

Silver Service Carers Ltd

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Inspection report

Sandy Lodge
Bathley Lane, North Muskham
Newark
Nottinghamshire
NG23 6HR

Tel: 07906115755

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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 Service Carers Ltd is a Domiciliary Care provider, providing personal care to people in their homes. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of the inspection there were ten people receiving care regulated by CQC.

People's experience of using this service and what we found

People received safe care. People and their relatives told us they or their relative felt safe when receiving care and support. Staff were aware of measures to take to prevent and control the spread of infection. There was a procedure to record, monitor and investigate any accidents/incidents which may occur. People were promoted to take, or staff administered people's medicines safely.

There were risk assessments in place to assess people's needs and environmental safety and checks were in place to ensure staff and people were safe from harm. Staffing levels were adequate and safe recruitment procedures were followed to ensure suitable staff were employed. People told us they felt staff were well trained.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff were trained to support people with their individual needs. People's nutritional needs were supported and people's healthcare needs were monitored to ensure these were met.

People were treated with kindness, respect and staff involved them in decisions about their care. People knew about the complaints process and knew the process to follow if they had concerns. Care plans were well detailed and specified the care people required.

The service was well led. People and their relatives had the opportunity to give regular feedback and make suggestions to improve the service. Staff felt well supported by the management team. Relatives told us the registered manager was open and receptive to comments.

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

Rating at last inspection

The last rating for this service was rated as Requires Improvement. (Published 22 March 2019) and there was a breach of Regulation 17 (Good governance) of the Health and Social Act 2014. This was challenged at the time by the registered manager who disagreed with our findings.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found significant improvements had been made and the provider was no

longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was Well-Led.

Details are in our Well-Led findings below.

Good ●

Silver Service Carers Ltd

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team comprised of one inspector.

Service and service type

Silver Service Carers Ltd is a domiciliary care provider. It provides personal care to people living in their own houses and flats.

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

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We made calls to people who used the service or where they could not speak with us, their close relatives.

We used the information the provider sent us in the provider information return. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with two people who used the service and two relatives of people using the service about their experience of the care provided. We spoke with four members of staff including the registered manager, senior carer and two care workers.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at staff files in relation to recruitment, and a variety of records relating to the management of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with one health care professional who worked with the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and secure with carers. Staff had received safeguarding training and told us they would always report any concerns to the registered manager.
- One person told us, "They [staff] are wonderful mostly the same two staff."
- One relative said, "They [staff] are fantastic, thoughtful and anticipate any problems then communicate by notes to ring them if something has happened."
- People told us staff always wore uniforms and identity badges, so they knew who they were.
- The management team understood their responsibilities and were aware how to report concerns to the local safeguarding team to protect people from the risk of abuse.

Assessing risk, safety monitoring and management

- People's needs were assessed and this information was available in a comprehensive risk assessment. These were clear and guided staff in protecting people from risk of harm.
- Each care plan contained a detailed environmental risk plan to ensure people and staff were safe in people's homes.
- Where required people had personal evacuation plans in place, so staff could assist them or the emergency services in an emergency. The registered manager told us they had contacted the fire service when they had concerns about how to evacuate someone from their bungalow, as they could not be evacuated without a substantial amount of assistance in order to ensure their safety. The fire officers recommendations were included in the evacuation plan and also included a heightened response by the fire service.

Staffing and recruitment

- The service had sufficient staff. Staff told us there were always adequate numbers for them to deliver safe care. Staff told us they were not rushed and had time to spend with people.
- People told us they always received the right number of staff to help them. The management team told us they always had staff on standby to cover sickness or covered calls themselves.
- Appropriate pre-employment checks had been carried out on new members of staff to ensure they were suitable to work at the service.

Using medicines safely

- There were policies and procedures in place to guide staff to manage medicines safely. People and their relatives told us staff prompted or administered medicines at the times they required. Staff told us they received training and had their competency assessed annually.

- There were regular audits of the medicine charts (MAR charts). These identified any errors which were then investigated. Staff told us if they made a medicine error they knew they would be supported and offered further training.

Preventing and controlling infection

- Staff had training in preventing and controlling the spread of infection and understood their role in how to protect people. The registered manager explained about the contingencies they had in place, if an infection was to take hold. They said, "We have extra hand gel, but it's not a substitute for people washing their hands."
- People told us staff washed their hands and wore Personal Protective Equipment (PPE) such as aprons and gloves when needed. Staff told us they expected an increased amount of information through the WhatsApp group chat, for example, where changes of shifts were organised to combat illnesses.
- Staff received training in food hygiene, to ensure food was prepared for people safely.

Learning lessons when things go wrong

- Staff knew how to report incidents and accidents and were confident the registered manager would investigate these.
- The management team analysed incidents, accidents and daily records to pick up themes and to identify issues where staff needed support or further training. The outcomes were then shared with staff at meetings or if more urgent through the WhatsApp message service. This is a secure and confidential messaging service available only to staff working for Silver Service Carers.
- The registered manager gave us examples of lessons learnt from complaints, incidents and accidents and changes that had been implemented.

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.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- At the last inspection the provider had not ensured all the staff training was up to date. At this inspection we saw the provider had ensured all training was up to date.
- Training records were updated with dates when training refreshers were due. That meant training should not lapse and all staff should have the latest information to care for people effectively.
- Staff received an induction period and training before they started to work with people. Staff told us they thought the training was good and they spent some time shadowing a senior staff member. The registered manager told us they supported staff and introduced them to clients before the new member of staff started working with them.
- People told us they thought staff were well trained, experienced and knew what they were doing. A relative said, "I can see they [staff] know what they are doing. The person's relative explained the staff had discovered the person had a health condition, discussed this with the person and the relative and with permission had arranged the appropriate medical treatment. A second relative confirmed that the registered manager regularly visited the person, and on occasion when staff were present.

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

- People's needs were well supported. Staff told us that people's needs and wishes were assessed when they joined the service and recorded in their care plan and confirmed people and their families were involved in the assessment process.
- People told us their care plans were reviewed with them and their family on a regular basis to ensure they were up to date. People told us that staff discussed their choice of care with them regularly and were flexible to change the support they required, on a daily basis, or as they requested.
- Staff provided support in line with national guidance for example National Institute of Clinical Excellence guidelines for oral care. We saw that people had oral hygiene assessments and staff supported their needs.

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

- Staff knew how to support people to maintain a balanced diet. People told us staff helped them with preparing meals. One person said, "In the morning they make tea, generally we have a cuppa together." A relative said, "Staff are very thoughtful, they do nice things like introducing ham in soup and provide toast to eat along with it. They use their relationship with [named] to help her."
- Staff could identify people who had specific nutritional needs and told us how they supported people to meet those needs.
- The service used food and fluid charts to monitor people's nutritional intake and monitored people's

weight when required.

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

- The service worked well with other agencies to provide timely care. People confirmed they were supported to access a range of healthcare services.
- The service worked with families to ensure people attended appointments and information was recorded in care plans and daily records. If changes were made to people's care plan, staff were notified promptly by a WhatsApp message or office meetings.
- Care plans had detailed information in place to ensure, if people were admitted to hospital, there was up to date information to pass on, which highlighted risks such as allergies.

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 when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- We checked and ensured the service was working within the principles of the MCA.
- People told us that staff obtained consent before providing care to people.
- Staff had training on the MCA and were able to tell us how they supported people. Where required people had mental capacity assessments to ensure the care being offered was in line with current guidance. One member of staff said, "I would never do something a person didn't want me to do."

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant 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 and relatives told us staff were kind and helpful. One person said, "They are never in a bad mood." A second person said, "They don't rush me to do anything, they are there to help."
- Staff told us they had the information they required to support people in the way they wanted. The registered manager explained about the contingencies in place regarding the potential increased risk of an infection. They said, "We have staff that go the extra mile, we are always doing additional bits for people like shopping."
- Care records were accessible in people's homes and had been developed with people and where appropriate their relative's involvement.
- People told us, and their relatives confirmed staff were respectful and caring. One person said, "They [staff] are very nice and caring." A relative said, "Communication is good [registered manager] will call if there's a problem. They show a level of care beyond what is expected."
- Staff were aware of how to avoid people being discriminated against and told us how they supported one person who required additional communication aids to ensure a good exchange of communication and so avoid isolation.

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

- Staff told us they supported people to express their views and make choices about the care they wanted on a daily basis. People told us staff were flexible to their needs.
- People were asked their opinion on the service at regular visits by the management team and staff surveys. The registered manager told us they were very 'hands on' and said they regularly completed care calls to oversee staff practice and ensure people remained happy with the staff and overall service.
- For people who could not make day to day decisions, there was information about advocacy services available. This meant that people had someone who could speak up on their behalf.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us staff treated people with dignity and respect and maintained their privacy.
- People were assisted to remain independent. One person said, "I get my own breakfast, I like being able to do it myself." A relative said, "[Named] wouldn't be here without them [staff], and they allow [named] to do as much as possible for themselves."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had well-detailed and personalised care plans which were developed from their initial assessment meeting.
- People had the essential information about their care needs and how they wished to receive their care recorded in their care plans. People's choices, their likes and dislikes were also recorded which allowed staff to present meaningful options to people based on their pre-determined choices. One person said, "My daughter reads the care plan and running records and keeps in touch with [registered manager]."
- Staff told us they had time to sit and read people's care plans, and staff we spoke with had good knowledge of people's needs and how to support them.
- People's preferences for male or female carers were recorded and staff told us how they worked in a way that accommodated this.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager was aware of the different methods used to provide information in a way people understood. People's communication needs were documented in their care plans.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service supported people to maintain links with friends and families.
- Some social activities were supported by staff and people were assisted to access a community day centre.

Improving care quality in response to complaints or concerns

- There was a system in place to deal with concerns and complaints and we could see that had these had been dealt with appropriately. People told us they would contact the registered manager if they had a problem. A relative explained they had complained in the past and this had been dealt with promptly and to their and the person's satisfaction.
- Staff described how they would record any complaints on a 'concerns' form or call the registered manager direct and pass on any information. Staff felt the registered manager dealt with issues promptly. One staff member said, "We get plenty of information there's always somebody there to ask if you're not sure."

End of life care and support

- There was no one currently receiving end of life care during the inspection. The registered manager explained staff had been trained to provide this service as people in the past had required this support and staff were ready to provide this in the future.
- Where appropriate people's care plans included Do Not Attempt Resuscitation (DNAR) documentation.

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.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At the last inspection the provider was found to be in breach of Regulation 17 (Good governance) of the Health and Social Act 2014. This was challenged at the time by the registered manager who disagreed with our findings. At this inspection we saw there had been significant improvements.

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

- We saw evidence that quality audits were performed to identify issues and address these. For example, detailed audits throughout the documentation used in the office. The document audit had picked up that staff were not fully recording the care delivered, this was addressed at a staff meeting, and we could see that the recording had improved. There had also been some missed signatures in the medicine records again these were picked up and dealt with promptly.
- There was evidence of continuous monitoring, which will assist the management team make changes to staff rotas if staff availability was curtailed by an unexpected event or spread of infection.
- The management team visited people in their homes on a regular basis to check the quality of the care and to perform spot checks on staff to monitor the care delivered. One member of staff told us, "We have spot checks monthly to check on us wearing PPE and a uniform, and the interaction in general with people." The management team scrutinised staff call times to monitor consistency and length of calls.
- Staff told us they thought the management team was excellent and they felt very supported. One staff member said, "[Named] is very good, they are always there and listen to you if you have a problem."
- Staff were clear about their roles and the management team understood what they needed to report to us legally and submitted notifications of significant events.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and their relatives spoke positively about staff and told us they felt supported by the staff and management team.
- All comments from people and their supporting relatives were positive and suggested a well-run service.
- Staff spoke positively about the service and told us they felt supported by the provider and management team.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had recognised the levels of risk within the service and where action was required to improve

areas.

- People and staff felt that the service was open and honest. The provider understood their responsibility to be open about any incidents with family members and regulators where appropriate.
- The provider understood the regulatory requirements such as notifying CQC of certain incidents.
- The provider was aware they had to display the rating from this inspection at the agency's office.

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

- There were annual surveys to gather the views of people and their family members. One person said, "Questionnaires can be anonymous, I put my name on, as they are good and need to know, if there was a problem, I would tell them." We saw comments from relatives that thanked staff for their patience and understanding.
- The management team told us they phoned staff regularly to see how they were, to pick up issues and frequently visited people in their homes to gather feedback on how staff had performed.
- There were regular staff meetings and a staff survey following spot checks, where staff could engage with the management team and raise any issues or concerns.

Continuous learning and improving care

- The provider undertook regular quality audits so had been able to determine where shortfalls or omissions had occurred. This provided the basis for planned improvements. There was evidence of spot checks on staff taking place to ensure staff provided a good service.
- The provider stated that information from the latest quality questionnaire would be used to promote and develop good care and make it a positive experience for all.

Working in partnership with others

- Staff worked in partnership with other social and healthcare agencies to provide care and support for all.