

SAS Support & Solutions Limited

SAS Support and Solutions Ltd

Inspection report

The Goslings, 137 High Street
Shoeburyness
Southend On Sea
Essex
SS3 9AU

Tel: 01702291321

Date of inspection visit:
18 October 2017

Date of publication:
21 November 2017

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

The Inspection took place on the 18 October 2017.

SAS Support and Solutions is registered to provide domiciliary care service which offers personal care, companionship and domestic help to support people living in their own home as well as people living in supported living accommodation. There were nine people currently using the service.

The service was safe. Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. People were cared for safely by staff who had been recruited and employed after appropriate checks had been completed. There were sufficient staff to meet people's needs consistently. People were supported to take their medication by staff who had received training to do so.

The service was effective. People were cared for and supported by staff who had received training to support people to meet their needs. The registered manager had a good understanding of their responsibilities in relation to the Mental Capacity Act 2005. People were supported to eat and drink enough to ensure they maintained a balanced diet and referrals to other health professionals were made when required.

The service was caring. Staff cared for people in an empathetic and kind manner. Staff had a good understanding of people's preferences of care. Staff always worked hard to promote people's independence through encouraging and supporting people.

The service was responsive. People and their relatives were involved in the planning and review of their care. Care plans were reviewed on a regular basis and also when there was a change in care needs. People were supported to follow their interests and participate in social activities. The registered manager responded to complaints received in a timely manner.

The service was well-led. The registered manager had systems in place to monitor and provide good care and these were reviewed on a regular basis.

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 felt safe with staff. Staff took measures to assess risk to people and put plans in place to keep people safe.

Staff were only recruited and employed after appropriate checks were completed. The service had the correct level of staff to meet people's needs.

People were supported with their medication if required.

Is the service effective?

Good ●

The service was effective.

Staff received an induction when they came to work at the service. Staff attended training courses to support them to deliver care and fulfil their role.

People's rights were protected and they were supported to make choices.

People were supported with their nutritional choices.□

People had access to healthcare professionals when they needed to see them.

Is the service caring?

Good ●

The service was caring.

People were involved in making decisions about their care and the support they received.

Staff knew people well and what their preferred routines were. Staff showed compassion towards people.

Staff treated people with dignity and respect.

Is the service responsive?

Good ●

The service was responsive.

Care plans were individualised to meet people's needs. People were supported to follow their interests and hobbies.

Complaints and concerns were responded to in a timely manner.

Is the service well-led?

Good ●

The service was well led.

Staff felt valued and were provided with the support and guidance to provide a high standard of care and support.

There were systems in place to seek the views of people who used the service and others and to use their feedback to make improvements.

The service had a number of quality monitoring processes in place to ensure the service maintained its standards.

SAS Support and Solutions Ltd

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 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 took place on the 18 October 2017 and was announced. The service was given 48 hours' notice to ensure there would be someone present in the office. The inspection was carried out by two inspectors.

Before the inspection, we reviewed previous reports and notifications that are held on the CQC database. Notifications are important events that the service has to let the CQC know about by law. In addition we reviewed the 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.

During our inspection we spoke with four people, the registered manager, the provider and two care staff. We reviewed four care files, three staff recruitment files and their support records, audits and policies held at the service.

.

Is the service safe?

Our findings

At our last inspection in August 2016 we found the service to be in breach of Regulation 12 Safe Care and Treatment and Regulation 18 Staffing. This was due to care plans not containing sufficient information for people to be supported safely and due to there not being enough staff available to provide support. The service sent us an action plan detailing how they would address these issues. We saw at this inspection these actions had been put into place and the service was no longer in breach.

Care plans and risk assessments had been changed to make them person centred, and contained all the information staff needed to provide support. For example moving and handling assessments were very detailed containing the necessary information on the equipment to be used, sling type and the exact method staff should use to transfer people safely. Detailed risk assessments were also in place to support people with their medication. The assessments detailed what medication was required and the level of support people needed. We saw more specific risk assessments were also completed for people who were at a risk of choking or required catheter care. These detailed what measures staff should take to mitigate risk, what to observe for and how to manage the risks. This meant staff now had all the information they needed to support people safely. One member of staff said, "The care plans are more person centred, new staff could now pick up a care plan and know how to support someone."

There were sufficient staff to meet people's needs. Previously the service did not have enough staff to deliver care to people in their own homes. This meant people's care was often delayed until staff were available. The provider took the decision to reduce the size of the service so that they no longer provided care to individual people in their own homes. Instead the service now focusses on providing care to people in supported living. The provider told us that they had recruited more staff and that this was an on-going process. People told us that there was enough staff to support their needs, one person said, "The staff go out with me as I don't feel safe on my own." Another person said, "The staff sit and talk to me and keep me company." Staff told us that they had enough time to spend with people and did not feel pressured or rushed.

Staff received training in how to safeguard people from abuse, and the service had policies on 'whistle blowing' for staff to follow. Staff were knowledgeable of the signs of potential abuse and what they should do to report this. One member of staff said, "I would document everything involved and inform the manager and notify the CQC. I would update all the care records so that other staff would know what the problem was so that they could support the person too." The registered manager knew how to raise safeguarding concerns and had worked with the local authority to investigate these to keep people safe.

The registered manager had an effective recruitment process in place, including dealing with applications and conducting employment interviews. Relevant checks were carried out before a new member of staff started working at the service. These included obtaining references, ensuring that the applicant provided proof of their identity and undertaking a criminal record check with the Disclosure and Barring Service (DBS).

People received their medication safely and when they needed it. Staff did support some people with medication these were usually provided in a monitored dosage system. The system supported people to manage their medicines more easily because each dose of medicine was pre-dispensed by the pharmacist in a sealed tray and medication administration charts (MARS) were used. Staff told us that they had received training to support people with taking medication and records confirmed this. Where people were prescribed as required medication there were now clear protocols for staff to follow when administering these. For example one person's care records it documented how staff were to offer the medication to the person to see if they wished to take it and then to review this with them shortly after. People told us that they were mostly responsible for their own medication. One person said, "The staff usually remind me to take it." From medication administration records we reviewed we saw that these were all completed correctly.

Is the service effective?

Our findings

People received effective care from staff who were supported to obtain the knowledge and skills to provide good care. Staff were supported to complete training that would help them within their role. The registered manager told us that they provided a mixture of face to face training and computer based learning. In addition, during staff meetings they spent time going over topics and subjects that staff found useful to learn about and which helped them to support people.

New staff received an induction to the service and were supported by more experienced staff. Staff also completed the Care Certificate, this is an industry recognised training to equip staff with the skills and knowledge they need to support people. Staff felt supported at the service and had regular opportunities to reflect on their practice and to discuss the running of the service during staff meetings, supervision sessions and spot checks. Staff also had a yearly appraisal of their performance.

People who used the service had capacity to make their own decisions and choices about their care. Staff were aware that people had to give their consent to care and had the right to make their own decisions. The registered manager was aware of the Mental Capacity Act 2005 and was aware of how to apply for capacity assessments and how to protect people's rights.

Where required people were supported with their dietary needs. Staff assisted people with shopping and cooking, one person said, "The staff have taught me how to cook, and I now cook in batches and freeze meals." Another person said, "The staff come shopping with me and help me make good choices." We saw that staff monitored people's weight as instructed to do so by the GP for signs of weight loss and gain. Where required the service had referred one person to a speech and language therapist (SALT) as they were not following the advice that had been previously given with regards to their dietary requirements. Where people did have special dietary requirements we saw this had been care planned for staff to follow.

People were supported to access healthcare as required. One person said, "If I need to go to any appointments staff will come with me." The service worked closely with other healthcare professionals including people's community nurses, GPs and psychiatrists. We saw from case records that each person had an up to date health passport containing all the information needed should a person need to seek medical assistance.

Is the service caring?

Our findings

People were very complimentary of the support they received from staff, one person said, "The staff have really supported me emotionally." Another person said, "I like the staff they always give me good advice, like don't drink strong coffee at night, so I can sleep better."

Staff had positive relationships with people. People were supported by regular carer's who knew them well and their preferences for care. One person told us, "I like a male carer to talk too." We saw that a male carer was available to support this person. Another person said, "All the staff are like family to me and listen to me. [Staff name] really helped me last month when I had issues by listening to me."

Staff knew people well, including their life histories and their preferences for care. Staff knew how people liked to be supported and told us they aimed to help people keep their independence. One member of staff said, "I support them to be more independent." People told us that they had key workers who worked closely with them to support their needs. One person said, "I use to waste money, but staff have done a care plan with me to help me with my finances. I even manage to save some money now."

People were actively involved in decisions about their care and treatment and their views were taken into account. People told us that they helped to write their care plans so that they received the support they needed. People who lived in the supported living schemes were also involved in having tenant meetings monthly. Care staff were helping people to develop these meetings so that they felt empowered to chair and run the meetings themselves. When appropriate, staff supported people to have other professionals involved in their care who could act as advocates, such as social workers and relatives.

People were always treated with dignity and respect. People told us that the staff treated them well, one person said, "All the staff treat me with respect." Another person said, "When they come to my flat they knock and I let them in." Staff were sensitive to people diverse needs and supported them with their life choices.

Is the service responsive?

Our findings

People received care that was individual to them and personalised to their needs. Staff met with people to discuss their care needs and to see how they would like to be supported. All care plans were very individual and person centred, people told us that they had full involvement in the writing of their care plan. One person told us, "I get staff to review my care plan with me regularly and change the level of support I need." They went on to explain how they had started by needing a lot of support and supervision from staff to keep them safe, but they were now gradually becoming more independent.

The registered manager and care workers worked with people to develop care plans aimed at helping them develop their skills of independence. People met with their key worker each month to ensure their support plan was still relevant to their needs and updated them before if necessary. Staff told us that the care plans now contained all the information they needed to support people safely.

The service was responsive to people's needs. One person was having difficulty with personal care so the registered manager arranged for them to have an assessment by a community Occupational Therapist. Following on from the recommendation of their assessment the service were arranging for them to have some alterations to their bathroom. At one of the supported living schemes there had been an issue with security so the service arranged for security cameras to be fitted on the outside of the building as a deterrent.

Staff supported people to follow their hobbies and interests. Most people were independent with their activities, one person said, "I like going bowling and playing darts." The service also supported people to take holidays if they wished and helped them to arrange these. Some people enjoyed the companionship of staff and told us that they just liked being able to talk with staff.

The registered manager had a robust complaints process in place that was accessible and all complaints were dealt with effectively. One person said, "I can talk to anyone if I have any complaints." In addition to written complaints any verbal complaints that staff dealt with were clearly documented in people's care notes.

Is the service well-led?

Our findings

At our last inspection in August 2016 we found the service to be in breach of Regulation 17 Good Governance. This was due to their not being sufficient systems in place to monitor and develop the service. The service sent us an action plan detailing how they would address these issues. We saw at this inspection these actions had been put into place and the service was no longer in breach.

The service had a registered manager. 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.□

The registered manager had a number of quality monitoring systems in place to continually review and improve the quality of the service provided to people. They carried out regular audits, for example, on people's care plans and medication management. We saw where any issues were highlighted an action plan was put in place to address the issue with timescales for completion. This showed that the registered manager had effective systems in place to identify any issues and to continually improve the quality of the service people were receiving.

People told us that they were happy with the quality of the service, one person said, "I am happy with the help I get and I can pop into the office everyday if I want to." Another person said, "The staff are very flexible with my support and change it if needed for appointments or if I need other help."

Staff shared the provider's vision for the service, one member of staff said, "We want to empower people to take charge of their life." The registered manager told us how they wanted to support people to become independent safely.

Staff felt supported and valued by the management team. One member of staff said, "I can ask any question and I always get an answer. I am never made to feel stupid." Staff told us that they felt they had enough support from the registered manager, provider and other staff at the service. Staff told us that they had regular staff meetings in addition to spot checks and supervision. Staff felt listened to at meetings and were able to share ideas and learning. Each shift staff had a handover and were updated on people's care needs. Care records were updated electronically by hand held tablets which staff carried. This meant all staff were able to view the most up to date information immediately. This demonstrated that people were being cared for by staff who were well supported in performing their role.

People and their relatives were actively involved in improving the service they received. The registered manager gathered people and their relative's views on the service through direct feedback, telephone calls and by using questionnaires. The responses and feedback from the surveys were positive. In the supported living schemes each month there was a tenant meeting with people and staff where any issues were discussed and ideas shared on the running of the service. One person also represented the service at a learning disability partnership board, this is a meeting with the council and other stakeholders to discuss

facilities and support for people in the local community. This showed that the management listened to people's views and responded accordingly, to improve their experience of the service.