

S&A Care Services Ltd

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Inspection report

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Date of inspection visit:
01 June 2023

Date of publication:
10 August 2023

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 expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

S&A Care Services Ltd is a 'supported living' service and is registered to provide the regulated activity of personal care to people living in their own home. At the time of the inspection, 6 people with either a learning disability, disabled people and or people with dementia were all living in 3 different properties, and were being provided with personal care.

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

Right Support

People were supported to be safe. The service had systems and processes to keep people safe from abuse. There were risk assessments to monitor and mitigate risks to people. There were enough staff working at the service to support people. Staff were recruited with people's safety in mind. People's medicines were managed safely. There were infection prevention and control measures in place to keep people safe. Lessons were learned when things went wrong to ensure people were kept as safe as possible. People were supported to maintain relationships with others and take part in activities they enjoyed.

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. Consent to care agreements was in place as were records of best interest discussions to support people with their choices.

Right Care

People's needs were assessed so the service could ensure they could meet people's needs. Staff received induction and training to support people receive the right care. People's dietary needs were assessed, recorded and met. Staff worked with other agencies, including health care professionals, to ensure people received the care they needed. Care was person centred; staff knew people well and provided care to their liking. Staff understood the nature of the service they provided and sought to empower people to make choices. People's communication needs were met with access to differing documentation formats available.

Right culture

People and relatives spoke positively about staff and management and told us staff were caring. People and relatives were able to express their views on how care was delivered. People's privacy and dignity was respected, and their independence promoted. There were systems and process in place to support

complaints, which were viewed as a means to improve care outcomes.

Staff understood their roles and responsibilities. Quality assurance measures were maintained to ensure care and support was provided at a good level. People, relatives and staff were engaged with the service through regular meetings and/or communication with the service. The service worked in partnership with other agencies to benefit people using the service.

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

Rating at last inspection and update

This service was registered with us on 07 April 2022 and this is the first inspection.

Why we inspected

We undertook this inspection to assess that the service is applying the principles of Right support right care right culture. This inspection was prompted by a review of the information we held about this service.

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?

Good ●

The service was safe.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-led findings below.

S&A Care Services 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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 1 inspector.

Service and service type

This service provides care and support to people living in 3 supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

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 inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who worked with the service. We used the information the provider sent us in the provider

information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During and after inspection:

We spoke with 1 person who used the service to understand their experience of care. We also spoke with 2 relatives by telephone following the inspection. We looked at three people's care records and medicines records, as well as other records that support the running of the service. We spoke with 5 members of staff, 1 care worker, the registered manager, two directors and also the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were systems and processes to safeguard people from the risk of abuse.
- Staff were trained what to do should they suspect abuse. One staff member said, "Safeguarding is protecting vulnerable individuals from being harmed." Staff followed the provider's policy and procedure and knew to report incidents and events to the registered manager. We saw safeguarding records which confirmed the service was following their own safeguarding processes and that information was shared appropriately with relatives and local authorities.
- The service supported some people by looking after their money. We counted 2 people's money to make sure everything was in order.
- Following our inspection, we received further evidence showing interaction between the service and families regarding financial support of people. This showed the provider was transparent with financial support of people.

Assessing risk, safety monitoring and management

- Risks to people were assessed, monitored and managed. People's risk assessments were personalised and sought to keep people safe from harm. They included risks around certain medicines, accessing the community, nutrition and weight control as well as others pertaining to different areas of people's lives.
- Risk assessments contained mitigating actions for staff to reduce risk. For example, we saw a risk assessment around what to do if someone presented with behaviours that might challenge. There was information about the potential risks to the person, how staff should act to support the person including the use of verbal positive reinforcement and steps for de-escalation. This meant the service sought to keep people safe from harm.

Staffing and recruitment

- There were enough staff to meet people's needs. Rota's indicated sufficient staff worked at the service to support people. There were processes for the service to follow should there be a shortfall in staffing. People and staff told us there were sufficient staff. A person said, "[There's] enough staff here." One staff member said, "We have enough staff."
- Recruitment processes were robust. We looked at 2 staff files and saw staff were recruited with people's safety in mind. Staff had provided references, identification and employment histories as part of pre-employment checks. Enhanced Disclosure and Barring Service (DBS) checks were also completed. DBS checks assist employers make safer recruitment decisions and seek to prevent unsuitable people from working in care services.

Using medicines safely

- Medicines were managed safely. People and relatives told us people were supported with their medicines. A person told us, "They give me what I need." A relative said, "[Person] had a lot of medication and they followed through, all things are charted."
- Staff received training to administer medicines and had been competency assessed to do so. One staff member said, "you make sure you use [the] right meds, right dose for the right purpose and complete the proper documentation." We counted 2 people's medicines, which were stored securely, and we found them to be in order with all medicines accounted for.
- Documentation supporting medicine administration was up to date and in order. Medicines Administration Record (MAR) sheets were completed appropriately and were regularly audited by the registered manager to ensure people's medicines had been administered correctly.

Preventing and controlling infection

- The service sought to prevent infection through good practice. Temperatures of visitors and staff were checked upon entry and there was signage throughout the service to remind people about the importance of hand-washing, maintaining sterile equipment and use of Personal Protective Equipment (PPE). PPE was readily available if required. Cleaning schedules indicated regular cleaning of the environment. Staff told us, "You cannot determine if someone has an infection; for you not to transmit it you must protect others by using PPE, gloves etc."
- There were COVID-19 support plans for people who were at higher risk of contracting illness through infection. Plans stated the potential for harm and what staff should do to mitigate risk of transmission of infection. A relative told us, "It's spotlessly clean there."

Learning lessons when things go wrong

- Lessons were learned when things went wrong. Incidents and accidents were recorded and followed up on to ensure the risk of their re-occurrence was mitigated.
- Incident records sought to capture what happened before, during and after incidents so learning could be gained to lessen incidents reoccurring and or improve service response. Incidents were signed off by a member of the management team to check and or implement follow up actions to support people stay safe. This meant the service learned lessons when things went wrong and sought to keep people safe from harm.

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.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before they began using the service.
- The service met with people, relatives and other providers so they could capture people's needs and choices. In doing this they ensured the service could meet people's needs and offer placement to people.
- Needs assessments covered different areas of people's life including their health care needs and social preferences. These assessments were in line with the law and captured people's equality characteristics, which the service could then use to support people in a culturally sensitive way.

Staff support: induction, training, skills and experience

- Staff were supported in their roles. Staff received inductions when they began employment which prepared them to do their jobs. One staff member said, "I did training on how to care for people." Staff also received regular ongoing training to ensure they remained competent in their roles.
- Staff had supervision meetings with members of the management team. These meetings provided an opportunity to raise concerns, get briefed on operational matters and or seek and check on development opportunities.

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

- People were supported with eating and drinking. Staff supported people by cooking their food and assisting some to eat. Menus were chosen by people so they could eat what they liked. We observed people being offered food choices and asked about what food they wanted purchased from supermarkets.
- Care plans recorded people's dietary needs and food preferences. Where people had specialist requirements in relation to nutrition and or hydration, the service worked with health professionals such as nutritionists and instructions for staff were provided.
- Staff had received specialist training to support people where required. A relative told us, "[Person] has an eating disorder. They had previously lost a lot of weight. I did a diet plan for this service and they follow what I have given them... [Person] picks what they want, staff will cook it for them. They [staff] got on board with presenting the meal and [person] started to eat a lot more food and their weight is improved - and is better now."

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

- Staff worked with other agencies to meet people's needs to ensure they received effective care. One relative told us, "They take [person] to all their appointments."
- Daily notes recorded about each person using the service demonstrated information was recorded and

shared among staff, so they knew what was going on in people's lives to support them well. Where required, information was also shared with other agencies to support meet people's needs. During inspection, we were present when specialist equipment had been delivered to support a person who had recently moved in. This evidenced communication with different agencies providing support for people to meet their needs.

- The service worked with healthcare professionals to support people live healthier lives. People's healthcare needs were recorded in their care plans alongside communication with a variety of health care professionals including GPs, nurses, dieticians and mental health care professionals. Where required, monitoring records were completed to inform professionals about people's ongoing health. This showed people were supported with their healthcare needs.

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 MCA 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 whether the service was working within the principles of the MCA.

- Care plans contained mental capacity assessments and information about making choices in people's best interests. Mental capacity assessments recorded people's ability to remember information and make decisions. Best interest decisions were made when people had difficulties making decisions. We saw examples of these decisions relating to specific health care needs and bed rails.
- Staff were observed asking people's consent when providing care.
- There were consent to care agreements in people's care plans. This meant people had been asked to agree with the care they received as required by law. Where people could not consent, their best interest had been recorded. One relative told us, "[Person] has no understanding about their health and medication, that's why I chose this home, they were so deeply supportive as part of the care package about the control of decision."
- We saw the provider had worked with the local authority to obtain Court of Protection DOLS for people where appropriate.

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people were supported with their healthcare needs.

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.

This is the first inspection of this newly registered service. This key question has been rated good. 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 people were treated well by staff. One person told us, "The support here is lovely...[staff] go out of the way make sure you happy and ask if you want more. The right attitude." One relative told us, "I think it is absolutely caring, the staff are skilled in the area of learning disability and autism." Another relative told us, "I am very happy with care."
- People's equality and diversity was respected. People's needs and characteristics were recorded in their care plans and staff were trained in equality and diversity.
- Care plans recorded people's cultural needs. For example, we saw people's faith was recorded as well as how this may dictate their dietary requirements. One relative told us, "I see [person] at [faith service] most weeks, they [staff] bring [person] to [faith service] and support them to attend [specialist faith services] for people with learning disabilities." This meant the service took people's diversity into account when supporting them.

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

- People were supported to express their views and be involved with decisions about their care. One person said, "Yes, I can tell them how I want things. I have a say in everything that happens to me or otherwise I won't do it."
- Care plans were signed to document people or relative's involvement. Resident meetings, care plan completion and reviews provided different means for views to be expressed and feedback received.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. One relative said, "the care staff are aware of the dignity side and respect and keeping [family member] clean, they are always checked over for sores." A staff member told us, "We shut the door when doing personal care."
- People's confidential information was stored either in locked offices or on password protected electronic devices. Staff also told us, "We do not disclose anyone's conditions or anything it's their business apart from the right authority."
- People's independence was promoted. Relatives and staff told us people's independence was encouraged, seeking for people to be as independent as possible. One staff member said, "We always encourage people to do what they can."
- Care plans provided information for staff to empower people as much as possible.

Is the service responsive?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. 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's care was planned to meet their needs. People's needs and preferences were recorded in their care plans and risk assessments. Documentation was personalised and informative. Anyone reading a care plan or care plan review, such as staff, would see people's likes, dislikes and choices.
- Care plans were reviewed regularly or as and when people's needs changed. People's health conditions, potential risks to them and how they wanted to receive care was recorded in detail. This meant staff providing care would know how to support someone in a way they liked.

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 service met people's communication needs. Care plans contained information about people's communication needs and preferences. Care plans provided guidance on how staff could communicate most effectively with people. One staff member told us about how one person communicated what they liked, "When [person] likes something you will see them open their mouth."
- The service provided documentation in different formats to support differing communication needs. For example, we saw documents in easy read format, including documents explaining people's tenancy agreements.

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

- People were supported to be involved in activities they liked and or maintain relationships with friends and families. Care plans recorded activities people liked and who was important to them.
- Records and photos showed people taking part in activities they liked. Photos showed people completing activities, including being in the community, being at a party or walking among nature. A relative confirmed, "[Person] needs to go out shopping and choose their own food and be supported with activities and make choices and they [the service] do that."

Improving care quality in response to complaints or concerns

- Relatives told us they felt they would be able to raise complaints and concerns. One relative said, "Absolutely I wouldn't hesitate to complain if care wasn't followed through. I would go to management and

inform social services."

- The service had a complaints policy which they followed when they received a complaint. They told us complaints would be used to improve care where possible. The complaints process was available for people and relatives in multiple formats, such as easy read. The provider told us they had received no complaints.

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.

This is the first inspection of this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service promoted a positive culture that was person centred. People, relatives and staff spoke positively about staff and management. One person said, "Well managed and I couldn't get treated any better." A relative said, "The management deeply care; if it's a birthday they'll buy presents and have a party. That side of things is great, and they have transportation to take them out." A staff member said, "The company is fantastic I like it, the service user is the priority."
- Care was inclusive and empowering, with good outcomes for people. Documentation and systems in place were focused on what people liked and or wanted. Records indicated, and relatives and or people confirmed, that good outcomes for people had been achieved, improving symptoms to health conditions and people's fulfilment in life.

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

- Managers and staff were clear about their roles. Staff files contained job descriptions, so staff knew what was expected of them and there was a clear management structure.
- Management team members were aware of their responsibilities to keep people safe and their duties to fulfil regulatory requirements. The registered manager and directors were able to evidence sharing information with local authority and notifying CQC as required. The provider had recently employed a clinical director who was going to support the service with embedding a clinical governance framework, which would ensure oversight of various quality performance functions.

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

- People and relatives were able to engage with the service. One person said, "They do a meeting, and we can talk about stuff." Important information was shared with people as well as offering an opportunity to input into the care they received. Topics we saw discussed included food, maintenance and activities.
- Staff also held meetings where they had an opportunity to engage with how the service worked. Minutes of staff meetings showed discussion on topics such as operational matters, discussions about care and appointments as well as others. One staff member said, "We do have team meetings. We talk about how to work as a team and when to care for people and how to improve the things we are doing."
- Relatives told us they had been able to engage with the service through provision of feedback. One relative said, "They have asked me to do a review [to feedback]."

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 understood duty of candour and when to act on this. The registered manager was aware of their legal responsibility to be open and honest with people when things had gone wrong.

Continuous learning and improving care

- The service had systems in place to continuously learn and improve care. Regular audits checked different areas of the service to monitor and improving care provided to people. Areas covered by audit included, but were not limited to, documentation reviews, health and safety, financial records infection control and food menus. This meant the service sought to continuously learn and improve the care they provided.

Working in partnership with others

- The service worked in partnership with other agencies. Correspondence and documentation indicated continuous communication and professional relationships with social services, healthcare professionals, and other organisations. Documentation showed the service focused on supporting people with learning disabilities to lead fulfilled lives.