One staff member told us, "I have just completed the care certificate, I learnt a lot." The care certificate has been introduced nationally to help new care workers develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care. This meant we could be sure the manager supported staff to receive the training they required.

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

We checked whether the provider was working within the principles of the MCA. Staff knew about people's individual capacity to make decisions and understood their responsibilities to support people to make their own decisions. One staff member said, "We need to ensure people make a choice if they can and if they are not able then the decision is made in their best interest." We saw that all staff had received training and the manager had reflected people's ability to make decisions throughout the care plan. The manager confirmed that if there was any concerns they would arrange for health care professionals and people who knew the person to ensure any decisions would be made in their best interest. This showed the staff and manager understood their responsibilities to comply with the Act.

At the time of our inspection the service was not supporting anyone with meal preparation and support. However we discussed with staff and they noted on the odd occasion they provided support to one person. They said, "I look in the cupboards and see what is available then give the person a choice of what to eat." Some people required the staff to record any food or fluids the person had, which was prepared by family members. We saw the support level was documented and included any specialist equipment. For example a specialist cup to support the person to remain as independent as possible..

The majority of the people receiving care were supported by other family members who managed their health care. However staff understood the importance of reporting any concerns. One staff member said, "If we have any concerns we record it and then inform the family and the office so that help can be provided

to support the person." We saw that records showed when any health care professionals had been involved and any changes had been reflected in the care plans.

Is the service caring?

Our findings

People told us they had positive relationships with the staff. One person told us, "The manager is great, they introduce people to us and see if we get on." Another person added, "It's important to find the right person." People felt relaxed with the staff and able to chat and share their time. We saw several comments in some feedback which reflected this. 'I find [name] easy to get on with' and 'I am grateful for [name]. She is friendly and always helps me so well. She is a credit to silver tree.'

People made their own decisions. One person said, "Any queries or concerns the manager is approachable. Always puts your needs first." Staff we spoke with said, "This job makes a difference, you are helping people with their struggles and helping them to be as independent as they can be."

People told us their privacy and dignity was respected. One person said, "They are extremely good, very respectful." People told us when they received personal care this was done in a dignified way. For example, closing the curtains and asking what support they needed. Staff we spoke with said, "They tell me what their needs are. I ask how much support they want, rather than make a mistake."

This meant that people were fully involved in making decisions about the care and support and staff listened to what they wanted.

Is the service responsive?

Our findings

People told us staff knew about their needs and preferences. One person said, "The service has been really flexible. Recently I needed to change the way I receive my care and the manager has been really great in accommodating my needs." They added, "They know me well and understand the things which would impact on my health." When we spoke with the manager about the service they said, "I set up the company as I wanted to provide a model of care which was flexible." They added, "Every day is different and every person is too, so the care needs to reflect that."

People told us they were included in their care plan. One person said, "They know what works well for me." We saw the care plans reflected people's needs and provided a guide to the tasks identified by the person during their assessment. We also saw that reviews had been completed and any changes reflected in the plans. Staff told us they found the care plans to be of value in helping them to support people. One staff member said, "I check the care plans and the reviews. Things alter; nothing stays the same so it's important to check." We saw that when the service had supported a person whose first language was not English the manager had arranged for the care plan and consent agreement to be translated into the person's preferred language. The person was also supported by an interpreter; this ensured the person was able to contribute to the care being provided.

Some people were supported to go into the community as part of their package of care. One person told us, "I choose where we go, I like the café and the cinema." This meant people were supported to receive care they needed in line with their preferences.

People we spoke with understood how to make a complaint and felt confident it would be resolved. One person said, "Everyone is very approachable, I feel confident I could raise any concerns." Another person said, "I feel able to say something if needed." At the time of the inspection the service had not received any complaints. The service had a complaints procedure, which had a clear process in relation to response time and how any concerns would be addressed.

Is the service well-led?

Our findings

Staff told us they felt valued and supported by the manager. One staff member said, "Very supportive, I recently had a personal request and this was supported." Another staff member added, "Lovely boss, very supportive." Staff received regular supervisions. One staff member said, "They ask lots of questions and check I feel supported; it's also when I get feedback on my practice." We saw the manager completed competency checks on the staff to ensure they were providing the supported in line with their training and the needs of the person.

People had been asked about the service they received in the form of a questionnaire. The service was rated as providing a good or excellent service across all aspects of the service they asked about. Any comments relating to concerns were addressed. For example one person had commented that the when staff took them out they felt uncomfortable as staff had a uniform on. The manager told us they discussed this with the staff member and they now don't wear it when out in the community. The manager said, "They just need to ensure they have their identity badge in their pocket in case this is required." This showed the manager responded to people's requests.

The manager told us they planned to share the latest survey results in the next newsletter. We saw a newsletter which provided up to date information relating to the festive season, events and contact or support arrangements over the holiday period.

The provider had a range of audits and quality checks they completed to maintain the level of quality being provide and to recognise any improvements. For example each person had a comprehensive review and any changes were followed up to ensure the care reflected the needs of the person. The manager said, "I visit people and provide the care myself so I can keep my finger on the pulse." We saw that audits had been completed. The manager understood their responsibility of registration with us and notified us of important events that occurred at the service; this meant we could check appropriate action had been taken.