

SLRC Trading Limited

SLR Care

Inspection report

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11 July 2018

13 July 2018

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17 July 2018

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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? | Requires Improvement ● |
| Is the service well-led? | Good ● |

Summary of findings

Overall summary

This inspection site visit took place on 13 July 2018.

At our last inspection on 9 and 13 February 2017 we found improvements were needed to safe recruitment practices, how competency checks and training for staff were carried out, quality checks were not effective and feedback on the service was not used to make improvements. At this inspection we found the provider had made the required improvements but more were needed to ensure people could have the support they wanted at the time they preferred.

SLR care is a domiciliary care agency. It provides personal care to people living in their own homes in the community. It provides a service to older adults and younger disabled adults. At the time of our inspection there were 43 people using the service.

There was a registered manager in post at the time of 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 were not always able to have their preferred call times, although steps were being taken to address this. People's preferences were understood by staff. However, the detail was not always recorded in people's care plans.

People were safeguarded from abuse and there were plans in place to minimise risks to their safety. Medicines were administered safely to people by trained staff. People were protected from the risk of cross infection. The registered manager had systems in place to learn when things went wrong.

People had their needs assessed; and care plans were in place to guide staff to provide care and support. People were supported to have maximum choice and control of their lives and staff were aware of how to support them in the least restrictive way possible; the policies and systems in the service were supportive of this practice. People received support to maintain a healthy diet and were supported to maintain and monitor their health and well-being. People received consistent care from staff that understood their needs and preferences.

People were supported by caring staff that protected their privacy and dignity. People had their communication needs assessed and plans were in place to meet those needs. People had support to make decisions and choices about their care and maintain their independence.

People understood how to make a complaint. The service was not supporting people with end of life care. There were systems in place to monitor the quality of the service and these were used to drive improvements. A registered manager was in post; and people, relatives and staff were able to approach the

registered manager.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were safeguarded from harm.

People were supported to manage risks to their safety.

People were supported by sufficient safely recruited staff.

People received their medicines safely.

People were protected from the risk of infection.

There were systems in place to learn when things went wrong.

Is the service effective?

Good ●

The service was effective.

People's needs were assessed; and care plans were produced with people to meet their needs effectively.

People were supported by knowledgeable staff.

People had support to choose their meals and maintain a healthy diet.

People received consistent care and support.

People's health and well-being was monitored and maintained.

People were asked for their consent; and staff understood how to apply the principles of the Mental Capacity Act.

Is the service caring?

Good ●

The service was caring.

People were supported by staff that were caring.

People able to decide how their care and support was delivered and were supported to communicate effectively.

People were supported to maintain their independence.

People said their privacy and dignity was maintained.

Is the service responsive?

The service was not consistently responsive.

People's preferences for the times of their care were not always met and care plans sometimes lacked detail about people's preferences.

People's concerns were responded to and were used to make improvements.

The service was not providing end of life care at the time of the inspection.

Requires Improvement ●

Is the service well-led?

The service was well led.

Quality audits were in place to drive improvements within the service.

The registered manager understood their role and responsibilities.

There were systems in place to learn from incidents.

Good ●

SLR Care

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 checked 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 site visit took place on 13 July 2018, along with calls to people and relatives, calls to people took place on 10 and 11 July 2018 and calls to staff on 16 and 17 July 2018. The inspection was announced. We gave the service 48 hours' notice of the inspection visit because we needed to make sure someone was in. The inspection team consisted of 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, including notifications. A notification is information about events that by law the registered persons should tell us about. We asked for feedback from the commissioners of people's care to find out their views on the quality of the service. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection, we spoke with 15 people who used the service and two relatives. We also spoke with the registered manager, a director, and six staff.

We reviewed the care records of three people and three staff files, which included pre-employment checks and training records. We also looked at other records relating to the management of the service including staff rotas, call logs, compliment and complaint logs, audits, and medicine administration records.

Is the service safe?

Our findings

At the last inspection on 9 and 13 February 2017 we found improvements were needed to recruitment practices. At this inspection we found improvements had been made.

People told us staff helped them to feel safe. One person said, "I feel safe – they lock me in when they leave." Another added, "I feel safe they wear ID badges and uniforms." Whilst another said, "I trust then all they are very good and very courteous." Staff understood the signs to look for which may indicate people were experiencing abuse and could tell us what they would do. One staff member said, "We have to record and report to the registered manager, we can also contact CQC and Local Authority if we were worried that nothing was being done." Incidents were documented and reported to the registered manager and appropriate action had been taken to report incidents to the local safeguarding authority for investigation. This meant there were systems in place to ensure people were safeguarded from abuse.

People told us staff supported them to maintain their safety. One person told us, "The staff know how to handle my broken leg." Staff had a good understanding of people's assessed risks and could describe in detail how they supported them to minimise risks to their safety. For example; one staff member told us about the risk associated with a person due to an illness. They could describe in detail what to look for and what actions they needed to take. Another staff member told us, "I understand how to use the hoist safely, I have had training and I know how to position the person safely." Risks had been assessed and plans had been put into place to support and guide staff with helping people to minimise risks to their safety. Some of the risk assessments did not fully reflect the level of detail that staff understood about how to support people. We spoke to the registered manager about this and they told us they would review the risk assessments to ensure they had the detail included that staff understood. This meant people were supported to manage risks to their safety.

People were supported by sufficient staff. The people we spoke to had not experienced any missed calls. Staff told us they thought there were sufficient staff and that all calls were covered. One person told us, "They are on time within reason and do the tasks required. They always apologise if late. I have lovely conversations with them." Another person told us, "I give them 15 minutes leeway but they usually let me know if they are running late, they record everything in the folder." Staff told us they thought there were sufficient staff to meet people's needs. One staff member said, "I think there is enough staff, sometimes there can be issues, but we always have someone to cover the calls, nobody goes without staff to help." Another staff member said, "I think people in the main have the calls they want and people have the duration of the call that is commissioned. The Registered Manager will increase calls if we find we need more time." The registered manager told us they had sufficient staff and tried to ensure each person had the same three staff to support them. They told us there was a continuous recruitment process in place and would not take on new calls if they did not have the staff to cover them. We saw there were systems in place to monitor the call duration and alert the office if a call had not been attended to prevent missed calls. This showed sufficient staff were in place to provide calls to people.

We found there was a policy in place which the provider followed to ensure safe recruitment of staff. For

example, the policy included an application process which required people to share their employment history. References and a check with the Disclosure and Barring Service (DBS) were also requested and in place before new staff started work. The DBS helps employers make safer recruitment decisions. This meant people received support from safely recruited staff.

People told us they received the support they needed from staff to take their prescribed medicines. One person told us, "Staff do my medicines, it is all on a Medicine Administration Record (MAR) sheet and they write it in the book. If they have any questions they ring the doctor." Another person told us, "I have a blister pack which they are very good at administering and they are absolutely meticulous when recording." An assessment was carried out to determine what support people needed and we saw there was clear guidance in people's care plan. There were instructions in place for staff on how to administer medicines. For example, body charts to show how and where to apply topical medicines. The registered manager told us staff had training in medicines management, records we saw supported this. Staff confirmed the medicines training gave them the confidence to administer medicines. One staff member said, "I check the person is happy to have their medicine, take them through and make sure they know what is happening and are happy to take them, I follow the procedures and I am confident I know what I am doing and always record things." This shows medicines were administered safely.

People were protected from the spread of infection. One person said, "The staff wear identification badges, uniform, gloves and aprons." Another person told us, "The staff wear plastic overalls and uniform." The registered manager told us staff received training and had access to protective clothing. Staff confirmed this and could describe the procedures they followed to minimise the risk of infection spreading including how to wash their hands and protective clothing and when things needed to be reported for further action. For example, one staff member said, "I have gloves and aprons, always available in the office for us." This showed people were protected from the risk of infection and cross contamination.

The registered manager had systems in place to learn when things went wrong. For example, accidents and incidents were reviewed and action was taken to avoid reoccurrence. They told us any changes to people no matter how small were considered and information communicated to staff by telephone. There was a group messaging system in place which allowed any change, incident or update to be received by all staff at the same time. These messages could be reviewed by staff whilst onsite. Staff confirmed the system was used to share learning and information about people's care.

Is the service effective?

Our findings

At the last inspection on 9 and 13 February 2017 we found improvements were needed to how the principles of the Mental Capacity Act (MCA) were applied. At this inspection we found the service had made the required improvements and effective was now rated Good.

People had their needs assessed and a care plan was in place to guide staff. Staff could describe people's assessed needs and the care they needed to support them. One staff member said, "The assessments and care plans are in people's houses in the folder and I ask the registered manager for information prior to going in so I am able to speak with people and know a little bit before I read their plans." Assessments and care plans covered all aspects of people's care needs. They considered the level of support people needed and guided staff to promote independence. The registered manager told us assessments were shared with staff before they went into a call, which staff confirmed. We saw assessments covered all aspects of people's care and their personal preferences. Care needs were reviewed and plans updated on a regular basis. This shows assessments and care plans were in place to guide staff in providing people with effective care and support.

People received consistent care. Staff worked as a team and we found they were all knowledgeable about the people they supported. The care plans were understood by staff and communication systems meant staff were kept informed of any updates or changes to people's needs. Staff told us they had a communication book in each person's home to record any information which needed to be shared. One staff member told us, "There is a plastic laminated checklist for us to ensure we carry out all the things people need help with." The registered manager told us they worked to the principle of ensuring there was a number of staff who rotated into each person's calls, this meant the staff and the person could develop a consistent approach to how the care was received.

People told us they felt that staff were trained well. One person told us, "The staff are well trained, they have to support me with managing a health condition and they have received specific training." Staff were happy with the level of induction and training they received and told us they felt well supported. One staff member told us, "I have completed the care certificate, and all my training to have this role." Another staff member said, "Training was very good, I had no experience, so I did quite a lot of shadowing as well to get to know people and routines, the training is excellent and the provider is helpful. I felt confident once this was all done." Whilst another commented, "There is loads of support, we have regular discussion and can contact the registered manager at any time, there are no stupid questions." We spoke with the person responsible for staff training in the company and they told us the staff all had access to a range of different types of training. Staff received an induction and their competency was assessed, for example with medicines. Some training was mandatory and there were other courses accessible to staff. We found staff completed the care certificate. The Care Certificate is a set of standards that health and social care workers adhere to in their daily working life based on 15 standards to ensure staff have the same introductory skills, knowledge and behaviours to provide compassionate, safe, high quality care and support. The registered manager had a system in place to ensure staff had the training they needed we saw records which confirmed what we were told. Spot checks were in place for staff monthly and were used to identify if there were any areas where staff

needed additional training or support. This demonstrated staff were supported in their role and had the skills to carry out their role.

People were supported to choose their own meals. One person told us, "The staff make me a sandwich of my choice with whatever I have in and they make sure I have a drink." Staff were able to describe the type of support people needed with their meals. They were aware of people's preferences and described how they gave people a choice at mealtimes. One staff member said, "One person needs to follow a specific diet as they have diabetes. We make sure they are reminded of the foods they should avoid and there is guidance in the care plan." People's needs had been assessed and their preferences had been recorded in their support plan. This meant people were supported to maintain their diet, their needs were assessed and preferences considered by staff.

People were supported to maintain their health and wellbeing. People's health needs were assessed and plans were in place for staff to understand how to support the people. For example, one person had previously had a stroke and staff could describe in detail how the person was supported with the hoist and personal care. In another example, the staff described how they assisted with monitoring a person's health condition. Staff told us and records confirmed they followed people's care plans and recorded any changes in people's needs. For example; staff monitored people that had risks to their skin integrity. We saw detailed plans were in place which staff followed, and any changes were reported to the appropriate health professional. This demonstrated how people were supported to maintain their health and well-being.

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.

Staff understood the importance of seeking consent from people and could describe how they did this with people. They told us there was nobody that did not have the capacity to consent to their care. Staff told us they had received training in the MCA and demonstrated an understanding of the principles. One staff member told us, "The MCA training was good it helped me understand how to support people that lacked capacity." Another staff member gave examples of how they would seek a MCA assessment if the person appeared to lack capacity. Staff could also describe, if someone had Power of Attorney they could make decisions on the person's behalf. Another staff member said, "There is a need to do MCA assessment and make the decision in the person's best interests." The registered manager understood where people lived in their own homes providers must make applications to the Court of Protection if they are being deprived of their liberty. This showed the principles of the MCA were understood and followed.

Is the service caring?

Our findings

At the last inspection on 9 and 13 February 2017 we found the staff were caring and respectful and provided people with a choice regarding their care. At this inspection we found the service was still caring and we rated caring as Good.

People told us they were supported by staff that were caring. People commented how supportive staff were and how well they had got to know the staff. One person told us "The staff are kind." Another said, "They are polite and I am more than happy." Whilst another said, "I would not change them, I know all the staff." Staff told us they had good relationships with people. One staff member said, "I have got to know people and I have got lots of regular calls, if I need information for new people I ask and this is provided." Another staff member told us, "We have regular clients; we get to build a relationship and form a bond". The registered manager told me they were confident staff were caring as they received regular feedback from people about staff and people were complimentary. This demonstrated people were supported by caring staff.

People were supported to make choices and retain their independence. People told us they were supported to retain their independence and could make choices. One person told us, "I fancied a bit of bacon and the staff went to the shop for me. They are professional; I would recommend them without doubt." People were supported with their communication needs. Staff understood people's communication needs and could describe how they supported people. One staff member said, "One person has limited speech, I use different approaches, for example one person can do yes or no answers and I observe hand gestures and their body language, you have to adjust the approach to suit the person. I also use visual prompts to check what the person wants." This meant people could make choices about their care and support known to staff. People said they had support to maintain their independence but staff were always checking if they needed any help. One person told us, "They always check I have a drink and if there is anything else they can do before they leave." Staff confirmed for us that they offered people a choice about all aspects of their care. One staff member said, "I offer a choice of food, checking with them is that ok, would you like something else, clothes are always offered to see what people want to wear, whether they are ready to get up and get dressed, everything really." Care records showed people were encouraged to make their own choices about their care and were supported to maintain their independence. This demonstrated people were supported to direct their own care and maintain their independence.

People told us they were treated with respect and their privacy and dignity was maintained. One person told us, "The staff respect me when I have a shower." Another person said, "The staff are kind and courteous, they are very polite and they will chat." Staff saw the importance of protecting people's privacy and dignity. One staff member said, "You have to remember you are in the person's home, I always ask for permission before doing things and make sure I am polite and professional." Another staff member said, "Covering people whilst doing personal care is important." The registered manager told us they were confident staff treated people well, as they had feedback from people on a regular basis which confirmed this. This demonstrated people were treated with respect and dignity.

Is the service responsive?

Our findings

At the last inspection on 9 and 13 February 2017 the service was responsive. At this inspection we found improvements were needed to ensure people had their calls at their preferred times and responsive has been rated as Requires Improvement.

People told us they were happy with their care and support. However they felt the call times were variable and they did not always get the times they would prefer. One person said, "There are more positives than negatives. Overall the care I am getting is first rate. The only observation I have is that they come at varying times, between 8.30-10.00 in the morning." Another person told us, "The staff arrival time is variable but I've been satisfied, breakfast call is between 7.00-8.30am." Whilst another said, "They are on time but there are differences – although I am happy with it, it can vary." One staff member told us, "The calls are mostly at the times that they prefer, sometimes it can be too early for people to go to bed for example, and we adjust the times to be as flexible as we can so people get what they want." The registered manager told us they provided care that was commissioned by local authorities. We found the commissioners gave the provider a two hour window in which to provide the call. We saw the registered manager was able to provide the call within this timeframe. However this was not always at people's preferred time. They told us when they agreed to the care package and at the point of assessment they discussed with people the times they were able to provide within what had been commissioned. They told us if people wanted a different time they did their best to accommodate this and make changes where they were able to. This meant people were not always receiving their calls at their preferred time.

People's preferences were understood by staff. People told us the staff understood their needs and they had the care they wanted. One person said, "They are very helpful and very good. They always ask how I am." Whilst another person said, "Overall the care I am getting is first rate." Staff could describe people's preferences and tell us about how they provided people's care to meet them. One staff member said, "We get information about what people prefer before we start visiting them and the care plan gives us information for example, it will tell us things like if the person prefers to have a cup of tea in bed before they get up." Another staff member said, "I read the care plan, these are updated with people's preferences as we get to know them." We spoke to the registered manager about whether people's diverse needs were assessed. They told us these were assessed within the initial assessment and this looked at all aspects of the person's life and how they wanted to live. For example; any needs and preferences relating to their culture, religion and sexuality would be considered. Staff confirmed this with one staff member commenting, "We do get to know this on the assessment and the care plan covers this, nobody at present has any specific needs relating to these areas". We looked at the care plans and we saw whilst some information about preferences was included, the care plans did not always show the same level of information that staff knew about people. This meant care plans required improvement to show more detailed information about what people's preferences were.

People understood how to make a complaint. One person told us, "If I ring up the offices they respond accordingly and deal with things, I have no complaints." The registered manager had a complaints policy in

place and we saw this was followed when people made a complaint. Staff understood how to support people with making complaints and told us they would report any complaints to the registered manager to investigate. We saw where a complaint had been made this was investigated; a response had been given to the person and action taken to address the concerns. This demonstrated there was a system in place to respond to complaints.

There were no people receiving end of life care at the time of the inspection. Therefore, we were unable to assess this. However, the registered manager did have systems in place to assess people's future wishes.

Is the service well-led?

Our findings

At the last inspection on 9 and 13 February 2017 we rated Well Led as Requires Improvement this was because systems to monitor and assess the quality of the service were not effective or established. At this inspection we found the provider had made the required improvements and Well Led was rated as Good.

There were systems in place to check people had the care they needed. People's care records were checked to ensure they had received the care they needed and MAR charts were also checked to make sure medicines had been administered as prescribed. We found these systems were ensuring people had the care they needed and were being used to identify any areas for improvement and action had been taken. For example, one spot check had identified a need to update one person's care plan and action had been taken to address this. There was a system in place to monitor and investigate accidents and incidents. There had only been one incident and we saw this was reviewed and investigated by the registered manager. The incident had been considered for any learning to share with staff. There were systems in place to monitor and check people's care plans were up to date and accurate. The registered manager told us care plans were checked monthly to ensure the information was up to date. This was carried out when the staff spot checks were completed and any changes made to the care plan were also updated on the office copy to ensure information held was accurate. We saw records which supported what we were told.

The registered manager had systems in place to check on the quality of the service people received. The registered manager told us they used spot checks which were carried out with all staff as a minimum on a monthly basis. We saw these were identifying any areas for improvement. The registered manager had systems in place to monitor call delivery. Staff used technology to register when they arrived at a call. This then enabled a system to be monitored to ensure if a call was late. Action could be taken to inform the person and it also meant there were no missed calls as the registered manager was alerted to any potential missed calls and took action to deploy other staff and prevent this. We saw this was effective in ensuring people received the calls they needed. The registered manager used the system to monitor the duration of the calls. We were told if the calls were running longer or shorter than the commissioned duration action was then taken to speak with the commissioner and increase the length of the calls. The registered manager had systems in place to monitor staff training. The system enabled the registered manager to ensure staff training remained up to date, a matrix was in place which showed when staff were due to have their mandatory training updated and this was then arranged.

People were positive and complimentary about the service and the staff. One person told us, "All the staff that have been are out of this world, I can't fault them." Another person told us, "They are all good I get on very well with them." People told us they had the opportunity to speak with the registered manager. One person said, "The registered manager visits and we speak on the phone occasionally so I feel I can get messages through." Another person told us, "The registered manager came and checked everything was ok." Whilst another said, "The boss is part of the team, they are hands on." With another adding, "The registered manager was here Sunday morning and did my care." Staff felt supported and were complimentary about the service. One staff member said, "I think they are all easy to approach, I will ring them if needed and they always respond. We are working with the seniors on our double up calls and we can

ask questions." Another staff member told us, "I would recommend this service to anyone, it is because the care staff are very friendly, we are all well trained and do our best for people and follow their preferences, we have empathy and the management team are very caring they are always putting the client first, we really care. I think it is a nice company." The registered manager told us they did regular telephone checks on people's experiences of care and also did a regular survey. The records we saw supported this. People's feedback was being used to drive improvements.

The registered manager understood their responsibilities for notifications; notifications are required by law when incidents occur, such as allegations of abuse and serious incidents. We found these had been submitted as required. The rating was on display in the registered office. This showed the registered manager understood their responsibilities.