

SRS Care Limited

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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

The inspection was carried out on 28 June 2017 and was announced.

SRS Care Limited is a domiciliary care agency that provides personal care and support to people in their own homes. At the time of our visit, the agency was providing a service to 35 people. The frequency and duration of visits across the service varied dependent on people's needs.

There was a registered manager in post who was present during the inspection. 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 felt safe and comfortable with the support provided by regular care staff. Staff knew how to recognise and report signs of abuse. The registered manager ensured there were enough staff to meet people's needs in an unrushed manner. The provider completed relevant checks to make sure staff were suitable to work with people who used the service.

Staff were aware of their responsibility to report accidents and incidents. The registered manager analysed these to establish if there were any trends and took action to prevent reoccurrence as necessary.

People were aware of the risks associated with people's needs and their home environment and how to minimise them.

People and their relatives were confident in staff's knowledge and ability to meet their individual needs. Staff received training and guidance relevant to their roles and were able to approach the management team for support at any time.

Staff sought people's consent before supporting them, and respected their wishes when they declined support. Where people had difficulty communicating their needs verbally, staff provided information in a way they could understand to enable them to make their own decisions

People received support with food and drink where required. Staff supported people to access health care professionals as and when needed.

People found staff to be kind, caring and considerate. People were involved in decisions about their care and felt listened to. Staff treated people and their homes with dignity and respect. Staff encouraged people to remain as independent as possible to enable them to stay in their own home for as long as possible.

People received care and support that was personal to them. The service was responsive and changes were

made on request. People's care plans were regularly reviewed and updated as required.

People and their relatives felt confident and able to raise concerns with staff should the need arise.

People and their relatives found staff and management friendly and approachable. People were impressed with how the service was run and with the standard of care provided.

There was a positive working culture at the service. The registered had a clear vision service which was shared and worked towards by care staff and the management team.

The registered manager had a range of quality assurance checks in place to drive improvement in the service.

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 the support provided by staff.

People were supported by staff who knew how to recognise and report signs of abuse.

People received their medicine as prescribed to promote good health.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who had the skills and knowledge to meet their individual needs.

Staff felt well supported in their roles.

People were supported to eat and drink enough.

Staff sought people's consent before supporting them. Staff monitored people's health and arranged appointments when necessary.

Is the service caring?

Good ●

The service was caring.

People found staff to be kind, caring and considerate.

People were given choice and involved in decisions about their care.

Staff had formed positive working relationship with people and their relatives.

Staff treated people with dignity and respect and encouraged them to remain as independent as possible.

Is the service responsive?

Good ●

The service was responsive.

People received individualised support from staff who knew them and their preferences well.

People's needs were kept under regular review. Where there were changes in people's needs and circumstances these were responded to.

People felt confident and able to raise any concerns with staff or management.

Is the service well-led?

The service was well led.

People and their relatives were impressed with how the service was run.

The registered manager had a clear vision for the service which was shared and worked towards by staff.

The registered manager had a range of checks in place to monitor the quality of the service and to drive improvements.

Good ●

SRS Care Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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 28 June 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service for people in their own homes and we needed to make sure there would be someone in the office. The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

As part of the inspection we reviewed the information we held about the service, such as statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law. We asked the local authority and Healthwatch if they had information to share about the service provided. We used this information to plan the inspection.

During the inspection we spoke with seven people who used the service and six relatives. We spoke with six staff which included the registered manager, the service manager, the training officer, an administrative worker and two care staff. We viewed three records which related to assessment of needs and risks. We also viewed other records which related to management of the service such quality assurance processes and two staff recruitment records.

Is the service safe?

Our findings

People who used the service told us they felt safe, and appreciated that they were usually visited by the same staff. One person told us, "I'm at ease when they (staff) are here. It's nice to have them calling." Another person said, "I feel right with them." A relative we spoke with was reassured their family member was supported safely as they had not had any falls since the care visits had been put in place.

Staff we spoke with were knowledgeable about how to identify and report abuse and confirmed they would do so without hesitation. Staff had access to the safeguarding policy on the provider's staff website and could refer to this as and when needed. There had not been any safeguarding matters raised by the provider. The registered manager demonstrated that they had a clear understanding of their responsibilities to protect people from abuse. They said they would report any safeguarding concerns to the relevant authorities. The provider had systems in place to identify and address any concerns about staff practice. These included re-training and disciplinary proceedings.

Risks associated with people's needs and their environment were assessed prior to the service starting. Where risks were identified we saw that management plans were put in place to minimise these. Staff told us they observed for any hazards or risks each time they visited a person. They also talked to people about keeping safe. For example, one staff member told us they had advised people not to give personal information over the telephone to reduce the risk of exploitation by rogue callers. Another staff member told us they talked to people about trip hazards such as rugs and trailing leads.

Staff were aware of their responsibility to report any accidents or incidents. Where required, they sought medical attention and completed an incident form. There were systems in place to examine incidents and accidents and the manager took action to minimise the risk of reoccurrence.

People received support when they needed it. Staff were usually punctual and would let them know if they were running late. People felt staff were allocated sufficient time to meet their needs. One person told us, "The carers are careful. They take the time to do things properly and they don't rush me." Another person explained that their call times had been reduced as they had improved. Staff we spoke with told us they were given sufficient time to meet people's needs and to travel between calls. If they found it was taking longer to meet people's needs, they contacted the office who, in turn, would arrange a review of the person's care plan. The registered manager confirmed that they kept people's needs under review and increased or decreased people's call times as required. In doing so, they were mindful of getting the right balance as they did not want people to feel rushed or staff to feel overworked. In the event of staff illness or leave, office-based staff had received training and could cover care calls. This was confirmed by people we spoke with. The provider had recently changed over to an electronic system to monitor calls and improve communication with and between staff. This was very new and we were unable to analyse its effectiveness at this inspection.

Staff we spoke with and records we looked confirmed that the provider followed safe recruitment procedures. This included references from previous employers and checks with the Disclosure and Barring

Service (DBS). The DBS helps employers to make safer recruitment decisions. We saw that the provider also ensured that staff had the appropriate insurance in place to use their vehicles for work.

Not everyone we spoke with needed help to take their medicine. Those people who did confirmed they received their medicine as prescribed and that there had not been any errors. One person told us, "They (staff) remind me of my tablets and make a note of it all." Only staff who had been trained in the safe handling of medicines administered them. Where there were any concerns about people's medicines we saw that these were appropriately reported to the office and action taken where necessary.

Is the service effective?

Our findings

People and their relative were confident that staff had the skills and knowledge to meet their individual needs. One person told us, "They (staff) are brilliant. The carers are amazing and any who are not good are dealt with." Another person said, "They've been very good indeed." One relative told us, "It's very good." They went on to say "The carers are cheerful and they do a really good job."

Staff told us they received a structured induction into their role which provided them with the skills and confidence to undertake their role. They had an introduction to the provider's policies and procedures and received essential training. The training included manual handling, infection control and safe administration of medicine. Staff also worked alongside experienced members of staff to get to know people's needs and preferences. They felt that this gave them insight into people's needs and how they liked things done. All new staff who had not worked in care before completed the Care Certificate. The Care Certificate is a national programme of training that informs staff of the standards of care required of them.

Staff had regular one to one meetings with the management team where they were able to discuss any concerns they had and their development needs. Staff were encouraged to increase their knowledge and experience. One staff member told us, "[Registered manager's name] stretches us to our best." If staff wanted additional guidance or support about how to a person's specific needs they would speak to the management team who would arrange this. Staff found the training they received benefitted the people they supported. They had recently had a talk about living with dementia from a person who was in the early stages of the condition. This gave them better understanding of people's experiences and how best to support them. The provider had systems in place to monitor staff training needs and when refresher training was 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA. The provider had had trained and prepared staff in understanding the requirements of the MCA. One staff member explained that if a person had problems making decisions in one area this did not mean that they could make decisions in other areas. They felt it was important to adapt their approach to suit people's communication needs to enable them to make their own decisions wherever possible. For example, they would get different meals out of the freezer and ask the person to choose which one they wanted. Another staff member said, "We are there to support people with their decision making." They went on to tell us they took time to explain things to people and gave them options. The registered manager told us they worked with the local authority if decisions needed to be made in people's best interest.

People and their relatives told us staff asked their consent before supporting them. This was confirmed by staff we spoke with who were clear that they would not force anyone to do something they did not want to do. One staff member said, "You can't force anyone. It's got to be what that person wants at that time." Staff

said they would try and establish why person did not want support at that time and encourage them to accept. If the person continued to decline support staff said they would respect their wishes.

People were satisfied with the support they received to eat and drink enough. One person told us, "They (staff) do my meals nicely and set them out well. They tidy up after." Another person said, "I have meals on wheels and they (staff) get them and warm them and it's done nicely." People's nutritional needs were assessed, monitored and reviewed. Staff we spoke with were aware of people's dietary needs, and their likes and dislikes. Where there were concerns about what people ate and drank staff would monitor their intake. They ensured people had drinks available to them between care visits.

People were supported to access health care as necessary and maintain good health. One person told us, "They (staff) alerted me to get the doctor for a bruise on my leg. It's gone but they kept an eye on it." This was echoed by another person who said, "They (staff) made me aware of anything that needs the doctor or nurses. They (staff) look out for things." Staff said they usually visited the same people and were able to recognise when people were unwell. Where appropriate, they advised the person or their relative to make a healthcare appointment. They also reported their concerns to the office who would take action if necessary

Is the service caring?

Our findings

People and their relatives found staff to be kind and considerate. One person told us, "They (staff) are very nice actually." Another person said, "I look forward to them calling. They're nice girls. They went on to add they found staff very helpful and cheerful. A relative told us, "It's nice to have them call, they are always very cheerful, and this morning the [staff member] was a darling and it raises [family member's] spirits." Another relative said, "The staff are nice and they go the extra mile to do a good job and if they are a bit late they let us know."

Staff had built positive working relationships with people and their relatives. One person told us, "The carers bring what they care about to work and they chat about their life like friends and they are very helpful. They work really hard and we can still have a laugh. It's a pleasure them calling round." Another person said, "They (staff) get to know to me because they sit and chat." A relative we spoke with said, "They are both happy with the staff and they get on well, chatting and at ease." Another relative said, "The staff are mainly from a pool [family member] knows. [Family member] knows some by their first name and gets on well with them." Staff we spoke with told us they enjoyed talking with people and getting to know them.

People and the relatives were involved in decisions about their care and felt listened to. One person told us, "[Staff member's name] one of the managers, they came out. They agreed the care plan with me and it was all agreeable. Yes, they (staff) have more or less kept to it. They just get on with it." A relative said, "[Family member] has been very happy with them (staff) and they agreed it (care plan) all with him. I'm happy as well because some firms around here are not good so it's been a pleasant surprise. Another relative told us, "They (staff) involved us both. Someone [staff member's name] came out and we had a long meeting."

Staff communicated with people in a way they liked and adapted how they approached people dependent on their needs. This was confirmed by a relative who told us, "[Family member's] speech and memory have been affected but they are still able to reason and it's nice for [family member] to have them (staff) call and joke with them." A staff member told us one person had difficulty making their needs known verbally and they encouraged them to write things down. They said, "We give people choice. It's about getting used to them and them getting to know you and building up trust."

Staff treated people and their homes with dignity and respect. One person told us, "They (staff) are polite and respectful but, we also like some banter. They (staff) know the boundaries. If another person calls when they are here, they know how to respond to me more formally." A relative told us staff helped their family member with their personal care, they said, "It's done safely and with dignity." Another relative said, "They (staff) are considerate in [family member's house] house. I've seen that they have a good attitude." Staff acknowledged that they were working in people's homes and were careful to show respect for people and their belongings.

People were supported to remain as independent as possible. One relative told us, "They (staff) help [family member] walk and I don't want them to stop. They (staff) can encourage them." Another relative said, "[family member] likes to do most things themselves and they (staff) are very accommodating to work

around their needs on the day," Staff we spoke with mindful of people's dignity. They told us they ensured people were covered up as much as possible when delivering personal care and that they supported them in a discreet manner. One staff member said, " I treat people with the same respect I would want to be treated with." Staff recognised the importance of maintaining people's independence to enable them to live in their home for as long as possible. In doing so they told us they encouraged people to do as much as possible for themselves.

Is the service responsive?

Our findings

People received an individualised service that was responsive to changes in their needs or circumstances. One person told us, "I can still do most things myself but they (staff) can also do things if I need them to and they always ask what I'd like them to do. They're very obliging." Another person said, "They (staff) help me have a wash or a shower, then they put creams on and help me get dressed. Some days it's just being by me when I am in bed and sometimes they just listen to me." A relative explained that staff had visited to agree their family member's care plan with them. They said, "They (staff) keep to it but are also very flexible. At night they will make an extra call if I ask and they will just cancel another if I don't need that." Another relative told us staff varied the support they provided dependent on how much support their family member needed on each visit. They said, "[family member] can still do themselves and they (staff) are just there to help if needed and make sure [family member] is safe."

The service manager confirmed that people's needs were assessed prior to them receiving a service to ensure that they were able to meet their needs and expectations. They always asked people what they would like from the call from the moment that staff arrived at their property. They advised people this was not set in stone and they were able to change their minds about how they wanted to be supported. They always involved the person in the process and where appropriate their relatives and relevant professionals. The service manager acknowledged that care plans could be developed further to better reflect people's needs and preferences. They committed to review these. Staff told us they were informed of people's needs before they visited them for the first time. There was also a copy of people's care plans in their homes for them to refer to. Staff recognised that people's needs and wishes could change from visit to visit and therefore they asked people what they would like them to do at each call. Staff we spoke with could tell us about people they supported. This included their person preferences and things that were important to them. One staff member told us how one person liked to have their nails painted to maintain their appearance and sense of pride. Another staff member stressed the importance of treating everyone as an individual. They said, "Everyone wants to be cared for in a different way."

People and their relatives told us people's care plans were kept under review and changes made as necessary. One person explained that the service manager often completed care calls and took this as an opportunity to check on how their care plan was working. The service manager told us and we were shown reviews were completed on a six-monthly basis or more frequently should a person need's change in the interim. Staff were informed of any changes in people's needs as they arose to ensure consistent support.

People and their relatives felt confident and able to raise concerns with management and staff should the need arise. One relative explained that they once were not happy with changes made to their family member's call times. They said, "They (registered manager) took it well and did not argue. It was handled by them okay and they just complied." The registered manager told us everyone who used the service was provided with a copy their complaints procedure when they started receiving support.

Is the service well-led?

Our findings

The registered manager told us their vision for the service was to provide an exceptional support service to enable people to stay in their own home. They wanted people to be comfortable and happy with the service provided. They said they pulled out all the stops to ensure people got what they wanted. This was a vision shared with and worked towards by staff. One staff member told us, the vision was to give people the "best care" and "to do the best we can."

People and their relatives we spoke with were impressed with the quality of service provided. One person found the service excellent and said, "I would gladly recommend them." Another person said, "They've been very good indeed." A relative we spoke with told us staff were, "the best care team I have worked with." Another relative said, "This firm is massively better - a class above."

People and their relatives found the staff and management easy to talk with and could contact the office for support at any time. One person said, "I can get in touch easy enough." Another person told us, "I've not had real need for much contact with or from the office and just sort things out with the carers." One relative told us, "SRS have been fine. For instance, I had to ring them recently about something at five am and needed to speak to someone and they had someone available at that time."

Staff told us they found the registered manager friendly and approachable. One staff member said, "If I want to bring things up, I just go straight to [registered manager's name]. They're so friendly. They like to know what people are thinking." Staff talked of an open and honest working culture where they were able to put their views forward and felt listened to. Staff enjoyed going to work and felt supported by management and colleagues. One staff member said, "We're like a little family. It's nice that we all get on." There was a clear management structure in place where the management team covered for each other. The provider had an on call rota system where the management team took it in turn to provide support for staff outside office hours. One staff member said they could call this at any time even if it was 11 o'clock at night. The registered manager told us they had an open door policy and staff could 'pop' in to see them at any time.

The provider had a range of checks in place to monitor the quality and safety of the service. These included 'spot checks' of staff practice, audits of medicine administration records and care records. Where concerns had been identified, the registered manager took action to make improvements. The service manager told us during 'spot checks' they observed staff interactions with people and compliance with standards of care required. Following the visit, they provided feedback to staff about their practice and development needs. This was confirmed by staff we spoke with. The registered manager told us, "I have to know people are happy with staff who are going out to them and if they aren't I want to know why. I want people to feel safe and confident with staff." They wanted to enable staff to be the best that they could be. If they found that a staff member was underperforming the service manager or training officer would speak to them about the support they required to do their job and arranged additional training if necessary.

The registered manager was keen to develop the service. They attended workshops and liaised with other providers to share ideas and best practice. They said, "We want staff to be proud of what they do and proud

of who they work for." They said they liked to celebrate good practice and shared compliments they had received with staff during staff meetings. They also maintained links with local groups such as, the dementia alliance, dementia friends and local colleges.